

# Policies for Review - 1<sup>st</sup> Reading

March 1, 2021

JKAA - Use of Restraints

JLCJ - Concussions and Head Injuries

EBBB - Accident Reports

## **USE OF RESTRAINTS**

### **Definitions:** (RSA 126-T:1, IV)

1. “Restraint” means bodily physical restriction, mechanical devices, or any device that unreasonably limits freedom of movement. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication.

“Restraint” shall not include:

(a) Holding a child to calm or comfort the child, holding a child’s hand or arm to escort the child safely from one area to another, or intervening in an ongoing assault or fight.

(b) Brief periods of physical restriction by person-to-person contact, without the aid of medication or mechanical restraints, accomplished with minimal force and designed either to prevent a child from completing an act that potentially would result in physical harm to himself or herself or to another person, or to remove a disruptive child who is unwilling to leave an area voluntarily.

(c) Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.

(d) The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.

(e) The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose.

2. “Medication restraint” occurs when a child is given medication involuntarily for the purpose of immediate control of the child’s behavior.

3. “Mechanical restraint” occurs when a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her body.

4. “Physical restraint” occurs when a manual method is used to restrict a child’s freedom of movement or normal access to his or her body.

### **Procedures for Managing The Behavior of Students:** (RSA 126-T:2)

The Superintendent is authorized to establish procedures for managing the behavior. Such

*Current GSD Policy for review. Numerous changes were made to the NHSBA sample policy due to changes to RSA 126-U. Suggest replacing with NHSBA sample policy.*

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**JKAA**

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procedures shall be consistent with this policy and all applicable laws. The Superintendent is further authorized to establish any other procedures necessary to implement this policy and/or any other legal requirements.

**Circumstances in Which Restrain May Be Used:** (RSA 126-T:2)

Restraint will be used only when the physical action of a student creates a substantial risk of harm to self or others; and/or as a last resort when all other positive interventions have failed, or the level of immediate risk prohibits exhausting other means.

Restraint is appropriate only when a student is displaying physical behavior that presents substantial risk to the student or others, and considered when, in the opinion of the supervising adult, the threat is imminent. Persons implementing a restraint will use extreme caution, and will use the least amount of physical strength necessary to protect the student. The use of physical intervention should not exceed that necessary to avoid injury. The degree of physical restriction employed must be in proportion to the circumstances of the incident and the potential consequences. School administration may elect to contact the local law enforcement agency for support if necessary.

A restraint of a student will be conducted in a manner consistent with the techniques prescribed in the District approved training program. The purpose of the restraint is to assist the student to regain emotional stability. It should last only as long as is necessary to accomplish this. To the extent possible, it will be conducted in such a way as to preserve the confidentiality and dignity of all involved.

Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal or his/her designee. Untrained staff is limited to physically intervening by using the minimal amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.

**Authorization and Monitoring of Extended Restraint:** (RSA 126-T:11)

1. Restraint shall not be imposed for longer than is necessary to protect the student or others from the substantial and imminent risk of serious bodily harm.
2. Students in restraint shall be continuously and directly observed by district personnel trained in the safe use of restraint.
3. No period of restraint of a student may exceed 15 minutes without the approval of a supervisory employee designated by the Special Education Administrator, Principal or designee to provide such approval.
4. No period of restraint of a student may exceed 30 minutes unless a face-to-face assessment of the mental, emotional, and physical well-being of the student is conducted by a supervisory employee designated by the Special Education Administrator, Principal or designee who is trained to conduct such assessments. The assessment shall also include a determination of whether the restraint is being conducted safely and for a

purpose authorized by this chapter. Such assessments shall be repeated at least every 30 minutes during the period of restraint. Each such assessment shall be documented in writing and such records shall be retained by the facility or school as part of the written notification required in RSA 126-T:7, II.

**Prohibition of Dangerous Restraint Techniques** (RSA 126-T:4)

Use of the following restraint and behavior control techniques is prohibited:

1. Any physical restraint or containment technique that:
  - (a) Obstructs a child’s respiratory airway or impairs the child’s breathing or respiratory capacity or restricts the movement required for normal breathing;
  - (b) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child;
  - (c) Obstructs the circulation of blood;
  - (d) Involves pushing on or into the child’s mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or
  - (e) Endangers a child’s life or significantly exacerbates a child’s medical condition.
2. The intentional infliction of pain, including the use of pain inducement to obtain compliance.
3. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a child for the purpose of controlling or modifying the behavior of or punishing the child.
4. Any technique that unnecessarily subjects the child to ridicule, humiliation, or emotional trauma.

**Reporting Requirements and Parental Notification:** (RSA 126-T:7)

In the event restraint is used on a student, the building principal will, within 24 hours, verbally notify the student’s parents/guardian of the occurrence.

The building principal will, within 5 business days after the occurrence, submit a written notification/report to the Superintendent. The notification shall contain all the requirements and information as mandated by RSA 126-T:7, II. The Superintendent may develop a reporting form or other documents necessary to satisfy these reporting requirements.

Unless prohibited by court order, the Superintendent shall, within 2 business days of receipt of the notification required in the above paragraph, send by first class mail to the child’s parent or guardian the information contained in the notification/report. Each notification/report prepared under this section shall be retained by the school or facility for review in accordance with rules adopted under RSA 541-A by the state board of education and the department of health and

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human services.

**Transportation:** (RSA 126-T:12)

The school district will not use mechanical restraints during the transportation of children unless case-specific circumstances dictate that such methods are necessary.

Whenever a student is transported to a location outside the school, the Superintendent or designee will ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the student in a manner which:

1. Prevents physical and psychological trauma;
2. Respects the privacy of the child; and
3. Represents the least restrictive means necessary for the safety of the child.

Whenever a student is transported using mechanical restraints, the Superintendent or designee will document in writing the reasons for the use of the mechanical restraints.

**(Adopted: 12/6/2010)**

NHSBA sample policy. Numerous changes were made to the NHSBA sample policy due to changes to RSA 126-U. Suggest replacing current GSD policy with this NHSBA sample policy.

2-9-2021 Policy Committee

3-1-2021 School Board – first reading

## JKAA - USE OF RESTRAINTS AND SECLUSION

(Download policy)

Category: Priority/Required by Law

### Definitions:

1. (a) **"Restraint"** means bodily physical restriction, mechanical devices, or any device that immobilizes a person or restricts the freedom of movement of the torso, head, arms, or legs. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication. It is limited to actions taken by persons who are school or facility staff members, contractors, or otherwise under the control or direction of a school or facility.

(b) "Restraint" shall not include:

(1) Brief touching or holding to calm, comfort, encourage, or guide a child, so long as limitation of freedom of movement of the child does not occur.

(2) The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location.

(3) Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.

(4) The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.

(5) The use of force by a person to defend himself or herself or a third person from what the ~~aetor~~ **he/she** reasonably believes to be the imminent use of unlawful force by a child, when the ~~aetor~~ **he/she** uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the ~~aetor~~ **he/she** does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.

2. **"Medication restraint"** occurs when a child is given medication involuntarily for the purpose of immediate control of the child's behavior, **only when authorized by a medical provider and part of a medical plan.**

3. **"Mechanical restraint"** occurs when a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her

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*3-1-2021 School Board – first reading*

body.

4. "**Physical restraint**" occurs when a manual method is used to restrict a child's freedom of movement or normal access to his or her body.

5. "**Seclusion**" means the involuntary placement of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation by a person, a lock, or other mechanical device or barrier. The term shall not include the voluntary separation of a child from a stressful environment for the purpose of allowing the child to regain self-control, when such separation is to an area which a child is able to leave. Seclusion does not include circumstances in which there is no physical barrier between the child and any other person or the child is physically able to leave the place. A circumstance may be considered seclusion even if a window or other device for visual observation is present, if the other elements of this definition are satisfied.

#### **Procedures for Managing The Behavior of Students:**

The Superintendent **or designee** is authorized to establish procedures for managing the behavior. Such procedures shall be consistent with this policy and all applicable laws. The Superintendent is further authorized to establish any other procedures necessary to implement this policy and/or any other legal requirements.

#### **Circumstances in Which Restraint May Be Used:**

Restraint will only be used to ensure the immediate physical safety of any person when there is a substantial and imminent risk of serious bodily harm to the student or others.

Restraint will only be used by trained school staff. **Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal or his/her designee. Untrained staff is limited to physically intervening by using the minimal amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.**

Restraint will not be as punishment for the behavior of a student.

Restraint will not be imposed for longer than is necessary to protect the student or others from the substantial and imminent risk of serious bodily harm.

No period of restraint of a student may exceed 15 minutes without the approval of a supervisory employee designated by the director to provide such approval. No period of restraint of a student may exceed 30 minutes unless an assessment of the mental, emotional, and physical well-being of the student is conducted by a trained and authorized employee.

#### **Circumstances in Which Seclusion May Be Used:**

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The School Board recognizes the statutorily imposed conditions of seclusions and hereby adopts those conditions, as defined by RSA 126-U:5-b.

Seclusion may only be used when a student's behavior poses a substantial and imminent risk of physical harm to the student or others.

Seclusion will be used only by trained school staff.

Seclusion will not be used as a form of punishment for the behavior of a student.

### **Prohibition of Dangerous Restraint Techniques:**

The School Board recognizes and hereby prohibits the use of "dangerous restraint techniques" as defined in RSA 126-U:4.

### **Reporting Requirements and Parental Notification:**

In the event restraint or seclusion is used on a student, the building principal will, ~~within 24 hours~~ **by the end of the day**, verbally notify the student's parents/guardian of the occurrence.

The building principal will, within 5 business days after the occurrence, submit a written notification/report to the Superintendent. The notification shall contain all the requirements and information as mandated by RSA 126-U:7, II. The Superintendent may develop a reporting form or other documents necessary to satisfy these reporting requirements.

Unless prohibited by court order, the Superintendent will, within 2 business days of receipt of the notification required in the above paragraph, send by first class mail to the child's parent or guardian the information contained in the notification/report. Each notification/report prepared under this section shall be retained by the school for review in accordance with state board of education rules and the department of health and human services rules.

If a school employee has intentional physical contact with a student in response to a student's aggressive misconduct or disruptive behavior, the building principal will make reasonable efforts to inform the student's parent or guardian as soon as possible, but no later than the end of the school day. The building principal will also prepare a written report of the incident within five (5) business days of the incident. The report will include information required under RSA 126-U:7, V.

### **Transportation: (RSA 126-U:12)**

The school district will not use mechanical restraints during the transportation of children unless case-specific circumstances dictate that such methods are necessary.

Whenever a student is transported to a location outside the school, the Superintendent or designee will ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the student in a manner which:



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1. Prevents physical and psychological trauma;
2. Respects the privacy of the child; and
3. Represents the least restrictive means necessary for the safety of the child.

Whenever a student is transported using mechanical restraints, the Superintendent or designee will document in writing the reasons for the use of the mechanical restraints.

**NHSBA Note, September 2014:** Numerous changes to this policy are necessitated by legislative changes to RSA 126-U. Changes include:

- Title of policy has changed.
- "Seclusion" added to definitions.
- Section titled "Circumstances in Which Restraint May Be Used" amended and redrafted in its entirety.
- Section titled "Authorization and Monitoring of Extended Restraint" deleted in its entirety.
- New section titled "Circumstances in Which Seclusion May Be Used" added.
- Section titled "Prohibition of Dangerous Restraint Techniques" amended and redrafted in its entirety.
- New paragraph added to end of section titled "Reporting Requirements and Parental Notification."

**Legal References:**

*RSA 126-U, Limiting the Use of Child Restraint Practices*

Revised: September 2014

Revised: May 2012

New Policy: September 2010

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## **CONCUSSIONS AND HEAD INJURIES**

The School Board recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed. The Board recognizes that the majority of concussions will occur in “contact” or “collisions” sports. However, in order to ensure the safety of all District student-athletes, this policy will apply to all competitive athletic activities as identified by the administration.

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

Annually, the district will distribute a head injury and concussion information sheet to all parents/guardians of student-athletes in competitive sport activities prior to the student-athlete's initial practice or competition. This includes all middle school and high school sports offered by the Gilford School District. In order to be eligible for participation, all student athletes must complete baseline concussion testing. This will be repeated at least every two years and more frequently as necessary in the event of any injury.

All coaches, will complete training as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations. Additionally, all coaches of competitive sport activities will comply with NHIAA recommended procedures for the management of head injuries and concussions.

### Athletic Director or Administrator in Charge of Athletic Duties

Updating: Each spring, the athletic director or designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA and other pertinent organizations. If there are any updated procedures, they will be adopted and used for the upcoming school year.

Identified Sports: Identified sports include all NHIAA-sanctioned activities and all other district-sponsored sports or activities.

Coach Training: All coaches shall undergo training in head injury and concussion management at least once every two years by viewing the NHIAA concussion clinic found on the MSHA Sports Medicine page at [www.mhsa.org](http://www.mhsa.org). A certificate of completion must be submitted to the athletic director.

Parent Information Sheet: On a yearly basis, a concussion and head injury information sheet shall be distributed to the student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice or competition. This information sheet will be incorporated into the

Athletic sign-up portal, Family ID

**Coach's Responsibility:** A student-athlete who is suspected of sustaining a concussion or head injury or other serious injury in a practice or game shall be immediately removed from play. If the coach is made aware of the suspected injury the coach must document the suspected injury in a district accident/incident report and submit the document to the nurse, athletic director, and athletic trainer.

**Administrative Responsibilities:** The Superintendent or his/her designee will keep abreast of changes in standards regarding concussion, explore staff professional development programs relative to concussions, and will explore other areas of education, training and programs related to concussion and head injury.

No member of a school athletic team shall return to participate in an athletic event or training on the day or the days after he/she experiences a concussion unless all of the following conditions have been met:

1. The student-athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
2. The student receives a written medical release from a licensed healthcare professional (M.D., D.O., A.P.R.N. and/or P.A.);
3. The student-athlete is asymptomatic during, or following periods of supervised exercise that is gradually intensifying (Progressive Physical Activity Program).
4. They are back to school full time with no academic accommodations.

#### Return to Play

After a diagnosis of a concussion, no athlete shall return to play or practice within 72 hours. After 72 hours, students will be reassessed using the ImPACT (grades 7-12) and the Pediatric ImPACT (grades 5-6) test. Upon successful completion of the ImPACT or Pediatric ImPACT test and clearance by a licensed healthcare professional the student-athlete will enter the progressive physical activity program. In most cases, the student-athlete will progress one step each day. The returning student-athlete will be under the supervision of the Athletic Trainer and/or nurse.

#### **Progressive Physical Activity Program:**

Step 1 Light aerobic exercise – 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training or any other exercises;

Step 2 Moderate aerobic exercise – 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment;

Step 3 Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises;

Step 4 Full contact practice or training;

#### Step 5 Full game play

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the progressive physical activity program, the athlete must discontinue all activity immediately. Depending on previous instructions, the student-athlete may need to be re-evaluated by their licensed healthcare professional, the District Athletic Trainer or may have to return to the previous step of the progressive physical activity program.

The Concussion Framework will be used to track all dates, signs and symptoms of a concussion that are reported or observed. The Concussion Framework will become part of the student-athletes medical file.

#### Concussion Awareness and Education

To the extent possible, the Board encourages the administration to implement concussion awareness and education into the district's physical education and/or health education curriculum. The administrative decision will take into account all relevant considerations, including time, resources, access to materials, and other pertinent factors.

#### Financial Hardship Access to Care

If families have difficulty securing a licensed healthcare professional they should seek out the Principal or Athletic Director for support. The district will work with families to make certain that student-athletes are safe and have every opportunity to participate in the co-curricular activities.

#### Academic Issues in Concussed Students (Return to Learn)

In the event a student is concussed, regardless of whether the concussion was a result of a school-related or non-school-related activity, school district staff should be notified. Following a concussion, many student-athletes will have difficulty in school. In the event a student has a concussion and the school is notified of the concussion, that student's teachers will be notified. Teachers should report to the school nurse if the student appears to have any difficulty with academic tasks that the teacher believes may be related to the concussion. The school nurse will notify the student's parents and treating healthcare professional. Administrators and district staff will work to establish a protocol and course of action to ensure the student is able to maintain his/her academic responsibilities while recovering from the concussion.

**Return to Learning Protocols. After a student has suffered a concussion, whether in school or not, before full resumption of academic work, the building principal or his/her designee will work with the school nurse, a student's parent/guardian, medical provider, teacher(s) and other appropriate district staff, to establish a graduated learning reentry plan. The plan will support the student's full return to academic activities, and ease the stress of making up past work while engaged in present work. The plan must include:**

- **Step-by-step instructions and details for students, parents/guardians and school personnel;**

*Current GSD policy. RSA 200:63 requires Districts to adopt a concussion and traumatic brain injury return to learning policy and plan.*

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- **Time frames for physical and cognitive rest within first few days post-injury and throughout the recovery as needed;**
- **Guidance on graduated return to extracurricular athletic activities and classroom studies, including classroom accommodations or modifications;**
- **Frequency of assessments by the school nurse, school physician if applicable, neuropsychologist or athletic trainer until full return to the classroom and extracurricular athletic activities are authorized;**
- **Any provisions relative to “return-to-play” for student-athletes;**
- **A plan for communication and coordination among school personnel and with the parents/caregivers and the student’s medical provider.**

**Section 504 or other such accommodations or modifications when appropriate will be developed in accordance with applicable law and Board policies.**

**(Adopted: 12/3/2012)**

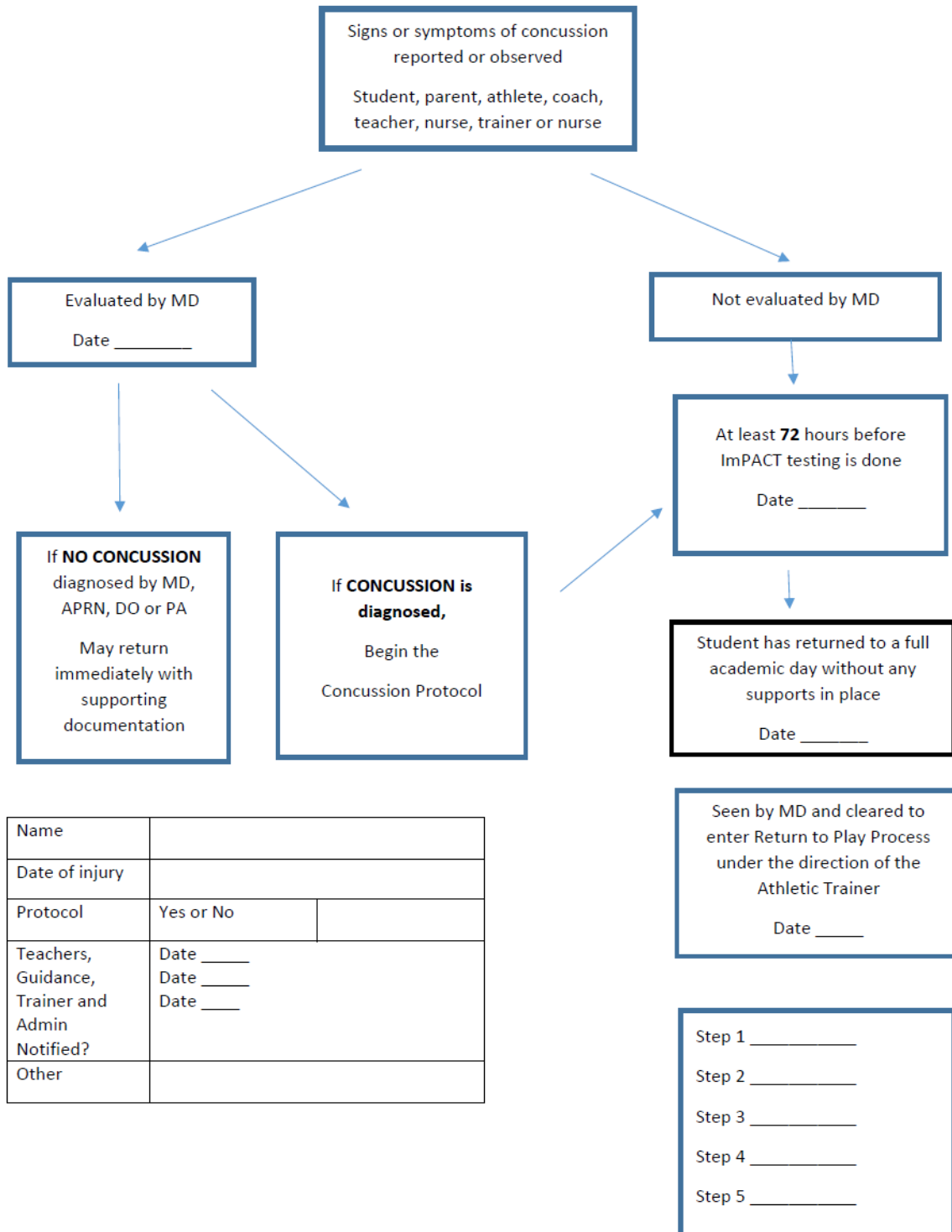
**(Revised: 1/8/2018)**

Current GSD policy. RSA 200:63 requires Districts to adopt a concussion and traumatic brain injury return to learning policy and plan.

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### CONCUSSION FRAMEWORK



|   |            |            |
|---|------------|------------|
| Name  |            |            |
| Date of injury                                  |            |            |
| Protocol  | Yes or No  |            |
| Teachers, Guidance, Trainer and Admin Notified? | Date _____ | Date _____ |
| Other   | Date _____ |            |

*Current GSD policy. Suggest replacing with NHSBA sample policy due to passage of HB406 (RSA 277:15-b).*

*2-9-2021 Policy Committee*

*3-1-2021 School Board – first reading*

## **ACCIDENT REPORTS**

In case of accident, the responsible party must fill out an accident form the day of any accident involving the student, except when the accident falls on a weekend, in which case the form shall be submitted on the next business day.

The procedures for accidents and accident reporting are to be reviewed in September by the principals, with the staffs of each school.

All accidents judged to be other than minor require an accident report to be filled out and filed with the principal. Two accident reports are to be prepared: one copy filed at the school office and one copy to the SAU office which will be forwarded to the district's insurance agent.

If the incident is one involving the use of an Automated External Defibrillator (AED), the school nurse, or his/her designee, shall report all instances of the AED use with the New Hampshire Department of Safety. See incident report forms in Appendix KFD-R or at [www.state.nh.us/safety/ems/aed\\_public\\_registry\\_packet.pdf](http://www.state.nh.us/safety/ems/aed_public_registry_packet.pdf)

**Legal Reference:**

*NH Code of Administrative Rules - Section Ed. 306.12(b)(1), School Health Services*

*Appendix KFD-R, NH Department of Safety Incident Report Form*

**(Adopted: 4/07/08)**

***NHSBA Sample Policy EBBB. NHSBA revised this policy to reflect requirements imposed by the passage of HB406 (RSA 277:15-b). Suggest replacing current GSD policy EBBB with this sample. 2-9-2021 Policy Committee 3-1-2021 School Board – first reading***

## **ACCIDENT REPORTS**

**EBBB**

***Category: Recommended***

A. General Accident Reporting: An accident report shall be required whenever an accident occurs:

1. in a school;
2. on a school playground; or
3. at any school-sponsored activity

which requires a student or employee to be:

1. out of class or absent from school;
2. necessitates the services of a health care provider (physician, advanced registered nurse practitioner, licensed physician's assistant or dentist);
3. requires first aid; or
4. which might reasonably be anticipated to give cause to an insurance or liability claim or case for liability at a later date.

The school district employee who witnessed or first responded to the accident must fill out an accident form as soon as possible, but in no event more than 24 hours of the accident. The form shall be submitted to the building principal and forwarded to the Superintendent. The building principal, or in the principal's absence the supervisor on duty at the time of the accident, shall assure that an accident form is completed in a timely manner.

B. Insurance Notification: For accidents which might lead to an insurance or liability claim, the Superintendent shall notify the District's liability carrier promptly.

C. Additional Reporting Required for Accidents Involving Death or Serious Injuries.

- a. Within eight (8) hours of any accident involving a death which occurs during the school day, or on school property, the building principal or other supervisor on duty at the time, shall report the death to the Commissioner of the New Hampshire Department of Labor via telephone or email. This initial report shall state as fully as possible the cause of the death and the place where the body of the deceased person was sent.
- b. Within twenty-four (24) hours of any accident involving a serious injury which occurs during the school day, or on school property, the building principal or other supervisor on duty at the time, shall report the serious injury to the Commissioner of the New Hampshire Department of Labor via telephone or email. This initial report



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## **ACCIDENT REPORTS**

## **EBBB**

shall state as fully as possible the cause of the injury and the place where the injured person was sent for medical evaluation or treatment. For the purposes of this provision, “serious injury” means an incident that results in amputation, lost or fracture of any body part, head injury or internal injury that necessitates hospitalization.

- D. Training: All staff shall receive annual training relative to accident and accident reporting protocols.

### **Legal References:**

*RSA 200, Health and Sanitation*

*RSA 277:15-b, Reports of Death or Serious Injury*

*N.H. Code of Administrative Rules, Section Ed 306.12, School Health Services*

*N.H. Code of Administrative Rules, Section Ed 311, School Health Services*

*N.H. Dept. of Education Administrative Rule – Ed*

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**NHSBA history:** Revised – September 2008, October 2005, November 1999 and July 1998.

**NHSBA revision notes, June 2020**, NHSBA revised this policy to reflect requirements imposed by the 2019 passage of HB406 (codified as RSA 277:15-b) on all employers to report workplace accidents involving death or serious injuries. (Note: while 277:15-b relates to “workplace accidents”, the language of the reporting requirement applies to death/serious injury of “any person”.) Additionally, the June 2020 revisions included a general overhaul of the policy language. The June 2020 revision of EBBB was completed with the assistance of the NH School Nurses Association. **September 2008**, NHSBA recategorized EBBB as “R” recommended, rather than “P” required by law.

w/p-update/2020/spring//EBBB - Accident Reports (d1) 2020-1

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