

DEPARTMENT OF EDUCATION'S BUS CRASH MANAGEMENT PLAN





DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT



www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671)475-0457 or 300-1547/1536 • Fax: (671)472-5001
Email: jonfernandez@gdoe.net

JON J. P. FERNANDEZ
Superintendent of Education

STANDARD OPERATING PROCEDURES

SOP#: 1300-002

SUBJECT: EMERGENCY RESPONSE PLAN PROCEDURES

EFFECTIVE DATE:

INQUIRIES: DEPUTY SUPERINTENDENT, EDUCATIONAL SUPPORT AND COMMUNITY LEARNING

- I. REFERENCES:** Department of Public Health & Social Services (DPHSS), Homeland Security "Safe Schools" (HLS), United States Department of Education (USDOE), Arizona State School SOP, NFPA, Guam Fire Code, Board Policy 500 series, Public Law 28-45 Section 4 (L) "To provide a healthful, safe and sanitary learning environment." Community Emergency Response Team (CERT) Fema P-925, MOU: DPW/DOE – Student Conduct
- II. APPLICABILITY:** This document applies to all schools, facilities and divisions within the Department of Education.
- III. PURPOSE:** To provide a safe and healthy environment for all students in accordance with Public Law 28-45, section 4 (L) and all employees and patrons through the implementation of a site Emergency Response Plan for all schools, facilities, and divisions within the Department of Education.
- IV. SCOPE:** This Standard Operating Procedure (SOP) establishes the Standard Emergency Response Template for all schools, facilities, and divisions. Refer to the attached Central Office and School level templates.
- V. ASSUMPTIONS:** All schools, facilities, and divisions will adopt the attached templates into their Site Emergency Response Plans specific to their needs and special conditions. All states and agencies receiving Federal Grants are required by FEMA to be NIMS compliance.
- VI. RESPONSIBILITIES:**
1. All DOE School Principals, Supervisors and Assistant Principals, Managers, Deputy Superintendents, Administrators and Division Heads shall take FEMA online courses for Incident Command Systems (ICS)-100, 200, 700 and 800. The ICS is used by Homeland Security/Civil Defense in compliance with NIMS mandated by Executive Order from the President of the United States and the Governor of Guam. Copies of all certificates should be sent to Human Resources Division to be uploaded in the Employee Self Service.

2. Each school and division will continue to exercise the Site Emergency Response Plan through monthly exercises, ongoing training programs and yearly evaluations.
3. A Safety Advisory Committee shall be formed at school and at Central Office. Meeting schedules, agendas and minutes shall be maintained by the School Principal and the Central Office Safety Liaison.
4. All school administrators, nurses, LPNs and shelter staff shall be trained and certified in First Aid/ CPR/ AED.
5. School Principals will ensure that all staff and faculty assigned to ICS tasks have the capability to carry out the assigned task through training and exercises.
6. Each division/school will conduct exercises to test procedures, as established and approved by the Superintendent. The Safety Advisory Committee comprised of representatives from school and community stakeholders will meet quarterly to evaluate exercises and complete an annual review of the school Emergency Response Plans.
7. The Safety Liaison or designee shall coordinate all training to support and assist schools and divisions in performing ICS tasks.
8. Upon declaration of COR-3, the safety administrator shall report the Superintendent and activate Resource Activity Coordinators (RACs), Division Heads and Shelter Managers for a briefing in the storm/typhoon status.
9. Schools designated as primary and secondary shelters shall complete a Shelter Assessment form every month and send a copy to the Safety Administrator at the office of the Superintendent.

VII. PROCEDURES: All schools, facilities and divisions shall follow all procedures in their Emergency Response Plan.

VIII. EFFECTIVE DATE: Upon date and signature of the Superintendent

IX. CHANGES: Suggestions for change(s) to this SOP should be submitted in writing to the safety administrator at the office of the Superintendent.

- () APPROVED
 () DISAPPROVED



 JON J. P. BERNANDEZ
 Superintendent of Education

3/13/17

 Date

I. BUS CRASH MANAGEMENT

A. Bus Crash Management WITHOUT Injuries

1. **Superintendent of Education** receives call from DPW Superintendent (Bus Operations), Asst. Superintendent Special Education, (DOE Bus Operations), or Private Bus Operations regarding bus crash without injuries.
 1. Superintendent notifies Deputy Superintendents of Educational Support and Community Learning (DSESCL) & Assessment & Accountability (DSAA).
 2. DSESCL(primary) DSAA (secondary) or designee will report to Incident Command Post as the DOE Incident Commander (IC) and provide hourly updates to the Superintendent and Deputies on the management chat.
 3. Brief Guam Education Board (GEB) members.

2a. Morning Run:

DSESCL Reports to the Scene of Accident and Contacts:

1. **School Administrator** about incident so he/she can prepare a staging area to receive students for School Health Counselor (SHC) to screen, evaluate, and notify parents.
2. **Community Health & Nursing Services Administrator (CH&NSA)** will activate nursing support at specific school to assess status of students post minor bus accident. Make contact with parents. If student reports injury, School Health Counselor (SHC) will assess and determine whether to call 911.
3. **District School Psychologist** will be contacted if requested by DSESCL/School Principal.
4. **Safety Liaison Officer/Attendance Officer Supervisor** - SAO support for crowd control at school, if requested by DSESCL/School Administrator.
5. **Student Parent Community Engagement Supervisor** to provide support with parent notification, if requested by DSESCL/School Administrator.

Agency Protocols:

- a. After students assessed and released by the Guam Fire Department (GFD). GFD will issue a **EMS Pre-Hospital School Bus Accident Response Release of Service Form (refer to appendix B)** to the DOE IC indicating that all students were assessed and released due to no medical injuries reported.
- b. DPW, DOE or Private Bus Operations to coordinate another bus and driver to secure students as needed.
- c. DPW, DOE, or Private Bus Operations Supervisor will issue the **GFD/DOE Notice of Emergency Medical Services Response to a Minor (refer to**

- appendix B)** to all students indicating that they were involved in a minor bus accident and assessed by GFD and released due to no medical injuries reported.
- d. When students are dropped at the school, the SHC will immediately conduct a screening/assessment and contact parent. If no injury, SHC will ensure that the **SHC Post Bus Accident Screening letter (refer to Appendix E)** is completed and issued to each student and parents contacted.
 - e. There is a form to be filled out which enables parents to file a government claim. **(Form can be found at the following web address-www.guamattorneygeneral.com) as well as refer to Appendix F).**
 - f. All impacted DOE personnel need to submit an After Action Report (AAR) and submit to DSESCL within 48 hours.
 - g. DSESCL and DSAA will schedule a debriefing to review AAR and discuss the strengths of the operation as needed.

2b. Afternoon run:

DSESCL Reports to the Scene of Accident and Contacts:

1. **School principal** is responsible for relaying this information to his/her administrators and SHC to ensure that students are screened the same day if returned before school ends) or the following day if school has already ended.
2. **CH&NSA** will assign additional nursing support if needed to assess all students the same day or the following morning and make contact with parents.
3. **District School Psychologist** will be contacted if requested by DSESCL/School Principal.
4. **DSAA/PIO** for media release as needed.

Agency Protocols:

- a. DSESCL and/or designee will receive a listing of student names from GFD IC and briefing on students' disposition. DSESCL and/or designee will receive the **EMS Pre-Hospital School Bus Accident Response Release of Service Form (refer to Appendix B)** and provide it to the school principal to keep on file at respective school.
- b. After students have been assessed and released by GFD. GFD, DPW, DOE, or Private Bus Operations will issue a **Notice of Emergency Medical Services Response to a Minor (refer to Appendix B)** to students to provide to their parents indicating that the bus was involved in a minor accident with no reported injuries.
- c. For DOE BUS OPERATIONS ONLY, it then becomes the responsibility of the driver or designee to provide the **Notice of Emergency Medical Services Response to a Minor (refer to appendix B)** to the parent or receiving adult. Inform them of their option to take the child to their private doctor/clinic for a follow up exam if they wish.

- d. There is a form to be filled out which enables parents to file a government claim. **(Form can be found at the following web address-www.guamattorneygeneral.com) as well as refer to Appendix F).**
- e. When students return to school the SHC will screen students and complete the **Post-Bus Screening Notification Letter (refer to Appendix E)**. However, if there is an injury or illness reported, the SHC will complete the **Illness/Injury Report Form (refer to Appendix E)**.
- f. All impacted DOE personnel need to submit an After Action Report (AAR) and submit to DSESCL within 48 hours.
- g. DSESCL and DSAA will schedule a debriefing to review AAR and discuss the strengths of the operation and what to improve.

B. Bus Crash Management WITH Injuries

1. Superintendent of Education receives call from DPW Superintendent (Bus Operations), Asst. Superintendent Special Education, (DOE Bus Operations), or Private Bus Operations regarding bus crash with injuries and/or death

1. Superintendent notifies Deputy Superintendents of Educational Support and Community Learning (DSESCL) & Assessment & Accountability (DSAA)
2. DSESCL(primary) DSAA (secondary) or designee will report to Incident Command Post as the DOE IC and provide hourly updates to the Superintendent and Deputies on the Management Chat.
3. Brief GEB members

2a. Morning Run:

DSESCL Reports to Scene of Accident and Contacts:

- a. **School Administrator** to report to Incident Command Post (ICP) at the scene of the crash. (Emergency information binder must be available at the school site for staff to contact parents).

Note: It is the responsibility of the School Administrator to know the location of the binder and to ensure that personnel managing phone calls are providing the latest updated information.

- b. **CH&NSA** report to the scene of the accident or hospital as directed by Deputy Superintendent.
- c. **Safety Liaison Officer/Attendance Officer Supervisor** - support crowd control at the reunification center, if requested by DSESCL or principal.
- d. **Student Parent Community Engagement Supervisor** – report to the school and provide support for parent notification & reunification, if requested by DSESCL or principal.
- e. **Deputy Superintendents of Accountability & Assessment (DSAA), Curriculum & Instruction Improvement (DSCII) and Finance and Administrative Services (DSFAS)** to report to an assigned hospital to assist with managing student information and receiving parents. Each Deputy will provide periodic SITREPS to DSESCL (Incident Commander) and Impacted School Principal via Emergency Chat Group, if multiple hospitals are involved taking care of injured students:
 - i. First hospital: DSAA
 - ii. Second hospital: DSCII
 - iii. Third hospital: DSFAS
 - iv. Fourth hospital: CH&NSA
 - v. Fifth hospital: Student Support Services Division (SSSD) Administrator

- f. **District Psychologist** – if activated to provide Crisis management at the reunification site (in the event of death and/or severely injured students/staff) or hospital.

Agency Protocols:

- a. GFD assess all students and transports students to the nearest hospital(s).
- b. DSESCL and School Administrator will receive a **Bus Accident Injured Students Log (refer to appendix B)** or if no injuries, issue an **EMS Pre-Hospital School Bus Accident Response Release of Service Form (refer to appendix B)** from IC and briefing on students disposition (school administrators will secure a copy and keep a file at respective school).
- c. The school principal is responsible for relaying information regarding students impacted and hospital location to school administrators assigned to the reunification center. School personnel will contact impacted parents to report to the reunification center to receive updates and direction on whether to hold or proceed to the assigned hospital.
- d. School administrators assigned to the reunification center will relay information to the school principal who will in turn relay to the Incident Commander/Deputies via the School Emergency WhatsApp group.
- e. Media release via DSAA as needed.
- f. There is a form to be filled out which enables parents to file a government claim. **(Form can be found at the following web address- www.guamattorneygeneral.com) as well as refer to Appendix F).**
- g. All impacted DOE personnel activated need to submit an **After Action Report (AAR)** and submit to DSESCL within 48 hours.
- h. DSESCL and DSAA will schedule a debriefing to review **AAR** and discuss the strengths of the operation and what to improve, if needed.

2b. Afternoon Run:

DSESCL Reports to Scene of Accident and Contacts:

- a. **School Administrator** to report to Incident Command Post (ICP) at the scene of the accident. (Emergency information binder must be available at the school site for staff to contact parents).

Note: It is the responsibility of the School Administrator to know the location of the binder and to ensure that personnel managing phone calls are providing the latest updated information.

- b. **CH&NSA** report to the scene of the accident or hospital as directed by Deputy Superintendent.
- c. **Safety Liaison Officer/Attendance Officer Supervisor** - support crowd control at the reunification center, if requested by DSESCL or principal.

- d. **Student Parent Community Engagement Supervisor** – report to the school and provide support for parent notification & reunification, if requested by DSESCCL or principal.
- e. **Deputy Superintendents of Accountability & Assessment (DSAA), Curriculum & Instruction Improvement (DSCII) and Finance and Administrative Services (DSFAS)** to report to an assigned hospital to assist with managing student information and receiving parents. Each Deputy will provide periodic SITREPS to DSESCCL (Incident Commander) and Impacted School Principal via Emergency Chat Group, if multiple hospitals are involved taking care of injured students:
 - vi. First hospital: DSAA
 - vii. Second hospital: DSCII
 - viii. Third hospital: DSFAS
 - ix. Fourth hospital: CH&NSA
 - x. Fifth hospital: Student Support Services Division (SSSD) Administrator
- f. **District Psychologist** – if activated to provide Crisis management at the reunification site (in the event of death and/or severely injured students/staff) or hospital.

Agency Protocols:

- a. GFD assess all students and transports students to the nearest hospital(s).
- b. DSESCCL and School Administrator will receive a **Bus Accident Injured Students Log (refer to appendix B)** or if no injuries, issue an **EMS Pre-Hospital School Bus Accident Response Release of Service Form (refer to appendix B)** from IC and briefing on students disposition (school administrators will secure a copy and keep a file at respective school)
- c. The school principal is responsible for relaying information regarding students impacted and hospital location to school administrators assigned to the reunification center. School personnel will contact impacted parents to report to the reunification center to receive updates and direction on whether to hold or proceed to the assigned hospital.
- d. School administrators assigned to the reunification center will relay information to the school principal who will in turn relay to the Incident Commander/Deputies via the School Emergency WhatsApp group.
- e. Media release via DSAA as needed
- f. There is a form to be filled out which enables parents to file a government claim. **(Form can be found at the following web address- www.guamattorneygeneral.com) as well as refer to Appendix F).**
- g. All impacted DOE personnel activated need to submit an **After Action Report (AAR)** and submit to DSESCCL within 48 hours
- h. DSESCCL and DSAA will schedule a debriefing to review **AAR** and discuss the strengths of the operation and what to improve, if needed.

3. Bus Crash during a Field Trip

Before a bus or buses leave with students going on a field trip or school sponsored trip, a list of riders for each bus will be left with the school secretary/clerk in the main office. The list will include parent phone numbers and emergency contact numbers. **A copy** of the riders' list **must** be with the Chaperone/Teacher on the bus and a copy to be provided to the bus driver. The Chaperone/Teacher must secure the riders list at the end of the fieldtrip.

Follow all protocols listed above for Bus Accidents with or without injuries irrespective of whether in the morning or afternoon.

IMPORTANT NOTES:

1. Once finalized, GDOE will sign the EMS agreement that allows them to follow stated protocols
2. DPW is responsible for registering students to ride on a DPW bus. Refer to Appendix B & D for forms. This should include the GFD agreement form that parents sign indicating that they are familiar with EMS protocols.
3. The School Health Counselor will issue Post-Bus Accident Screening Letter. Refer to Appendix E.
4. Refer to the Appendix for the MOU for DPW/DOE, and DPW Bus registration form. This is currently not in place but an important aspect of emergency response that will critically impact the timeliness of agency response. Attached is the proposed protocols from GFD. Will be updated as finalized.

APPENDIX A

BOARD POLICY 500

Descriptor Term: 500 Nov. 26, 2013 EMERGENCY RESPONSE PROCEDURES AND EXERCISES	Descriptor Code:	Issued Date:
	Rescind: BP 505 & BP 510	Issued:

BOARD POLICY

In the event of an emergency at any school, the Emergency Response Procedures shall contain responses to all incidents as governed by Standard Operating Procedures issued by the Superintendent.

Each school will conduct monthly Exercises to test procedures, as established and approved by the Superintendent. A safety advisory committee comprised of representatives from school and community stakeholders will meet quarterly to evaluate Exercises and complete an annual review of the schools Emergency Response Plans.

The Superintendent *shall* establish and issue the Standard Operating Procedures no later than sixty (60) days after the passing of this policy.

ADOPTED: Board of Education 4/24/73

REVISED: 11/26/13

APPENDIX B

GUAM FIRE DEPARTMENT FORM

Note: This is a proposed working document and will be updated as finalized.

Important:

- The Emergency Medical Services Standing Medical Orders document along with endorsement forms are part of the registration process to be used by DPW/DOE.
- When finalized by GFD, GDOE is to sign the Pre-Hospital School Bus Accident Response School District Agreement Form.
- Document to be given with registration packet
- Release of Service Form is completed by EMS personnel at the scene and issued to DOE Incident Commander
- GFD/DOE Notice of Emergency Medical Services Response to a Minor Form letter is a temporary form pending GFD letter and issued at the scene of accident to students released by GFD.

**GUAM EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
STANDING OPERATING PROCEDURES**

SMO: School Bus Accident Response/Alternative Transport Vehicle

Overview: This policy was developed to assist in responding to handling of school bus incidents involving the presence of minors. It is the intent that this policy be implemented by Guam Providers, in conjunction with Guam EMS policies and protocols governing Multiple Victim Incident. The goal of this policy is to maximize resources by reducing the number of confirmed uninjured children transported to the hospital.

This policy only applies with schools, Agencies and organizations that have a pre-arranged agreement with the Guam Fire Department and the Guam Office of EMS. If there is no pre-arranged agreement, the EMS Provider must transport all patients.

INFORMATION NEEDED:

It is recommended that EMS providers on Guam (GFD, DOD) will implement and develop a procedure for releasing uninjured children to a parent, legal guardian, or local school official who is willing and approved to take custody of the children.

- These procedures should be reviewed and accepted by Local EMS and School Officials.
- Once Medical Control confirms that minors are not injured, the custody and responsibility for these uninjured children will remain with the responding EMS provider until the children are transferred to parents, legal guardian, school officials or the hospital as outlined in their individual agency procedures.
- If no procedure exists, then the children would need to be transported to the hospital(s) designated by medical control.

OBJECTIVE FINDINGS

- _____ mechanism of injury
- _____ number of patients
- _____ damage to school transport vehicle
- _____ potential for more help needed

Once these objective findings have been determined, the patients may be assigned to one of the following levels.

Level 1 Bus Incident:

Significant injuries present in one or more children, or the existence of an obvious mechanism of injury that can be reasonably expected to cause significant injuries.

Level 2 Bus Incident:

Minor injuries present in one or more children with no obvious existence of a mechanism of injury that could reasonably be expected to cause significant injuries.

Level 3 Bus Incident:

No injuries present in any children and no mechanism that could be reasonable expected to cause injuries.

Level 4 Bus Incident:

If the patients have special healthcare needs and / or have communication difficulties, EMS must contact Medical Control for further directions.

____ Once the Level has been determined, approval to implement this policy must be obtained from Medical Control. All children in Level 1 Incident will be transported to hospital(s). All Level 4 children will be transported per direction of Medical Control. Each provider should follow the Guam EMS Protocols for Multiple Victim Incident Procedure as applicable.

- If Medical Control approves implementation of this policy for a level 2 or 3 incident, an appropriate release of service form will be utilized for the children who will not be transported.
- The provider agency will then transfer the custody of the minor consistent with the Treatment of Minor policy, to the parents, legal guardians or school officials.
- The school officials will follow their established procedure for informing parents and / or legal guardians of the crash / accident / incident.

____ Once the decision to implement the uninjured children procedure is approved by Medical Control, it is the responsibility of the Local School Official with assistance from EMS to direct and confirm that the children are returned to their parents, legal guardians. EMS will complete all appropriate reports and release of services forms.

Documentation of adherence to protocol:

- ____ All contacts/discussions with Medical Control
- ____ Criteria that designates patient as Level 1, 2, 3, 4.
- ____ To whom care of child released (school official, parent, etc.)
- ____ Care rendered to minor patient

Medical Control Contact Criteria

Contact Medical Control if any question exists as to the best option for the patient.

* Approval to implement this policy must be obtained from Medical Control.

PRECAUTIONS AND COMMENTS

- If EMS Personnel on the scene feel that any child should be offered medical care, need evaluation by a physician or confirmation of custody or responsibility cannot be verified, then the child should be transported to the hospital(s) designated by Medical Control.
- This policy and procedure only governs the disposition of uninjured children. Per Medical Control, all uninjured children will be discharged to the custody of the appropriate person as outlined in the agency procedure. It is required for the EMS Provider to list the names of the uninjured children with the description of the incident on the System approved patient care run report as well as complete an appropriate release of service form. These reports / forms must then be forwarded to the EMS System Office.
- All such incidents will be reviewed by the EMS System Medical Director and the provider agency or agencies involved for each implementation of this procedure.

GUAM EMS Pre-Hospital School Bus Accident Response RELEASE OF SERVICE FORM

Type of incident: _____

Date: _____ Location of incident: _____

Level of incident: _____ 2 minor injuries with no obvious mechanism of injury that could reasonably be expected to cause significant injuries.

_____ 3 no injuries present and no mechanism of injury that could be reasonably expected to cause injuries.

Medical control (MC): Policy implementation approval per _____

Time of call _____ Arrival at scene _____ MC contacted _____ Call completed _____ Bus # _____

 Signature of authorized school designee

Date: _____

 Signature of witness

 Printed name of witness

NAME	DOB	*Parent Signature (if released to parent)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME	DOB	*Parent Signature (if released to parent)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note 1: *Regular protocol is for parents NOT to report to the scene of the bus crash. However, if a parent does report to scene and insists on taking custody of child, they must sign next to child's name. GDOE IC is responsible for verifying parent/guardian before student is released.

Note 2: This form is to be provided to the GDOE IC who is responsible for giving to school for record keeping.

GUAM EMS Prehospital School Bus Accident Response School District Agreement Form

The Department of Education agrees to the Guam EMS Prehospital School Bus Accident Response for any Guam EMS provider.

This covers the responsibility for and transport of students in the case of a bus incident resulting in injuries or resulting in no injuries as outlined in the Emergency Medical Services Standing Medical Order.

JON P. FERNANDEZ, Superintendent of Education

Date

Please return completed form to:

_____EMS System

GUAM EMS Prehospital School Bus Accident Response Parent Agreement Form

To Whom It May Concern:

We have enclosed a copy of the Guam EMS Standing Medical Orders for response in case of a school bus accident. This policy is the same for any ambulance provider and any school within Guam.

The intention is to have a standard response to a school bus accident within your school district or any other area of Guam. It should clarify both the responder and the School District's role.

We are also sending you a form that should be filled out and returned, agreeing to the enclosed policy. In this way all Guam school districts and EMS providers will be held accountable to the same standards and procedures.

Sincerely,

_____ EMS System



DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536 • Fax: (671) 472-5001
Email: jonfernandez@gdoe.net



JON J. P. FERNANDEZ
Superintendent of Education

Notice of Emergency Medical Services (EMS) Response to a Minor Form Letter

Dear Parent/Guardian:

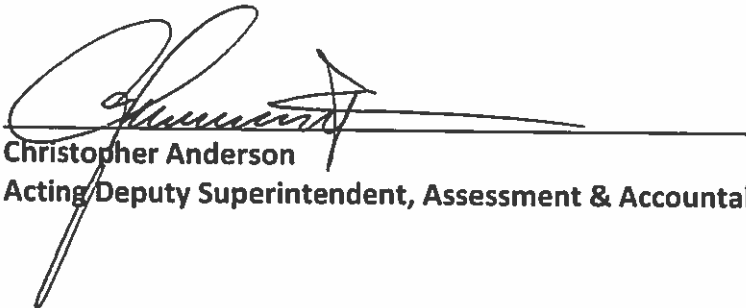
Emergency Medical Services (EMS) Personnel agency were called to evaluate your son/daughter today as a result of a bus collision/incident.

After responding to the above incident, EMS evaluated your child. Based on their assessment and statement made by your child, it was determined that he or she did not require emergency care and/or transportation to an emergency department at that time.

Whereas your child is a minor, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician is desired.

Your child was released to a bus driver to transport your child to school or home.

If you need additional information, please contact your child's school. Thank you.



Christopher Anderson
Acting Deputy Superintendent, Assessment & Accountability



**DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT**

www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536 • Fax: (671) 472-5001
Email: jonfernandez@gdoe.net



JON J. P. FERNANDEZ
Superintendent of Education

**DEPARTMENT OF EDUCATION
BUS ACCIDENT INJURED STUDENTS LOG**

Date:	Time:	Location:	School:	Bus No.:

_____ **LEVEL 1 Bus Incident:** Significant injuries present in one or more children, or the existence of an obvious mechanism of injury that can be reasonably expected to cause significant injuries.

_____ **LEVEL 4 Bus Incident:** If the student(s) have special healthcare needs and / or have communication difficulties, EMS must contact Medical Control for further directions.

All students in a Level 1 incident will be transported to hospital(s).

Student Name	Age	Hospital Assigned	*Parent Signature (If student is released to parent)

Note 1: *Regular protocol is for parents NOT to report to the scene of the bus crash. However, if a parent does report to scene and insists on taking custody of child, they must sign next to child's name. GDOE IC is responsible for verifying parent/guardian before student is released.

Note 2: This form is to be provided to the GDOE IC who is responsible for giving to school for record keeping.

APPENDIX C

DPW/DOE MOU

**MEMORANDUM OF UNDERSTANDING BETWEEN
GUAM DEPARTMENT OF EDUCATION AND DEPARTMENT OF PUBLIC WORKS
REGARDING MANAGEMENT AND
REPORTING OF STUDENT CONDUCT ON BUSES**

THIS Memorandum of Understanding ("MOU") is entered into by and between the GUAM DEPARTMENT OF EDUCATION ("GDOE"), an agency of the government of Guam, whose address is 500 Mariner Ave, Barrigada Guam 96932 and the DEPARTMENT OF PUBLIC WORKS ("DPW"), an agency of the government of Guam, whose address is 542 North Marine Corps Drive, Upper Tunnan, Guam 96913. GDOE and DPW are collectively referred to herein as the "Parties".

WHEREAS, GDOE is the agency responsible for providing public education to eligible students within Guam and DPW is the agency responsible for providing bussing to and from school for those students; and

WHEREAS, both GDOE and DPW are committed to ensuring the safety of Guam's students while they are waiting for or riding on a bus; and

WHEREAS, GDOE and DPW agree that collaboration between the agencies is necessary to ensure that both DPW bus drivers and GDOE school administrators engage in consistent procedures to address student conduct on the bus; and

THEREFORE, the Parties agree as follows:

1. In May of each year, the DPW Director shall designate in writing to GDOE a department representative who is familiar with DPW's school bus operations and who will meet with GDOE's designated representative at least twice yearly for the purpose of reviewing and revising this MOU and procedures for the reporting of student conduct on DPW's buses.
2. The DPW representative shall ensure that DPW bus drivers are provided with current GDOE Office Discipline Referral Forms for use in reporting student misconduct to the student's school Principal. Office Discipline Referral Forms shall be submitted to the school Principal whenever a bus driver believes a student has engaged in the following conduct either on the bus or at a designated bus stop:
 - Profane language or behavior
 - Littering
 - Insubordination
 - Theft
 - Assault or Fighting, or threat of
 - Inappropriate touching of self or others, or others' property
 - Property damage or vandalism
 - Use or possession of tobacco, alcohol or other drugs or contraband
 - Gambling
 - Harassment or bullying
 - Use or possession of weapons or dangerous material
 - Appearing to be under the influence of alcohol or drugs

- Any behavior that threatens the health or safety of other riders or the bus driver, or interferes with the driver's management of bus operations

Office Discipline Referral Forms, including a written description of the reported incident shall be submitted by the DPW driver to the school Principal by delivering the form to the school's main office.

3. Office Discipline Referral Forms shall be submitted by the DPW driver or the DPW Bussing Superintendent to the school no later than one business day after the student's reported misconduct.
4. DPW shall post, within buses or bus stops, signs, posters, or other written material provided by GDOE regarding expected behavior while on the bus.
5. The DPW representative shall work with GDOE to schedule training for DPW bus drivers regarding GDOE student discipline procedures and other topics relevant to student conduct on the bus. The DPW representative shall ensure that DPW bus drivers attend such training.
6. DPW shall develop a system to maintain a current listing of GDOE students who have registered to ride DPW buses to school.
7. In May of each year, the GDOE Superintendent shall designate in writing to DPW a department representative who will meet with DPW's designated representative at least twice yearly for the purpose of reviewing and revising this MOU and procedures for the reporting of student conduct on DPW's buses.
8. GDOE shall provide training for DPW drivers no less than annually regarding GDOE student discipline procedures and other topics relevant to student conduct on the bus.
9. The GDOE representative shall ensure that GDOE school administrators are advised of expected behavior from students while on DPW buses.
10. The GDOE representative shall provide the DPW representative with the current GDOE Office Discipline Referral Form at the start of each school year and whenever the form is revised.

11. GDOE shall respond to reported misconduct on DPW buses using the same procedures applied to misconduct on GDOE campuses.
12. The GDOE representative shall, upon request, assist DPW with the development and implementation of behavioral support and intervention systems as they are routinely used on GDOE campuses.
13. Upon receiving a report from a DPW bus driver of a student suspected of carrying weapons, contraband, or potentially dangerous items, GDOE school administrators shall cause the search of such student in accordance with GDOE policies and procedures.
14. The GDOE representative shall release to the DPW representative information regarding health or behavioral issues of students who ride DPW buses as necessary to ensure the health and safety of students and drivers on a bus. The release of information shall be subject to applicable law and regulation regarding confidentiality of student records, and where necessary, to the consent of the parent or guardian of the student.
15. GDOE and DPW agree that when information regarding a student is released by one agency to the other, the receiving agency shall not disclose such information other than to the student's parent or guardian unless allowed or required by law or regulation.
16. This MOU may be modified upon written agreement between the Parties.
17. This MOU shall remain in effect until written notice of termination is made by either Party to the other.

DEPARTMENT OF EDUCATION



JAN FERNANDEZ
Superintendent of Education

Dated 7/28/14

DEPARTMENT OF PUBLIC WORKS



CARL V. DOMINGUEZ
Director

Dated 8/5/14

APPENDIX D

DPW Registration Form

Note: This is a proposed working document and will updated as finalized.



DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT



www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536 • Fax: (671) 472-5001
Email: jonfernandez@gdoe.net

JON J. P. FERNANDEZ
Superintendent of Education

SCHOOL BUS REGISTRATION

The Guam Department of Education (GDOE) recognizes that the bus is an extension of the classroom/school campus. Each student who rides the bus must be registered. The goal is to ensure the safety of everyone riding a Department of Public Works (DPW) Bus or Special Education (SPED) bus. The School Bus Registration form only has to be completed once while your child is enrolled in a GDOE school. However, when your child enters a GDOE school for the first time, transfers to another school, transitions to middle school and to high school, or if your child is coming from a school outside of GDOE, a new registration form must be completed.

SECTION I – BUS REGISTRATION REQUIREMENTS											
Parents/Guardian/Eligible Student (18yrs or older), please initial the items below in order to proceed in the following Sections:											
<ol style="list-style-type: none"> 1. My child is already fully registered in a Guam Department of Education School. If not yet registered at a GDOE school, STOP HERE. All students who register for bus transportation must already be registered to attend a school. Please proceed to the school that services your attendance area to register for school first. 2. I understand that my child must be registered to ride only the DPW or SPED bus that services the residence in which I, the parent/guardian resides unless specified by Special Education plan, Section 504 plan or other legal conditions pre-approved by the Assistant Superintendent of Special Education or the DPW Superintendent of Bus Operations. 3. I understand that if I move to another residence or move outside of the attendance zone in which I have registered, that I am required to notify the DPW or SPED to update my child's bus registration form. 4. I have been provided a brochure containing information regarding the Bus Crash Management Plan and Student Conduct on the bus and will discuss with my child. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">INITIALS</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. _____</td> </tr> <tr> <td style="padding: 5px;">2. _____</td> </tr> <tr> <td style="padding: 5px;">3. _____</td> </tr> <tr> <td style="padding: 5px;">4. _____</td> </tr> </tbody> </table>	INITIALS	1. _____	2. _____	3. _____	4. _____					
INITIALS											
1. _____											
2. _____											
3. _____											
4. _____											
SECTION II – STUDENT INFORMATION											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 5px;">STUDENT FULL (LEGAL) NAME</td> </tr> <tr> <td style="width: 30%; padding: 5px;">LAST,</td> <td style="width: 30%; padding: 5px;">FIRST</td> <td colspan="2" style="width: 40%; padding: 5px;">M.I.</td> </tr> </table>				STUDENT FULL (LEGAL) NAME				LAST,	FIRST	M.I.	
STUDENT FULL (LEGAL) NAME											
LAST,	FIRST	M.I.									
STUDENT ID	DOB	GRADE									
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transmale <input type="checkbox"/> Transfemale <input type="checkbox"/> Genderqueer/Gender Non-Conforming <input type="checkbox"/> Different Identity (specify): _____											
SCHOOL NAME:											
Transportation Type: <input type="checkbox"/> Regular School Transportation (DPW) <input type="checkbox"/> SPED/Sec 504 on Regular School Transportation (DPW) <input type="checkbox"/> SPED/Sec 504 on SPED Transportation											
SPECIAL INSTRUCTIONS (ex: health issues, social/behavioral health issues, allergies, etc.):											

SECTION III – PARENT/GUARDIAN INFORMATION						
PARENT (MOTHER) / GUARDIAN NAME		CELL PHONE	HOME PHONE	WORK PHONE		
		MOTHER'S EMAIL ADDRESS				
HOME ADDRESS		MAILING ADDRESS				
PARENT (FATHER) / GUARDIAN NAME		CELL PHONE	HOME PHONE	WORK PHONE		
		FATHER'S EMAIL ADDRESS				
HOME ADDRESS		MAILING ADDRESS				
OTHER PERTINENT INFORMATION (ex: If parents are legally separated, divorced or no longer living together, please indicate who has custodial guardianship or shared guardianship or any other pre-approved conditions for alternate arrangements, etc.)						
SECTION IV – EMERGENCY CONTACT INFORMATION: If parents are unable to be reached.						
EMERGENCY CONTACT NAME				RELATIONSHIP TO THE STUDENT		
CELL PHONE		HOME PHONE			WORK PHONE	
SECTION V – PARENT/GAURDIAN SIGNATURE						
SIGNATURE					DATE	
SECTION VI – TO BE FILLED OUT BY BUS OPERATIONS OFFICE PERSONNEL						
NOTE: Selected information from this completed forms are is to be transmitted to the school via BRM within 5 working days						
<input type="checkbox"/> ELIGIBLE	BUS #	BUS STATION	ROUTE #	PRIMARY BUS DRIVER	INITIALS	DATE
<input type="checkbox"/> INELIGIBLE						
REMARKS:						

APPENDIX E

(DOE SCHOOL HEALTH COUNSELOR POST-BUS ACCIDENT SCREENING NOTIFICATION LETTER & ILLNESS/INJURY REPORT FORM)

IMPORTANT:

- SHC Post-Bus Accident Notification Letter to be issued by School Health Counselor when students have returned to school immediately after a bus accident or the following school day.
- If students are reporting injuries during the screening process, the Illness/Injury Report Form is used, not the Post-Bus Accident Screening Notification Letter.



**DEPARTMENT OF EDUCATION
SCHOOL HEALTH COUNSELOR
POST-BUS SCREENING NOTIFICATION LETTER**



Dear Parent/Guardian,

Date: _____

Your child _____, D.O.B. _____ was involved in a motor vehicle accident today while riding the school bus. Emergency Medical Services (EMS) were called to the scene and evaluated your child. Based on their findings, it was not deemed necessary to transport your child to the hospital at that time. EMS made the decision that your child could be safely transported back to school and/or home. Upon arrival to the school, your child received a “post-accident” screening by the School Health Counselor (SHCs) – School Nurse. This screening was performed at _____ am / pm, and was directed at identifying any immediate life-threatening conditions.

This “post-accident” screening is not to be confused with a full medical evaluation by a physician. If the accident occurs in the afternoon after school, students that have been released by the EMS will be re-evaluated by the SHCs in the morning the following day.

School personnel are communicating that at the time of the post screening, the child did not complain of any pain or injury, nor demonstrate any indication that an emergency condition existed. Your child’s vital signs were within normal limits for his/her age at that time as well.

I understand that my child has only received an initial evaluation by EMS and a “post- accident” screening by the nurse.

I understand that a full medical evaluation has NOT been performed. I understand that if my child complains of pain, or I notice a change in my child’s condition. I need to immediately take my child to the nearest Emergency Room and/or Private Clinic.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Name of School Health Counselor: _____

Signature of School Health Counselor: _____

APPENDIX F

GOVERNMENT CLAIMS FORM



Office of the Attorney General

LEONARDO M. RAPADAS

Attorney General of Guam
287 West O'Brien Drive
Hagåtña, Guam 96910 USA
(671) 475-3329 (671) 472-2493 (Fax)
www.guamattorneygeneral.com

CLAIM AGAINST THE GOVERNMENT

(Please complete the form in its entirety. DO NOT leave any portions blank. Write "N/A" or "None" where appropriate.)

1. Name of Claimant _____
2. Mailing Address _____
Home/Work Address _____
3. Home Telephone _____ Work Telephone _____
4. Amount of Damages you are claiming: \$ _____
5. Any other relief you are claiming _____
6. Government Agency Responsible _____
7. Date Claim arose _____
8. Your Statement of facts upon which you base your claim. Attach extra sheets if necessary.

9. Attach a copy of all documents pertaining to your claim, such as a police report, accident report or a contract.
10. The lowest estimate of repair is \$ _____
11. I have the following insurance covering this claim _____
12. I am the real party in interest except for the following parties who have an interest in this claim:

13. I have received the following compensation/repairs from other parties _____
14. Name, address, and telephone of attorney representing claimant, if any:

All notices will be sent to your mailing address above or if you have an attorney, to your attorney's address. If you want to change the address at which you will receive notices, you must file, in writing, a change of address with the Claims Officer.

I, _____, declare under penalty of perjury that the foregoing is true and correct.

Date _____

Claimant's Signature _____