



The Classical Academy	Policies and Procedures
Policy Name:	Accident Forms
Policy Number:	EBBB-TCA
Original Date:	5/1/2008
Last Reviewed:	3/28/2013
Category:	Operations
Author:	School Nurse
Approval:	Director of Operations

Forms should be filled out:

- Anytime 911 is called
- If a broken bone is suspected or for bruising/swelling
- Any laceration that may require suturing
- Any bump on the head (other than a very minor bump)
- Any loss of consciousness
- Any eye injury
- Anytime a student is sent to a physician for evaluation due to an injury sustained at school
- If you are unsure!

Information to Include:

1. How did the accident occur?
2. What was the student doing?
3. Where was the student?
4. List specifically unsafe acts and unsafe conditions existing.
5. Specify any tool, machinery, or equipment (including playground) involved.
6. Describe what the injured area looks like (for example...“Johnny has swollen area the size of orange on his R wrist which is also black and blue”).
7. If a head injury is involved, please note the level of consciousness (for example...“Johnny is able to answer my questions appropriately”).
8. Indicate which side an injury is on, right (R) or left (L).

Do NOT use white out on these forms – draw a line through the error and initial.
 No accident reports are to be kept in the Cum/Health files.

After the form is completed, please give to your health room staff. They will contact you if they need clarification. The health room will notify the parents if needed for follow up.

Health Paraprofessionals – After the principal has signed the form, please give to school nurse. The original will be signed and be sent to the secondary health paraprofessional for distribution.

Policy Revision History

Date	Revision Details	Revised By
3/28/2013	Reformatted policy into new template. Completed annual review.	Tammie Chasteen

Procedure for Accident Report Distribution

When an accident happens, and you receive an Accident Report, please follow this procedure:

- 1) Be sure the report is complete and the Principal has signed it.** Ensure the accident is recorded in the Health Room Log as a visit and note that an Accident Report has been completed.
- 2) Make 1 copy and send original to the Secondary Health Paraprofessional (Assistant to Lead Nurse),** preferably the same day as the incident occurred.
- 3) Secondary Health Paraprofessional will make two copies.** Original will be filed. One copy will be distributed to the Executive Director, Director of Operations, and Security/Safety Program Manager for their signature. One copy will be given to the Security/Safety Program Manager for his files.
- 4) At the beginning of each month, the Secondary Health Paraprofessional will make a copy of all originals from the previous month and send to District 20: Risk Management.**

ACCIDENT REPORT(S)

Please initial and date as you review, and then pass it on.
Thank you!

Initial

Date

Executive Director _____

Director of Operations _____

Security/Safety Program Manager _____