



Confidential Student Incident/Accident Reporting Policy

Purpose of Incident Reports

This policy for reporting student incidents/accidents outlines the purpose and process for completing school incident reports and the responsibilities of Superintendents, Principals and school staff in relation to the completion, storage and use of such reports. It also addresses the provision of information concerning school incident reports and witness statements to parents, students and others.

Incident reports are prepared to document incidents of harm, either to persons or property, that occur on school property or in the course of school activities. These reports are also key pieces of information which assist claim representatives and legal counsel to assess and, if appropriate, defend claims made against a District as a result of injury to persons or property. Attorney-client and work product privilege may apply to incident reports. All incident reports, witness statements, and any associated documentation and evidence should be marked **“Confidential”** and maintained in a secure server and/or file.

Persons who are injured or who have had property lost or destroyed on school sites or during the course of school activities may wish to assert claims for compensation against a District. These claims may involve litigation. Sometimes there is a considerable period of time between the date of the incident and the date of a claim being made. The District’s ability to properly consider and/or defend claims depends to a significant degree on the information contained in incident reports.

NEVER promise an injured party compensation or coverage, or accept liability for an event. Liability and coverage issues may only be determined by the SISC Claims Department. Laws are complex and coverage determination requires extensive knowledge of the District’s Coverage Agreement. Promising someone that your insurance company will cover an event may leave you and the District liable for reimbursement when the district may not be responsible or have coverage.

Process

1. Once the accident/incident is under control, complete the Confidential School Incident Investigation reporting form.
2. Within 48 hours of the accident/incident, send the completed Confidential School Incident Reporting form via email to nwallace@tcsos.us. The original copy of the incident report should be turned into the district office within 24hrs.
3. When received by the JPA, the Executive Director will evaluate the information, determining whether further information of the event is needed for safety and/or defense information.
4. If further investigation is needed, the Executive Director will contact the district designee.
5. If a student insurance claim is requested, the JPA Executive Director will work with the appropriate insurance carriers and the affected individual to expedite the process.

How to complete a Confidential School Incident Investigation Form:

1. **Complete a Confidential School Incident Investigation Report form anytime a student is injured or an incident occurs that may result in a claim being filed. Even small incidents are important to document.** Many times the reviewing of Incident Reports can alert staff to implement changes before a serious injury or event can occur. A second important reason for documenting incidents is to prevent the loss of important facts relating to the incident, if later the event evolves into something larger than first expected.
2. **It is important that the form be completed as soon after the incident as possible while details are still fresh.**
3. **NEVER let a student, parent or visitor complete the Confidential School Incident Investigation Report form.** The Incident Report form is for district documentation and only district staff should complete the paperwork, addressing all pertinent facts. If the person completing the report did not witness the event, state that on the form and note who relayed the information to the report writer and when. Always try and get the full names of witnesses to the incident or others who were involved.
4. **Be professional and thorough when completing a Confidential School Incident Investigation Report form.** Incident Report forms may become legal documents in a court of law or reviewed by administration, legal counsel, and possibly the public. Confidential School Incident Investigation forms are for documenting facts only.

UNDER NO CIRCUMSTANCES SHOULD LIABILITY FOR ANY INCIDENT BE ADMITTED, NOR ANY OPINIONS AS TO LEGAL RESPONSIBILITY FOR THE INCIDENT BE EXPRESSED.

Applicable Regulations

California's Government Claims Act (Govt. Code §§ 810-996.6)

California Public Records Act (Govt. Code §§ 6250-6276.48)

California's education Code (Govt. Code §§ 49069) 34 C.F.R. section 99.3, 99.30-99.31

CONFIDENTIAL SCHOOL INCIDENT INVESTIGATION

FOR INTERNAL USE ONLY:

DO NOT COPY OR DISTRIBUTE

SEND COMPLETED REPORT TO DISTRICT OFFICE

**ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE STRICTLY CONFIDENTIAL
ATTORNEY/CLIENT PRIVILEGE**

District Name:		School/Site:	
Name (Last, First, M.I.):		<input type="checkbox"/> Student <input type="checkbox"/> Non-Student	
Home Address: Street, City, State, Zip		Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth
Home Phone No.:		Date of Incident:	Time:
Reported to:		Date Reported:	Time:

i.e. police, principal, teacher or district office

DETAILS OF INCIDENT

Exact Location of Incident

Did incident involve other student(s) or non-student(s)? Yes No IF "YES," GIVE NAME(S):

DESCRIBE HOW THE INCIDENT OCCURRED IN DETAIL (ATTACH ADDITIONAL SHEET OR REPORT IF NECESSARY)

WAS EQUIPMENT OR MACHINERY INVOLVED? (PLAYGROUND, INDUSTRIAL ARTS, ETC.) Yes No IF "YES," NOTE ANY DEFICIENCIES

WAS A RULE OR PROCEDURE VIOLATED? EXPLAIN (Include horseplay)

Full Name of Teacher, Teacher's Aide, etc., for injured student	Title of Person (Teacher, Aide, etc.)	Present at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Witness	Address	Phone	Status: <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Witness	Address	Phone	Status: <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Witness	Address	Phone	Status: <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name	Date/Time Contacted		

Parent Comments:

NATURE OF INJURY	INJURED PART OF BODY
<input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Concussion <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Other - Explain below:	<input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Other pain/discomfort - Explain below:

First Aid Treatment Given: Name of person who administered First Aid:

Disposition Return to Class Home Doctor 911/Hospital

Other Transported By:

REPORT PREPARED BY	TITLE	PHONE NUMBER	DATE PREPARED
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SITE ADMINISTRATOR SIGNATURE

CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGE

_____ SCHOOL DISTRICT
BUMPS OR BLOWS TO THE HEAD

You are receiving this notification because your student sustained a head bump or blow and will need to be monitored for the next **24 hours**.

Student's Name: _____	Date/Time of Incident: _____
Description of Incident: _____ _____ _____	
Treatment Provided: _____ _____ _____	
Treatment Provided by: _____	
Parent/Guardian Notified: _____	Time of Notification: _____

IF ANY OF THE FOLLOWING OCCUR, SEEK EMERGENCY TREATMENT IMMEDIATELY (Call 911 or go to the nearest emergency room):

1. Unconsciousness (unable to wake up) or fainting
2. Convulsions/Seizure
3. Bleeding from ears
4. Paralysis of face/limbs (unable to move)
5. Change in behavior/personality

IF ANY OF THE FOLLOWING OCCUR, CALL YOUR FAMILY PHYSICIAN FOR CARE INSTRUCTIONS:

- | | |
|-------------------------------------|--------------------------------------|
| 1. Headache | 5. Fever over 100 degrees |
| 2. Persistent vomiting | 6. Unusual/increasing drowsiness |
| 3. Dizziness | 7. Blurred vision |
| 4. Weakness/paralysis of face/limbs | 8. Bleeding/fluid drainage from nose |