

Section	Revised
<b>Transportation – Student Safety</b>	Sep 05, 2019

**SS – 015 Student Injury Reporting – Non-Collision Related**

<b>General Statement</b>	<p>The health and safety of students in the Districts of Nipissing and Parry Sound is a high priority at all times. The Nipissing-Parry Sound Student Transportation Services (NPSSTS) recognizes that despite everyone’s best efforts to provide students with safe transportation, injuries may occur.</p> <p>NPSSTS will ensure that every effort will be made to communicate to the school, and subsequently the parent and/or guardian should an injury occur that is not collision related.</p>
<b>Operational Procedure</b>	<p><b>Where a student is apparently injured during the course of being transported ( e.g. stepping onto or off a school purpose vehicle, trip and fall between buses at a transfer site or inside a bus), the following procedures shall be followed:</b></p> <ol style="list-style-type: none"> <li>1. Upon witnessing an event or receiving a report of same, the <b>Driver(s) and/or Commissionaire</b>, subject to the nature of the event shall: <ol style="list-style-type: none"> <li>a. Take control of the situation and: <ol style="list-style-type: none"> <li>i. Assess the severity of the injury;</li> <li>ii. Provide first aid as required;</li> <li>iii. Request EMS as required;</li> <li>iv. Advise the dispatcher/operator of the situation;</li> <li>v. Request the attendance of a manager/supervisor as required;</li> <li>vi. Where a delay on the route will ensue, request that a notification be made;</li> <li>vii. Where the nature of the injury does not require first aid treatment or EMS, seat the student at the front of the bus to monitor him/her and complete the route;</li> <li>viii. Ensure that the Operator is notified regardless of what action is taken in the circumstances.</li> </ol> </li> </ol> </li> <li>2. Upon being notified of a non-collision injury, the <b>Operator</b> shall: <ol style="list-style-type: none"> <li>a. Attend the scene if requested;</li> <li>b. Attend the hospital where EMS has opted to transport the injured student for treatment;</li> <li>c. Contact the School by telephone and provide details to the principal as soon as possible;</li> <li>d. Where the School and/or principal cannot be reached, contact the NPSSTS as soon as possible;</li> <li>e. Where neither the School, principal nor the NPSSTS can be reached, contact the parent and provide details.</li> <li>f. Complete Form SS-015-01 and forward it to NPSSTS within one business day.</li> </ol> </li> <li>3. Upon being notified of a non-collision injury, the <b>Principal</b> shall:</li> </ol>

	<ul style="list-style-type: none"><li>a. Contact the Parent/Guardian and inform them of the details;</li><li>b. Where the student is to remain at school, advise staff and have them monitor the health and welfare of the student;</li><li>c. Take appropriate measures should the student complain of further symptoms or discomfort resulting from the incident.</li><li>d. Update parents as required.</li></ul> <p>4. Upon being notified of a non-collision injury, the <b>NPSSTS</b> staff receiving the information shall:</p> <ul style="list-style-type: none"><li>a. Contact the Parent/Guardian should the Operator be unable to contact the school or principal;</li><li>b. Ensure an incident is entered into Marval;</li><li>c. Provide the incident number to the operator and principal upon request;</li><li>d. Advise the NPSSTS Safety Officer of the incident;</li><li>e. The <b>Safety Officer</b> shall ensure that Form SS-015-1 is received, review the circumstances and take the steps necessary to prevent or mitigate any similar incidents in the future.</li></ul>
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# STUDENT INJURY REPORT

(For Operators & Drivers for non-collision related injuries)

E.M.S. Called?	YES	NO	
POLICE CALLED?	YES	NO	
SCHOOL:			
SCHOOL CONTACTED:	YES	NO	TIME:
WHO DID YOU SPEAK TO:			

**NOTE: Contact Parent/Guardian ONLY if unable to reach School or NPSSTS. Please indicate if you were required to do this?**

**INC.#**

NAME OF STUDENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

OPERATOR: \_\_\_\_\_ ROUTE: \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_

INJURY REPORTED BY (Parent, driver, monitor, caregiver): \_\_\_\_\_

REPORTED - DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

OCCURRED - DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

STUDENT ADDRESS IF KNOWN: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

Location of occurrence (i.e. Street Name, Loading Zone, Transfer Site)

\_\_\_\_\_

Inside-Seated

Outside of Bus

Where? \_\_\_\_\_

Explain: \_\_\_\_\_

Vehicle Type:  Mini-Van  W/C  20

72

DESCRIPTION OF INCIDENT: (Use reverse if necessary and indicate if First Aid was administered):

**FORWARD TO NPSSTS IMMEDIATELY / NPSSTS USE ONLY:**

Operations Mg/Exe. Director Contacted :	
this related to a Collision: YES NO	If YES, Relate the two Incidents in Marval