

ROLLING RIVER SCHOOL DIVISION POLICY

Injury Reporting

EBB/P

The Board acknowledges that the safety of students, employees and school visitors is a primary responsibility of the Division. However, injuries may occur while students, employees and visitors are at the school or other Division worksites. Reporting and accountability for these events will be maintained as follows:

A. Serious Injury: Those injuries that require medical attention (Examples: serious cuts, sprains, broken bones, injury to eye, head, face and back).

1. Whenever possible, in the event of injury, the student's parent or guardian shall be notified and advised of action taken.
2. In the event the parent or guardian of a student is not available, or in the event of an immediate danger resulting from a serious injury, the School Principal / Supervisor is responsible to identify if the injury requires immediate medical care and if first aid should be provided. An ambulance, the police, or private car will be arranged to transport the student, employee or visitor to the nearest hospital. A parent or guardian of student or next of kin of employee or visitor will be notified of such action as soon as possible thereafter. A teacher or other responsible adult will accompany the student, and if necessary the employee or visitor, to the source of medical aid.
3. The cost of the ambulance, if any, will be the responsibility of the student's parent or guardian or the employee or visitor requiring medical attention unless covered by the Division's insurance. The School Principal / Supervisor will direct that the invoice for the services of the ambulance be forwarded accordingly.

B. Minor Injury: Those injuries that do not require medical attention (Examples: minor scratches, scrapes, bruises, cuts).

1. In the case of a minor injury, the School Principal / Supervisor will arrange for appropriate first aid to be provided and will keep the patient under observation until the student's parent or guardian can be reached.
2. The School Principal / Supervisor will ensure that a parent or guardian or some other responsible adult picks up a student or is at home to look after a student who is sent home after a minor injury.

C. Corrective Action

The Principal / Supervisor will assess the reason for the injury and will ensure that if it occurred as a result of conditions at the school / worksite which can be corrected, the Principal / Supervisor will take action to remedy the situations and/or report the condition to the proper authorities.

ROLLING RIVER SCHOOL DIVISION POLICY

Injury Reporting - Continued

EBB/P

D. Reporting Injuries

1. Student injuries will be reported to a student's parent or guardian. *Manitoba School Insurance Student Accident Incident Report* must be completed and submitted on-line as per regulations. This process will submit the report to the Insurer and the Superintendent.
2. Non-student injuries will be reported to the Superintendent and the Manitoba School Insurer on the day that the injury occurs. A *Manitoba School Insurance Non Student Accident Incident Report* must be completed on-line as per regulations. This process will submit the report to the Insurer and the Superintendent.

The Superintendent will report serious student and non-student injuries / incidents to the Minister of Education.

Reference: For employee workplace accident / incidents and student or visitor accidents / incidents in Industrial Arts, Home Economics, Vocational and Science Shops and Labs - also refer to Policy and Regulation GBEC - Workplace Accidents Report

Index Regulation

Date Adopted: Unknown
Date Revised: April 20, 1990
Date Revised: March 9, 2006
Date Reaffirmed: November 17, 2009
Date Revised: November 27, 2013
Date Reaffirmed: April 23, 2018
Date Reaffirmed: October 5, 2022

ROLLING RIVER SCHOOL DIVISION REGULATION

Injury Reporting

EBB/R

School Principals will report student and non-student injuries to the Manitoba Schools Insurance Program electronically / online via the Manitoba School Board Association website as per the following procedures.

1. Visit the MSBA website at www.mbschoolboards.ca
2. Click
 - i. MSI/STUDENT INSURANCE
and then
 - ii. CLICK HERE TO REPORT AN INCIDENT
3. Select the form to complete
 - i. For student injuries select the Student Accident Incident Report
 - ii. For visitor injuries select the Non-Student Accident Incident Report
 - iii. For Employee injuries select Employee Accident Incident Report
4. Complete the form and submit
 - i. The Manitoba Schools Insurer will automatically receive the completed report and automatically forward a copy of the completed form to the Division Superintendent.
 - ii. After submitting the completed form, print a copy of the form for your records.
5. Maintain a copy of all completed Accident/Incident Reports and file chronologically under the following categories:
 - i. Student Injuries
 - ii. Visitor Injuries
 - iii. Employee Injuries
6. For any injuries to the head, complete the Advisory Notice of Head Injury form and provide it to the student's parent/guardian or employee/visitor that was injured. Maintain a copy of all completed Advisory of Head Injury forms at the school.

Reference: For employee workplace accidents / incidents and student or visitor accidents / incidents in Industrial Arts, Home Economics, Vocational and Science Shops and Labs - also refer to Policy and Regulation GBEC - Workplace Accidents Report.

Index Policy

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ROLLING RIVER SCHOOL DIVISION

Advisory Notice of Head Injury

Dear _____,

On _____, 20____, at (location) _____, you/your son/daughter _____ experienced a fall or collision resulting in a head injury. This Advisory Notice is to inform you of the injury and alert you to the danger of "second impact" effects on brain injuries. Returning to an activity too soon after a head injury could have major and serious consequences. Another blow to the head could produce an extremely high level of blood flow to the brain resulting in a rapid swelling of the brain that could be fatal.

Please consider the information in the table below and consult your family physician to determine a date for the resumption of physical activities. The following chart outlines the *Cantu Guidelines* for the return to an activity for a child who has suffered a head injury. We fully recognize the desire to participate in activities, however, the risks and possible consequences of re-injury far outweigh the need of participation before the suggested periods.

	Signs of Impairment	If First Concussion	If Second Concussion	If Third Concussion
1st Degree (Mild)	No loss of consciousness and head injury Symptoms* for <u>less</u> than 15 minutes.	May resume activities if without head injury symptoms* for 1 week.	May resume activities in 2 weeks if without head injury symptoms* at that time for 1 week.	Athletes must terminate season. May resume other activities <u>only</u> with medical authorization.
2nd Degree (Moderate)	No loss of consciousness but head injury Symptoms* persist for more than 15 minutes.	May resume activities if without head injury symptoms* for 1 week.	Minimum of one month. May resume activities then if without head injury symptoms* at that time for 1 week. Athletes should consider terminating the season.	Athletes must terminate season. May resume other activities <u>only</u> with medical authorization.
3rd Degree (Severe)	Loss of consciousness.	Minimum of 1 month. May then resume activities if without head injury symptoms* at that time for 1 week.	Athletes must terminate season. May resume other activities <u>only</u> with medical authorization.	

*Head injury symptoms observed: ☐ headaches, ☐ dizziness, ☐ confusion, ☐ blurred vision, ☐ poor concentration,
☐ loss of coordination, ☐ nausea/vomiting, ☐ delayed verbal responses, ☐ delayed motor responses

Signature of Principal: _____ Date: _____

As per the discussion with the school principal/teacher, please sign and date below and return the signed letter to the School Principal to indicate that you have received this Advisory Notice.

I am aware that my son/daughter _____ suffered a head injury and have read the information above regarding the "second impact effect". I understand that my son/daughter will not be permitted to participate in activities with a foreseeable risk of head injury until (parent/guardian) authorize it.

Signature of Parent/Guardian: _____ Date: _____

■ Original and 1 copy sent to Parent/Guardian to retain one copy and return signed copy to School Principal.