

On The Job Injury

1. Assess the situation.
2. Call for School Nurse.
3. Administer first aid.
4. Stabilize injured person.
5. Report to direct school supervisor.
6. Nurse will determine if 911 is needed.
7. Move injured person to nurse's office depending on injury.
8. Obtain medical information.
9. Call contact person on medical form.
10. Make report to Central Office.
11. Document incident.
12. Injured person must provide supervisor with LEA Injury Report with 24 hours.
13. Obtain LEA Physician's Certification Form from employee.
14. Submit all forms to Central Office.
15. Determine cause of accident and any precautionary action to be taken.

LOCAL EDUCATION AGENCY INJURY REPORT

| | | | | |
|--|---|---|---|--|
| 1. Name of Injured Employee (Please type or print) (Last) (First) (MI) | | 2. Social Security Number _____ | 3. Date of Birth ____/____/____ | 4. Sex ___ M ___ F |
| 5. Home Address (Number and Street) (City or Town) (State) (Zip) | | 6. Telephone Number Home () Work () | 7. Job Title | 8. Status ___ Full Time ___ Part Time ___ Contract |
| 9. Employing Agency | | 10. Agency Address (Number and Street) (City or Town) (State) (Zip) | | |
| 11. Date of Injury ____/____/____ | 12. Time of Injury ____:____ a.m. ____ p.m. | | 13. Date Employer Notified ____/____/____ | |
| 14. Is employee covered by medical insurance? ___ Yes ___ No If yes: ___ Blue Cross/Blue Shield ___ Other: | | 15. Name and address of attending physician | | |
| 16. Name and address of medical facility where treated ___ Hospitalized ___ Outpatient ___ Emergency Treatment | | 17. City or town where injury occurred | 18. Location or place where injury occurred | |
| 19. Describe fully what happened to cause the injury or illness | | | | |
| 20. Describe the injury or illness in detail and indicate the body part(s) affected | | | | |
| 21. Were there any witnesses to the injury? ___ Yes ___ No (If "yes", give name, address, and telephone number) | | | | |
| 22. | | | | |
| Signature of injured person | | Print Name | | Telephone Number (Daytime) |
| Date | | | | |
| Signature of Supervisor (or other designated authority) | | Print Name | | Telephone Number (Daytime) |
| Date | | | | |

LOCAL EDUCATION AGENCY PHYSICIAN CERTIFICATION FORM

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|--|--|--|--|--|
| 1. Name of Injured Employee (Please type or print) (First) (MI) | | 2. Social Security Number _____ | 3. Date of Birth ____/____/____ | 4. Sex ___ M ___ F |
| 5. Home Address (Number and Street) (City or Town) (State) (Zip) | | 6. Telephone Number Home () Work () | 7. Job Title | 8. Status ___ Full Time ___ Part Time ___ Contract |
| 9. Employing Agency | | 10. Agency Address (Number and Street) (City or Town) (State) (Zip) | | |
| 11. Date of Injury ____/____/____ | 12. Is there a reasonable expectation that the employee will be able to return to work? ___ Yes ___ No | | 13. If "yes" on item 12, give the date or approximate date of return. ____/____/____ | |
| 14. If the employee can return to work, are there any restrictions on the employee's duties? If so, how long will the restrictions apply? | | | | |
| 15. If "no" on item 12, give details for employee not being able to return to work. | | | | |
| 16. | | | | |
| Signature of Attending Physician | | Print Name | Telephone Number | Date |

Physical Education Accidents

1. Assess situation to determine course of action.
2. Notify School Nurse.
3. Determine if 911 is needed.
4. Administer first aid if certified.
5. Stabilize student.
6. Report to main office
7. Obtain medical information.
8. Notify parents.
9. Appoint someone to go with student to hospital.
10. Report incident to Central Office.
11. Document incident on proper forms.