DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

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JON J.P. FERNANDEZ
Superintendent of Education

Standard Operating Procedures

SOP#: 1200-008

SUBJECT: Injury and Illness Reporting

EFFECTIVE DATE: ASAP

INQUIRES: Student Support Services Division

I. REFERENCES: Board Policy 336

II. APPLICABILTY: All Schools within the Department of Education

III. PURPOSE: Providing guidelines on the completion of an Injury and Illness report at schools.

IV. PROCEDURES

1. All students who are ill or injured must be signed in at the nurse's office in the available log.
2. Assessment and evaluation of students will be performed by the School Health Counselor (SHC) according to the severity of illness or injury (emergent/ urgent/ non urgent).
3. Students are encouraged to report to the nurse office any illness or injury that occurred at school. This will ensure quality care and effective communication with the parent/ guardian and/ or the Emergency Room physician in a timely manner.
4. If a student will be dismissed due to illness or injury the SHC/administrative designee will complete an illness/injury report as necessary.

5. The facilities in school are not designed to take care of ill or injured students for any length of time. Parents/guardians are ultimately responsible to make arrangements to have their ill or injured child picked up at school within an hour.

6. Injuries will be documented in the student's health record and a copy of injury report will be sent home with student as deemed necessary by the SHC.

7. Injuries that were sustained at school that require additional medical care need a completed injury report that was signed by the administrator.

8. If the Emergency Medical Services (EMS) was called via 911 operator, SHC can call GMHA – Emergency Room physician for any medical concerns regarding that student whilst waiting on the EMS

9. **Due to the legality of the injury/ illness report no alterations will be made by other DOE personnel on that signed report, however a separate entry can be made as an attachment.**

Accountability

The SHC shall submit a monthly report to the Community Health & Nursing Services Administrator (CH&NSA) with the amount of injuries per month and illness per day seen in the nursing office. The Student Support Services Division Administrator shall submit a monthly report to the Superintendent of Education.

Jon J.P. Fernandez
Superintendent of Education

8/17/12
Date

Appendices List:

Appendix A: Injury Report
Appendix B: Illness Report

Reference:

- FERPA guidelines

http://www.nasn.org/ToolsResources/HIPAAandFERPA

Injury Report Form

School: _____

Student Name: _____ Date: _____ Time: _____

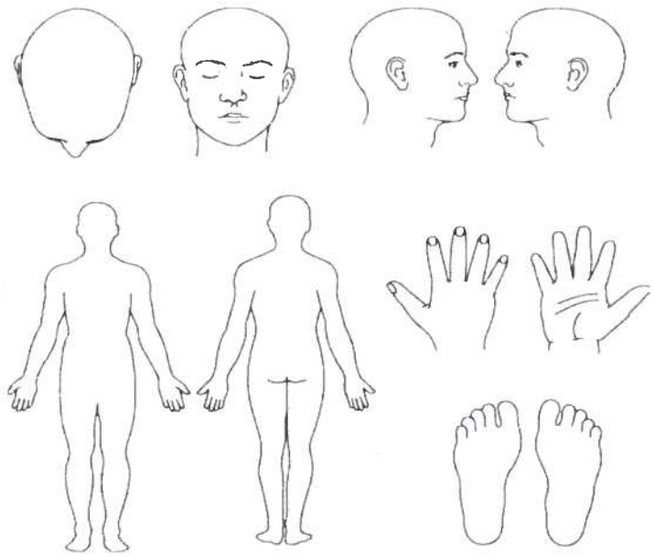
DOB: _____ Grade: _____ Room: _____

Type of Injury: ☐ Abrasion/Scrape ☐ Bruise/Bump ☐ Cut/Laceration ☐ Pencil Poke/Scratch
☐ Suspected Sprain/ Broken Bone ☐ Bee Sting/Insect Bite ☐ Nosebleed
☐ Other: _____

Injury Location: ☐ Classroom ☐ Gym ☐ Hallway ☐ Stairway ☐ Field ☐ Restroom
☐ Cafeteria ☐ Doorway ☐ Playground ☐ Bus/Bus Stop ☐ Home ☐ Off-Campus ☐ Parking Lot
☐ Other _____

Comments:

Indicate or Show Body Injured on diagram:



Treatment/Care administered:

☐ Soap/Water ☐ Gauze/Band Aid ☐ Allowed to rest ☐ Pressure dressing
☐ No Treatment Needed ☐ Ice pack ☐ Elevated injured extremity ☐ Splint applied
☐ Other: _____

Was parent/guardian informed? ☐ Yes ☐ No Time: _____

Was incident reported to School administrator/ designee? ☐ Yes ☐ No

Please keep the injury clean and dry, observe for signs of infection, redness, swelling, yellow discharge, increased pain and temperature.

☐ 911 were called: Time: _____ DOE Staff accompanying Student: _____
☐ Recommend taking the child with form to the doctor or clinic as soon as possible.
☐ Recommend observing the child and take him/her to the doctor if deemed necessary.
☐ Injury occurred at home/off campus as stated by the child.
☐ Student may NOT return to school unless cleared by a Healthcare Provider

_____ School Administrator

_____ School Health Counselor

Please call the school nurse's office if you have any questions or concerns at your child's school.

Please complete and return to School Health Counselor

Parent /Guardian or Medical Report: _____

Physical Restriction: _____

Medication: _____

Parent/Guardian or Physician's signature: _____ Date: _____

Illness Report

School: _____

Date: _____

Student name: _____ Grade: _____ Room #: _____ Time In: _____ Time Out: _____

Dear Parent/Guardian: Your child reported to the Health Counselor's office today for the following reason.

☐ Cold/Runny nose ☐ Coughing ☐ Sore Throat ☐ Ear-ache ☐ Headache ☐ Breathing difficulties

☐ Eye Irritation ☐ Toothache ☐ Nausea ☐ Vomiting ☐ Stomachache ☐ Diarrhea

☐ Rash/Hives ☐ Dizziness

☐ Fever (*temperature reading:* _____) ☐ Other: _____

Comments:

The following treatment/care was given;

☐ Ice Pack /warm compress ☐ Juice/Water ☐ Made to Rest ☐ Repeat vital signs

☐ Prescribed medication ☐ Other: _____

BP: _____ mmHg Pulse p/min:_____ Resp p/min:_____ Pain Scale 1- 10:_____

☐ *911 were called: Time:* _____ *DOE staff accompany student:* _____

☐ Recommend rest and fluids.

☐ I recommend that you take your child and this form to a doctor or clinic as soon as possible.

☐ I recommend that you observe your child carefully and take him/her to the doctor is you feel it is necessary.

☐ Please return this form whether or not your child seen a doctor.

☐ Child may return to school when fever free for 24 hours without fever reducing medications.

Note: This report will become a part of his/her permanent record.

Please call the ***School Nurse's*** *office if you have any questions or concerns at your child's school.*

_____ _____

School Administrator *School Health Counselor*

Please fill in information, sign and return form to the School Health Counselor

Parent/Guardian Name _____ _____

(print name) *Parent/Guardian Signature*

Contact Number(s)

Home: _____ Cell: _____ Other: _____

Seen by Doctor: ☐ Yes ☐ No *If yes, by whom (Doctor's Name/Clinic):* _____

Medication(s), If any: _____ _____ _____

Dosage: _____ Time to be given: _____

Physical Restrictions: