



# DEPARTMENT OF EDUCATION

## OFFICE OF THE SUPERINTENDENT

www.gdoe.net  
P.O. Box D.E., Hagatña, Guam 96932  
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#: 1200-009

**SUBJECT:** Injury and Illness Reporting

**EFFECTIVE DATE:** ASAP

**INQUIRIES:** Student Support Services Division

**I. REFERENCES:** Board Policy 336

**II. APPLICABILITY:** 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.



# DEPARTMENT OF EDUCATION

## OFFICE OF THE SUPERINTENDENT

[www.gdoe.net](http://www.gdoe.net)

P.O. Box D.E., Hagatña, Guam 96932

Telephone: (671)475-0457 or 300-1547/1536•Fax: (671)472-5001

Email: [jonfernandez@gdoe.net](mailto:jonfernandez@gdoe.net)



**JON J.P. FERNANDEZ**

Superintendent of Education

## Standard Operating Procedures

SOP#: 1200-009  
009

**SUBJECT:** Injury and Illness Reporting

**EFFECTIVE DATE:** ASAP

**INQUIRIES:** Student Support Services Division

**I. REFERENCES:** Board Policy 336

**II. APPLICABILITY:** All Schools within the Department of Education

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

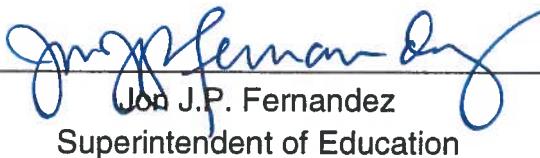
### IV. PROCEDURES

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: \_\_\_\_\_

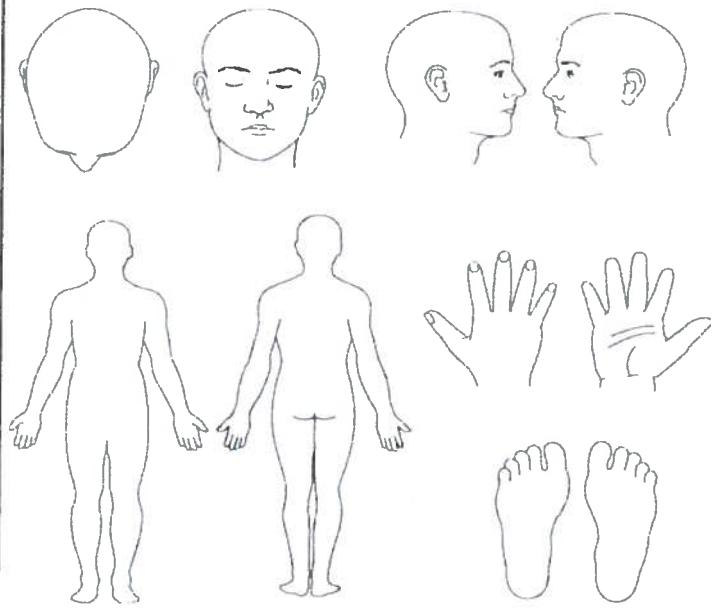
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

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 \_\_\_\_\_

**Indicate or Show Body Injured on diagram:**

Comments: \_\_\_\_\_



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 if 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: