

STANDARD OPERATING PROCEDURE ACCIDENT/INJURY REPORTS

PURPOSE: To establish procedures for reporting accidents and injuries and to provide information as to the distribution of Accident/Injury Reports (AIR).

REFERENCE: DoDEA Regulation 4800.1, *Department of Defense Education Activity Safety Program*, 6 March 2001

RESPONSIBILITIES: All personnel assigned to the Isles District and Isles District schools must ensure compliance with this Standard Operating Procedure (SOP). Principals have the direct responsibility to ensure DoDDS leadership is informed when an accident/injury occurs within their school; this includes initial and follow-on reporting of the accident/injury.

DEFINITIONS: A reportable category 1, 2, or 3 accident/injury is defined as:

1. Category 1, Accidental Death: Self-explanatory. (Natural death is not reportable on an AIR, although an SIR may be requested in both cases for reporting purposes.)
2. Category 2, Permanent Disability: Such as suspected brain damage, loss of limb, sight, hearing, or other serious disability or life-threatening injury, etc.
3. Category 3, Temporary Disability: Impairment of normal bodily movement, motion, or function (i.e. need for stitches/suture; use of a splint, cast, bandage, and/or crutches); and/or referral for further medical treatment or diagnosis. Examples:
 - A student is treated by the nurse for a possible sprain or fracture and is referred to a clinic/hospital for further evaluation. AIR is required.
 - A student falls at school but does not report it and receives no treatment. He/She goes home and tells the parent later. Parent takes the student to a doctor the following day and requires a sling for a wrist injury. AIR is required. (Note the circumstances on the AIR.)
 - A visitor (or parent, contractor, etc.) falls on school property and cuts his/her knee. The cut is severe enough to warrant follow up by a doctor. AIR is required.
 - A student is treated for a small scratch or bruise requiring no further care or medical referral. AIR is not required.

PROCEDURES:

1. When a student or employee is injured or involved in an accident under the conditions described below, a DoDEA Form 4801 shall be completed and forwarded to the Isles District via email.

1.1. On school grounds

1.2. At off-school locations as a result of school-sponsored activities

1.3. On a school bus, van or vehicle (contracted or government-owned)

1.4. When a student is traveling to or from school to the extent that such information is obtainable from students, parents, police, medical or safety personnel

NOTE: Although students may occasionally receive school nurse medical care for injuries received during non-school hours for non-school related activities, an accident/injury report is not normally required.

2. When a reportable accident or injury to a student or employee occurs, the principal or designee (e.g., school nurse, secretary, counselor, etc.) will complete and forward the DoDEA Accident/Injury Report, DoDEA Form 4801, to the following district offices via email:

2.1. District Safety and Security Officers at Isles-SafetyandSecurity@eu.dodea.edu

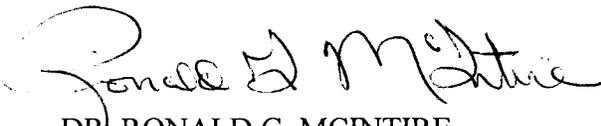
2.2. District Chief of Staff (by name)

2.3. District Superintendent (by name)

3. Electronically forward reportable category 1, 2, or 3 DoDEA Forms 4801 to the within the following suspense time frames

3.1. Category 1 or 2: within 24 hours

3.2. Category 3: within 5 working days



DR. RONALD G. MCINTIRE
Superintendent

Attachment:

DoDEA Form 4801, DoDDS-Europe Version, April 2001

(Note: The following copy is for information only. Use the Microsoft Word version when submitting AIRs.)

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
ACCIDENT/INJURY REPORT
FOR STUDENTS AND ALL EMPLOYEES
 (Please complete all blanks and circle appropriate numbers)

Victim's Name: _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Age: _____		Grade: _____	
School: _____		Date of Accident: _____		Time: _____			
Area/District: Europe/Isles District							
LOCATION OF ACCIDENT							
Athletic Field.....1	<input type="checkbox"/>	Dressing Room/Lockers.....11	<input type="checkbox"/>	Rest Rooms.....21	<input type="checkbox"/>		
Auditorium.....2	<input type="checkbox"/>	Driveway.....12	<input type="checkbox"/>	Showers.....22	<input type="checkbox"/>		
Cafeteria.....3	<input type="checkbox"/>	Gymnasium.....13	<input type="checkbox"/>	Sidewalks.....23	<input type="checkbox"/>		
Classroom, General.....4	<input type="checkbox"/>	Home, Indoor.....14	<input type="checkbox"/>	Stairs (Indoor).....24	<input type="checkbox"/>		
Biology Class/Lab.....5	<input type="checkbox"/>	Industrial Education Shops.....15	<input type="checkbox"/>	Stairs (Outdoors).....25	<input type="checkbox"/>		
Chemistry Class/Lab.....6	<input type="checkbox"/>	Industrial Place/Premise.....16	<input type="checkbox"/>	Streets/Highways.....26	<input type="checkbox"/>		
General Science Class/Lab.....7	<input type="checkbox"/>	Lake/River/Body of Water.....17	<input type="checkbox"/>	Swimming Pool.....27	<input type="checkbox"/>		
Homemaking Class.....8	<input type="checkbox"/>	Parking Area.....18	<input type="checkbox"/>	Yard/Field.....28	<input type="checkbox"/>		
Driver Education Class.....9	<input type="checkbox"/>	Playground.....19	<input type="checkbox"/>	Other (Specify below).....29	<input type="checkbox"/>		
Corridor.....10	<input type="checkbox"/>	Public Buildings, All Other.....20	<input type="checkbox"/>				
DESCRIPTION OF ACCIDENT							
How did accident happen? What was student/employee doing? List specifically unsafe acts and unsafe conditions existing. Specify any tools, machines, and/or equipment involved. (Continue in "Remarks" below, if needed.)							
MOTOR-VEHICLE ACCIDENT		TYPE OF ACCIDENT			FALL ON SCHOOL PLAYGROUND		
Indicate the type of vehicle most closely involving the injured person and the status of the injured person.					Indicate the type of playground surface.		
Vehicle	Injured Person						
Motor Vehicle .. 1 <input type="checkbox"/>	Driver.....1 <input type="checkbox"/>	Normal Classroom.....1	<input type="checkbox"/>	Asphalt.....1	<input type="checkbox"/>		
School Bus.....2 <input type="checkbox"/>	Passenger.....2 <input type="checkbox"/>	Physical Education.....2	<input type="checkbox"/>	Gravel.....2	<input type="checkbox"/>		
Motorcycle.....3 <input type="checkbox"/>	Pedestrian.....3 <input type="checkbox"/>	Lab or Shop Work.....3	<input type="checkbox"/>	Grass/Dirt.....3	<input type="checkbox"/>		
Public Carrier .. 4 <input type="checkbox"/>	Bicyclist.....4 <input type="checkbox"/>	Changing Classes.....4	<input type="checkbox"/>	Concrete.....4	<input type="checkbox"/>		
Other (Specify) 5 <input type="checkbox"/>	Other (Specify) 5 <input type="checkbox"/>	Going to or from School.....5	<input type="checkbox"/>	Other (Specify).....5	<input type="checkbox"/>		
		Supervised Sports.....6	<input type="checkbox"/>				
		Unsupervised Sports.....7	<input type="checkbox"/>				
		Recess.....8	<input type="checkbox"/>				
		Other (Specify).....9	<input type="checkbox"/>				
		Non-Performing Activity.....10	<input type="checkbox"/>				
		Unknown.....11	<input type="checkbox"/>				
DEGREE OF INJURY: <u>See Definitions Below</u>		<input type="checkbox"/> Cat 1, Death			<input type="checkbox"/> Cat 2, Permanent Disability		<input type="checkbox"/> Cat 3, Temporary Disability
NATURE OF INJURY (Select most serious one)				PART OF BODY INJURED (Select most serious one)			
Amputation.....1	<input type="checkbox"/>	Fracture.....9	<input type="checkbox"/>	ARM		LEG	
Asphyxiation.....2	<input type="checkbox"/>	Poisoning.....10	<input type="checkbox"/>	Arm.....1	<input type="checkbox"/>	Ankle.....12	<input type="checkbox"/>
Bite.....3	<input type="checkbox"/>	(Solid/Liquid/Gas/Vapor).....10	<input type="checkbox"/>	Fingers.....2	<input type="checkbox"/>	Foot.....13	<input type="checkbox"/>
Bruise/Contusion.....4	<input type="checkbox"/>	Shock (Electric).....11	<input type="checkbox"/>	Hand.....3	<input type="checkbox"/>	Knee.....14	<input type="checkbox"/>
Burn/Scald.....5	<input type="checkbox"/>	Sprain/strain.....12	<input type="checkbox"/>	Shoulder.....4	<input type="checkbox"/>	Leg.....15	<input type="checkbox"/>
Concussion.....6	<input type="checkbox"/>	Sting.....13	<input type="checkbox"/>	Wrist.....5	<input type="checkbox"/>	Toe.....16	<input type="checkbox"/>
Cut/Laceration.....7	<input type="checkbox"/>	Tooth Injury.....14	<input type="checkbox"/>	HEAD		TRUNK	
Puncture/Abrasion.....7	<input type="checkbox"/>	Internal injury.....15	<input type="checkbox"/>	Ear.....6	<input type="checkbox"/>	Back.....17	<input type="checkbox"/>
Dislocation.....8	<input type="checkbox"/>	Other (Specify).....16	<input type="checkbox"/>	Eye.....7	<input type="checkbox"/>	Chest.....18	<input type="checkbox"/>
				Mouth.....8	<input type="checkbox"/>	Collarbone.....19	<input type="checkbox"/>
				Nose.....9	<input type="checkbox"/>	Ribs.....20	<input type="checkbox"/>
				Teeth.....10	<input type="checkbox"/>	Trunk.....21	<input type="checkbox"/>
				Head/Face/Neck.....11	<input type="checkbox"/>	Internal.....22	<input type="checkbox"/>
Name of Person Completing Form _____		Date _____		Name of Principal/Supervisor Reviewing Form _____		Date _____	
Local Reproduction Authorized (Attach electronic format to e-mail for distribution)				DoDEA Form 4801 March 2001 DoDDS-Europe Version Form 4801 April 2001			
DISTRIBUTION:		Original: School File Copy 1: District S&S Office Copy 2: Deputy Director S&S Office Copy 3: DoDEA HQ S&S Office		SUSPENSE:		To District, DEPDIR, & DoDEA HQ S&S Offices: Cat. 1 & 2 Injuries - 24 hours Cat. 3 Injuries - 5 working days	

(1) Recommendation for preventing future accident/injury or damage to property of this type:

(2) Would additional training or funds be required? Explain (append additional sheets if needed):

(3) Requested Safety Inspection: Yes No

Immediate Action Taken

First aid treatment By (Name) _____

School nurse treatment By (Name) _____

Sent home By (Name) _____

Sent to physician/hospital By (Name) _____

Name of hospital _____

Was a parent or other individual notified? Yes No Not Applicable

If so, how long after injury?

By what means?

Name of individual notified:

By whom notified (Name):

Witnesses to Accident

Name: Address
:

Name: Address
:

REMARKS (Enter any continuation or explanatory information here):

Definitions of Degree of Injury Categories

Category 1, Death: Self Explanatory

Category 2, Permanent Disability: Such as suspected brain damage, loss of limb, sight, or hearing; etc.

Category 3, Temporary Disability: Impairment of normal bodily movement, motion, or function (i.e. use of a splint, cast, restrictive bandage, or crutches); and/or referral for further medical evaluation(s). NOTE: On questionable medical referrals, report only those referral injuries that are diagnosed as temporary disabilities.