Beech Grove City Schools

Work Related Injury Protocol

Emergency:

- Call 911 if life threatening
- Notify Immediate Supervisor
- Notify Renee Seacat (ext. 1046) @ the Central Office (317-788-4481) - If after hours, contact Seacat at 317-750-3951. Please contact Briant Garman at 812-345-9013 if Renee Seacat can not be reached.
- Complete School/Facility Incident Report
- School/Facility Incident Report should be signed by immediate supervisor and forwarded to Renee Seacat, Payroll Specialist for processing within 24 hours of the incident.

Non-Emergencies Requiring Medical Attention:

- Inform Immediate Supervisor
- Notify Renee Seacat (ext. 1046) @ the Central Office (317-788-4481) - If after hours, contact Renee Seacat at 317-750-3951. Please contact Brian Garman at 812-345-9013 if Renee Seacat can not be reached.
- Complete School/Facility Incident Report
- School/Facility Incident Report should be signed by immediate supervisor and forwarded to Renee Seacat, Payroll Specialist for processing within 24 hours of the incident.

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