



Beech Grove City Schools

Work Related Injury Protocol



Emergency:

- Call 911 if life threatening
- Notify Immediate Supervisor
- Notify Brian Garman (ext. 1044) or Eileen McManus (ext. 1046) @ the Central Office (317-788-4481) - If after hours, contact Brian Garman at 812-345-9013.
- Complete School/Facility Incident Report
- School/Facility Incident Report should be signed by immediate supervisor and forwarded to Brian Garman, Director of Personnel for processing within 24 hours of the incident.

Non-Emergencies Requiring Medical Attention:

- Inform Immediate Supervisor
- Notify Brian Garman (ext. 1044) or Eileen McManus (ext. 1046) @ the Central Office (317-788-4481) - If after hours, contact Brian Garman at 812-345-9013.
- Complete School/Facility Incident Report
- School/Facility Incident Report should be signed by immediate supervisor and forwarded to Brian Garman, Director of Personnel for processing within 24 hours of the incident.

*Unless it is an emergency, all employees will be referred to Concentra for treatment. Once the injury claim has been entered in the Concentra system by BGCS Human Resources, the injured employee will be assigned a window of time to be evaluated at one of several Concentra locations in the Indianapolis area that will be shared with the injured employee.

SCHOOL/FACILITY INCIDENT REPORT

All Employees must report all incidents resulting in any possible claim of injury for students, staff, visitors, etc.



School/Location			Name of Injured Party		
Date of Accident			Address		
Time Accident Occurred	Time Work Day Began	Hours Worked Per Shift	Address		
Grade or Position			Phone		
<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other _____			Birth Date		

Describe Accident (What injured person was doing? What tool or equipment was involved? Who was responsible for area?)

Witness	Address	Contact Number
Witness	Address	Contact Number
Witness	Address	Contact Number

LOCATION	TYPE OF INJURY	BODY PART AFFECTED
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Playground <input type="checkbox"/> Bus Stop <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Sidewalk <input type="checkbox"/> Classroom <input type="checkbox"/> Swimming <input type="checkbox"/> Gymnasium <input type="checkbox"/> Stairs <input type="checkbox"/> Hallway <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Laboratory <input type="checkbox"/> Vocational Shop <input type="checkbox"/> Locker Room <input type="checkbox"/> Off-Premises <input type="checkbox"/> Maintenance <input type="checkbox"/> Other _____	<input type="checkbox"/> Abrasion <input type="checkbox"/> Compound <input type="checkbox"/> Blocked Airway <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Poisoning <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Puncture <input type="checkbox"/> Bite (Animal or insect) <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Bite (Human) <input type="checkbox"/> Head Injury <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> _____ <input type="checkbox"/> Electrical Shock Other: _____	<input type="checkbox"/> Abdomen <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Leg <input type="checkbox"/> Ear <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Tooth <input type="checkbox"/> Face <input type="checkbox"/> Wrist Other: _____

IMMEDIATE ACTION TAKEN

None

1st Aid Given by: _____

Ambulance

School Nurse

Parent/Guardian Notified Injured Person Released to: Self Home Class Parent Time: _____

Patient/Employee/Parent or Guardian Refused Medical Attention: _____ **Sign & Date**

Report Completed By: _____ **Title:** _____

Date: _____ **Telephone Number:** _____

Building Principal/Designee: _____ **Date:** _____

NOTE: This report is for record purposes ONLY and does not constitute the admission of liability on the part of the school system or any employee thereof.