

Region IX EMS Plan

SCHOOL BUS INCIDENT

Approved: 06/13/2023

Effective Date:
06/13/2023

Supersedes: 10/13/17

Revised/ Reviewed:
06/06/23

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I. PURPOSE

- A. This policy governs the response to and handling of school bus incidents involving the presence of minors. It shall be implemented by EMS personnel in conjunction with System policies for Multiple Patient Incidents. The goal is to eliminate the transport of uninjured children/occupants to the hospital, to reduce EMS scene time, and use of resources.
- B. Each ambulance service provider within the System is required to design and implement a procedure for discharging uninjured children/students to their parents/legal guardians or to local school officials that are consistent with System and Regional policies. It is recommended that these procedures be developed in coordination with the ambulance service provider's school officials and provider's legal counsel.
- C. Even minor bus collisions can present a variety of scene management issues including accident investigation, traffic flow, secondary collisions, rescue and extrication, interagency communication, hazardous materials release, cargo security, media, bystander management and, patient care (Pollack, 2016).

II. DEFINITIONS

- A. **Category I bus incident** - Significant injuries suspected in one or more occupants/pedestrians or there is a documented mechanism of injury that could reasonably be expected to cause significant injuries.
- B. **Category II bus incident** - Minor injuries only suspected in one or more occupants/pedestrians and no documented mechanism of injury that could reasonably be expected to cause significant injuries. Uninjured children/students also present.
- C. **Category III bus incident** - No injuries apparent in any occupant/pedestrians and no significant mechanism of injury present.
- D. **Doctrine of in loco parentis**: When minor children are entrusted by parents to a school, the parents delegate to the school certain responsibilities for their children, and the school assumes certain liabilities.
- E. **Consent in an EMERGENCY**: When a parent or guardian is not available to give consent and a delay in treatment would be life-threatening or cause the patient serious harm, consent is presumed. To the extent feasible, however, consent should be obtained for any resultant ongoing treatment once at the receiving facility.

III. PROCEDURE

- A. Determine the category of the accident/incident. Effective use of an MCI system will streamline prioritized patient assessment and treatment and continue the forward movement of patients. This forward movement will help get patients to definitive care, reconnect them with friends and loved ones and resolve the overall incident faster (Duckworth, 2017).
- B. **Category I**
 - A. Follow multiple patient incidents and mass casualty incidents/disaster policies
 - B. Establish communication with Resource Hospital early on into incident
- C. **Category II or III**
 - A. Contact medical control, advise of the existence of a Category II or III bus accident/incident and determine if a scene discharge of uninjured children/students by the emergency department physician in charge of the call is appropriate.
 - B. Injured children/students by exam and/or complaint are treated and transported as deemed necessary and appropriate by EMS personnel or at the request of the

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child/student.

- D. Remain aware of hazards in the area, report critical issues up the chain of command, render safe any hazards if possible to do so safely and coordinate with other resources where the hazard is beyond the capability first responder to safely address.
- E. EMS personnel must work effectively with fire, rescue, law enforcement, the school authority, bus company representatives and parents who will likely rapidly respond to the scene when alerted by their child over mobile devices. Coordinating with different emergency and non-emergency agencies means recognizing that each often has competing priorities.⁴
- F. EMS must be prepared to deal with media reporters, concerned family and other members of the public who may seek access to areas of the scene that are hazardous or involved in emergency operations.
- G. Priorities:
 - A. Arrive on scene; stage for safety; scene size up; request resources
 - B. Gain access to patients, focus on incident coordination: Patient triage (number & severity), treatment and transport or release to a legally designated adult based on prioritized care and forward movement of patients.
- H. Medical Control, after consulting with scene personnel, will discharge the uninjured children/students to the custody of the ambulance service provider who then will transfer the custody of the children/students, consistent with appropriate department and regional policies and procedures, to parents/legal guardians or school officials.
- I. Implement provider procedures for contacting school officials or parents/legal guardians to receive custody of the uninjured children/students.
- J. Authorized school representatives will sign the log sheet indicating acceptance of responsibility for the children/students after medical clearance by the EMS personnel finding **NO** evidence of injury. The school representative will then follow their own policies to include informing the parent(s)/legal guardians as regards the accident/incident.
- K. Even if a child says they are fine or was assessed at the scene and released, parents/guardians should be advised to take them to their own physician right away. Ensure that they haven't suffered an internal injury. An undetected internal injury can be life-threatening. Second, some injuries can take days to reveal themselves. Better to have any delayed injuries diagnosed early so they can start treatment right away.
- L. Any child/student having reached the age of 18 or older and any adult non-student present on the bus will initial the log sheet adjacent to their name and address when in agreement that they have suffered no injury and are not requesting medical care and/or transport to the hospital.
- M. Complete one Prehospital Care Report Form in addition to the School Bus Incident Form.
- N. This policy addresses discharge disposition of uninjured children/students only. Thus, no release/AMA signatures are necessary. An isolated abrasion/superficial wound can be regarded as uninjured should the EMS personnel, medical control, and the child/student all concur.
- O. This policy is also applicable for school/student incidents involving an alternate means of transport if deemed appropriate by the responding EMS Agency and evaluated and executed in a like manner.

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Attachment: School Bus Incident Log

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All individuals on the bus age 18 and older should initial in the indicated space adjacent to their name when uninjured. Parent/legal guardian should initial in the indicated space adjacent to their child's name when uninjured. Initials indicate agreement that no injury has been suffered and no transportation is required to the hospital.

Date:	Location:	District name:	Bus number:
Time of incident:			

Run report #:		Total # of persons:	# transported:	# not transported:

Adult name (Non-student)	Function	Address and Telephone	Initials
	Driver		

Child/student name	Age	Address and Telephone	Initials if age ≥ 18 or parent/guardian

The children/students listed above have been determined to be uninjured. Medical control has been contacted and approved release to the custody of school officials (or parent/legal guardian) or to self if age 18 or older.

 Name of (EMS) Ambulance Service Provider

 Name of School authorized representative

 Signature

 Date

 Signature

 Date

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Name of School authorized representative

Signature

Date

Signature

Date

Resource Hospital EMS Office

Notice of Emergency Medical Services Response to a Minor

DATE:

FROM: (Chief or President of Provider Agency)
(Provider Agency)
(Address)
(Phone number to contact)

CHILD's NAME:

Members of our Emergency Medical Services agency were called to evaluate your son/daughter/ward today as a result of a bus collision/incident.

After responding to the above incident, we evaluated the child. Based on our assessment and statements made by the child, it was determined that he or she did not require emergency care and/or transportation to an emergency department at that time.

Whereas your child is a minor, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician is desired.

The child was released to a designated school representative who accepted further responsibility for him or her.

If you wish additional information, please contact our agency at the above phone number.