

Student and Visitor Accident Reporting Policy

It is the policy of the Raleigh County Board of Education to have a record of all student and visitor accidents that occur throughout the district.

The Office of Safety & Loss Control will receive and maintain a copy of the report of all accidents that occur. The reports shall be provided to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if the student or visitor is taken out of the school for medical attention.

Student and Visitor Accident Reports received by the Office of Safety & Loss Control are forwarded daily to the West Virginia Board of Risk and Insurance Management for review and processing. All questions and concerns about a student or visitor incident should be directed to the Director of Safety at 304-256-4500 ext. 3355.

Student Accident Procedure

- Student has an accident or is injured on school property.
- The principal/assistant principal/supervising adult assesses the situation.
- Parent/guardian is called.
- If a student injury requires emergency medical treatment, the principal will instruct a staff member to call 911 for Emergency Medical Services (EMS).
- First aid is administered.
- A staff member will stay with the student until EMS arrives.
- Office personnel will copy emergency card and will have it available for EMS.
- Student Accident Report (Appendix A) is filled out by the staff member who saw the accident. Fill out accident report completely giving as much information as possible using additional pages as necessary.
- Student Accident Report is submitted to the principal for signature. The signed original report is to be kept at the school.
- Copy of the report is sent to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if student is taken out of the school for medical attention.
- Student Accident Report is submitted to the West Virginia Board of Risk and Insurance Management.

Visitor Accident Procedure

- Visitor has an accident or is injured on school property.
- The principal/assistant principal/supervising adult assesses the situation.
- Parent/guardian is called, if a visitor is a minor.
- If a visitor injury requires emergency medical treatment, the principal will instruct a staff member to call 911 for Emergency Medical Services (EMS).
- First aid is administered.
- A staff member will stay with the visitor until EMS arrives.
- Visitor Accident Report (Appendix B) is filled out by the staff member who saw the accident. Fill out accident report completely giving as much information as possible using additional pages as necessary.
- Visitor Accident Report is submitted to the principal/department head for signature. The original report is to be kept at the school/department.
- Copy of the report is sent to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if visitor is taken out of the school/department for medical attention.
- Student Accident Report is submitted to the West Virginia Board of Risk and Insurance Management.

Appendix A

Raleigh County Schools

105 Adair Street
Beckley, WV 25801

Student Accident Report

Section I: School Information

School: _____ School Telephone #: _____

Section II: Student Information

Student's Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Name of Parent/Guardian: _____ Telephone #: _____

Home address: _____ City: _____ State: _____ Zip code: _____

Section III: Injury Information

Date of Injury: _____ Time: _____ am pm Specific Location of Accident: _____

Type of Activity: Recess Physical Ed Classroom/Non-Physical Ed Sports Related Activity

Description of Accident (What was student doing? List conditions at time of injury.): _____

Body Part(s) Injured: _____

Person in Charge: _____ Title: _____ Present at Scene: Yes No

Witness(es) name: _____ Phone: _____

Name: _____ Phone: _____

Section IV: Action Taken

Type of First Aid Treatment Given: _____

Given by: _____ Title: _____

Student Sent Back to Class? Yes No If so, by whom: _____

Student Sent Home? Yes No If so, by whom: _____

Sent to Doctor? Yes No If so, by whom: _____ Doctor: _____

Sent to Hospital? Yes No If so, by whom: _____ Hospital: _____

Parent/guardian/other individual notified? Yes No Who: _____ Relationship: _____

How Notified: _____ Date: _____ Time: _____ am pm

Section V: Additional Information

Student Has Health Insurance: Yes No Student Has Accident Insurance: Yes No

of Days Missed: _____ Status of Student after Incident: _____

Principal's Signature: _____ Date: _____

Scan completed form and email to jcolvin@access.k12.wv.us or fax to 304-256-4527.

Appendix B

Raleigh County Schools

105 Adair Street
Beckley, WV 25801

Visitor Accident Report

Section I: School/Department Information

School/Department: _____ Telephone #: _____

Section II: Visitor Information

Name: _____ Social Security #: _____

Home address: _____ City: _____ State: _____ Zip code: _____

Home Telephone #: _____ Cellular Telephone #: _____

Contain Person (if other than injured): _____ Telephone #: _____

Section III: Injury Information

Date of Injury: _____ Time: _____ am pm

Specific Location of Accident: _____

Description of Accident (What was visitor doing? List conditions at time of injury.): _____

Body Part(s) Injured: _____

Witness(es) name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Section IV: Action Taken

Type of First Aid Treatment Given: _____

Given by: _____ First Responder (fire, ambulance, etc): _____

Did Visitor Seek Medical Treatment? Yes No Doctor: _____

Name medical facility/hospital: _____

Address: _____ Phone: _____

Incident Report Submitted by: _____ **Date:** _____

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