

STUDENT & VISITOR INJURY/ILLNESS WORKSHEET

(See instructions on page 2)

<input type="checkbox"/> Check for Visitor			
Student/Visitor Name _____		Grade _____	Student Number _____
FISH #/Exterior location _____	Date of injury/illness _____	Time of Accident/ illness _____	School Name _____
Reported by: _____	School Telephone No. _____	Witness: _____	Telephone No. _____
Check only items that apply. One item from each section is required.			
Program		Cause of Injury	
<input type="checkbox"/> 1. General Education <input type="checkbox"/> 2. Before Care (BASCC) <input type="checkbox"/> 3. After Care (BASCC) <input type="checkbox"/> 4. Physical Education <input type="checkbox"/> 5. Recess <input type="checkbox"/> 6. Vocational Education <input type="checkbox"/> 7. Field Trip <input type="checkbox"/> 8. Athletics/Extracurricular <i>(specify in description below)</i> <input type="checkbox"/> 9. Volunteer <input type="checkbox"/> 10. Camp <i>(specify in description below)</i> <input type="checkbox"/> 11. Other <i>(specify in description below)</i>		<input type="checkbox"/> 1. No hazard (e.g., trip on shoelace/feet, misstep) <input type="checkbox"/> 2. Slip/Fall Hazard <input type="checkbox"/> 3. Trip/Fall Hazard <input type="checkbox"/> 4. Fall from different level (i.e., stairs/playground platform) <input type="checkbox"/> 5. Struck by falling/flying/swinging/rolling object <input type="checkbox"/> 6. Struck against object <input type="checkbox"/> 7. Absorption/ingestion/inhalation of chemical/irritant <input type="checkbox"/> 8. Caught in or between (e.g., pinched) <input type="checkbox"/> 9. Cut/puncture/scrape <input type="checkbox"/> 10. Animal/insect bite <input type="checkbox"/> 11. Horseplay <input type="checkbox"/> 12. Motor vehicle <input type="checkbox"/> 13. Strain/injury by twisting/jumping/lifting/pushing/pulling/reaching <input type="checkbox"/> 14. Foreign body in eye <input type="checkbox"/> 15. Step on object <input type="checkbox"/> 16. Heat related illness <input type="checkbox"/> 17. Burn/scald <input type="checkbox"/> 18. Choked/swallowed an object <input type="checkbox"/> 19. Other <i>(specify in description below)</i>	
Classification		Location	
<input type="checkbox"/> 1. Illness/Medical condition <input type="checkbox"/> 2. Injury due to medical condition (e.g., fainting, seizure, diabetes, etc.) <input type="checkbox"/> 3. Accidental injury <input type="checkbox"/> 4. Assault/Battery/Altercation <input type="checkbox"/> 5. Other <i>(specify in description below)</i>		<input type="checkbox"/> 1. Play Field/Court <i>(specify in description below)</i> <input type="checkbox"/> 2. Playground <i>(specify in description below)</i> <input type="checkbox"/> 3. Outdoor Bleachers <input type="checkbox"/> 4. Swimming Pool <input type="checkbox"/> 5. Weight Room <input type="checkbox"/> 6. Classroom <input type="checkbox"/> 7. Locker Room <input type="checkbox"/> 8. Restroom/Shower <input type="checkbox"/> 9. Science Laboratory <input type="checkbox"/> 10. Gym <input type="checkbox"/> 11. Bus Stop <input type="checkbox"/> 12. Bus <input type="checkbox"/> 13. Parking Area <input type="checkbox"/> 14. Bus Drive/Parent Drive <input type="checkbox"/> 15. Corridor/sidewalk <input type="checkbox"/> 16. Administration/Office/Conference <input type="checkbox"/> 17. Stairs <input type="checkbox"/> 18. Auditorium <input type="checkbox"/> 19. Media Center <input type="checkbox"/> 20. Cafeteria/Multi-Purpose <input type="checkbox"/> 21. Vocational Shop/Culinary Lab <input type="checkbox"/> 22. Other <i>(specify in description below)</i>	
Description of Injury/Illness <i>(Facts ONLY: Activity, what happened, how did it happen, contributing factor[s])</i> & Corrective Action for accidental injuries:			

Response *(For each question check Yes OR No)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	911 called?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parents notified?	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transported to a hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bleed kit used?	(Parent Contacted)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was an AED used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regional Office notified?	_____

----- **BEFORE & AFTER SCHOOL CHILD CARE (BASCC) OFFICE USE ONLY** -----

Witness Signature: _____	Date: _____	Parent Signature: _____	Date: _____
Date of call: _____	Time of call: _____	Initial: _____	

Notes:

Send Report to EH&S Department at EHS-HELP@browardschools.com

STUDENT & VISITOR INJURY/ILLNESS WORKSHEET INSTRUCTIONS

Consistent with **SBBC Policy # 2301 Reporting Injuries**, all injuries must be reported promptly in accordance with Florida Statutes and Board Policy, Rules and Regulations. Prompt reporting, investigation and corrective action of an accident or incident is essential to maintain an effective health and safety program and prevent accident reoccurrence.

- **Students & Visitors at School Sites:**

- Injuries/illnesses to students or visitors occurring on school sites must be promptly reported to the supervisor, site administrator or designee. Use this form, **STUDENT & VISITOR INJURY/ILLNESS WORKSHEET**, to gather information prior to entering into TERMS.
- Student & visitor injuries/illnesses regardless of severity must be recorded in the TERMS L05 panel, within 24 hours of occurrence.
- TERMS will automatically generate an email with the L05 panel information to Environmental Health & Safety when, “called 911”, “AED used”, “stop bleed used”, “sent to hosp.” or “OSPA”, boxes are checked.
- Visitors should be provided the Johns Eastern Company telephone number for claims (866-803-5189).

- **Employees and Volunteers at All Sites:**

- Injuries/illnesses to employees and volunteers (non-BCPS employees), must be promptly reported to the supervisor, site administrator or designee.
- Supervisors must report the injury on the **EMPLOYEE INJURY/ILLNESS REPORT FORM**. Follow the instructions on the back of the form.

- **Visitors at Sites Other than School Sites:**

- Injuries/illnesses to visitors occurring on BCPS sites other than school sites, must be promptly reported to the supervisor, site administrator or designee.
- Fill out this **STUDENT & VISITOR INJURY/ILLNESS WORKSHEET** and email to Environmental Health & Safety EHS-HELP@browardschools.com.
- Visitors should be provided the Johns Eastern Company telephone number for claims (866-803-5189).

For information on reporting injuries/illnesses and conducting on-site accident investigations, reference Sections N.4 & N.5 of the [BCPS Environmental Health & Safety Manual](#).

Accident Reporting by Supervisors, Teachers and/or Site Administrators Using this Form:

1. Provide the student/visitor information in the top box.
2. Check one box in each section “**Program**”, “**Cause of Injury**”, “**Classification**”, and “**Location**”, that most closely describes the incident.
3. Provide a short description of how the injury occurred. **Provide facts only.**
 - **Who:** Provide additional information about the person
 - Describe the student/visitor
 - Grade level/type of non-student (vendor, parent, etc.)
 - **What:** Cause of injury
 - Primary cause (slip/trip/fall, cut, burn, bite, etc.)
 - Activity taking place (running, walking, horseplay, climbing)
 - Describe cause if not listed
 - **When:** Provide additional information (time of day, after lunch, before or after school)
 - Describe program if not listed
 - **Where:** Location where the incident occurred
 - Specific FISH number, field area description, playground (PreK, K-2 grades, 3-5 grades, etc.)
 - Describe other location if not listed above
 - **How:** Physical condition contributing to the incident
 - Untied shoelace, pushed by another, tripped on something, tripped on own feet, damaged walkway, broken equipment, hole in field, damaged fence, etc.
 - **Why:** Contributing action or behavior
 - Describe activity (chased by another, running in the hall, using cell phone, misuse of equipment)

Corrective Actions by Administrators:

Act immediately to prevent reoccurrence of a similar incident or accident at the specific location and at other similar locations throughout the facility, if applicable.

1. Secure unsafe area or broken equipment from student access immediately.
2. Request a work order (WO) for the repair/replacement of broken/damaged area/components.
 - a. Email the WO number to Environmental Health & Safety for escalation of the WO priority. EHS-HELP@browardschools.com.
 - b. If the damage is serious or requires closing of an area, contact Environmental Health & Safety (EH&S) for an investigation and for escalation of the WO priority. EHS-HELP@browardschools.com.
3. If work orders had been requested for the correction of a deficiency contributing to an injury prior to the incident/injury, provide all WO numbers to (EH&S) for escalation of the WO priority.

Note: The EH&S Department may conduct an investigation in addition to, and independent of, the investigations conducted by the department, school, or other entity. All BCPS District personnel shall cooperate fully with staff from the EH&S Department, Workers’ Compensation Department, or Risk Management Department during accident or incident investigations.