

**PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES  
SCHOOL BUS ACCIDENT PROCEDURE**

Effective Date - 9/22/03      Revised – 8/30/05

**Purpose:**

The purpose of this procedure is to:

1. Provide a standardized approach in the management of school bus accidents in Putnam County.
2. Provide emergency care as appropriate for the incident, while making the most efficient use of available resources.

**Procedure for Bus Driver:**

***NOTE: This section should be integrated into each school district's emergency plan. It is not intended to replace written plans already in effect. Rather, it should be used to ensure that the following elements are addressed:***

1. Call base by radio (if available). Give exact location of accident, along with information about severity, injuries and hazards. This information should be passed on to the responding emergency services (police, fire, ambulance).
2. Set parking brake; turn off ignition switch.
3. Remain calm and reassure passengers.
4. Be alert to the potential for fire or other hazards.
5. Use warning devices, such as reflectors, where applicable.
6. All passengers should remain in the vehicle unless fire or other hazardous conditions exist that warrant evacuation. In any event, it is extremely important that injured persons are not moved unless a hazard exists that presents an imminent danger of further injury.
7. Protect the scene:
  - a. Protect the passengers and vehicle from further accident and injuries.
  - b. Protect the scene from traffic and people so that evidence is not destroyed.
  - c. Under normal circumstances, the vehicle(s) involved should not be moved until law enforcement personnel advise the driver to do so.

**Procedure for General Operations:**

1. Emergency services agencies (police, fire, EMS), if called, will take charge of the accident scene upon their arrival. A school district representative (the superintendent, or person designated by the superintendent to have decision-making authority) will be dispatched to the accident scene (distance and time permitting) and will interface and work cooperatively with the designated incident commander at the Command Post. General operations are to be in accordance with the Putnam County Mass Casualty Incident Response Plan and the Putnam County Mutual Aid Plan, as appropriate.
2. All injured and potentially injured persons (as determined by EMS personnel) will be transported to area hospitals. The number of ambulances utilized and hospital destinations will be determined by the on-scene emergency services personnel. Anyone not requiring an ambulance will be transported as per item #4 (below). The following guide should be utilized to determine mode of transport:

**Triage Priority**

Red – Immediate  
Yellow – Delayed  
Green – Walking Wounded  
Black – Deceased

**Mode of Transport**

Ambulance/Helicopter  
Ambulance  
Bus (as per item #4) or other  
Coroner

**NOTE:** The responsibility for the determination of injuries and potential injuries for any person involved in the accident rests with the highest appropriately trained on-scene EMS personnel.

3. If it has been determined by emergency response authorities at the scene that the accident is minor in nature (little or no damage to school bus, estimated forces involved suggest no mechanism for injury, no complaints or signs of injury), every effort will be made to avoid unnecessary transport of the children to area hospitals. In that event, the school district representative at the scene will have the option, as legal guardians of the children (under 18 years of age), to sign a release form declining hospital transport. The form utilized (Appendix A) will list the names of all children that have been evaluated by EMS personnel, have been found to lack mechanism of injury, signs of injury AND have no complaints of injury. Each school district Superintendent will be encouraged to provide, for inclusion with this procedure, a list of individuals that have been granted the authority to act as their designee at the accident scene (Appendix B). No bus drivers will be permitted to be on the list. In the event that a list has not been provided, the incident commander may verify the authority of any representative by contacting the appropriate school/district office (Appendix C). Anyone claiming to be the Superintendent's designee that is not included on the list, or whose authority cannot be verified, will not be permitted to sign the refusal. Any child not listed on the release form (by virtue of the fact that injuries cannot be ruled out) will be transported to a hospital for further evaluation.
4. In the event that the school district representative is, for any reason, unable to sign the release form as outlined in item #3, or if there is greater potential for mechanism of injury, all passengers will be transported to the closest appropriate hospital(s) for further evaluation. Anyone not requiring an ambulance will be transported in the following manner:
  - a. A school bus and driver, which was not involved in the accident, will be dispatched to the scene on the request of the designated incident commander and school district representative.
  - b. EMS personnel, with at least one or more EMTs, will be placed on the bus with the passengers, and an ambulance will follow the bus to the hospital.
  - c. In the event that a passenger's condition suddenly deteriorates, the bus will be stopped, the passenger will receive emergency care and will be placed in the ambulance for further care and transport to the hospital. The bus will then continue to the hospital with the remainder of the passengers.
  - d. Additional ambulance(s) may be assigned to the bus based on need and available resources.
5. This procedure shall remain in effect until revoked.

## APPENDIX A

School Bus Accident Refusal of Medical Aid and Transport Form

**PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES**

**SCHOOL BUS ACCIDENT RELEASE FORM  
REFUSAL OF MEDICAL AID/AMBULANCE TRANSPORTATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Incident Location: \_\_\_\_\_

School District Involved: \_\_\_\_\_

**Children's Names (print)**

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

School Representative (print): \_\_\_\_\_ Title: \_\_\_\_\_

I acknowledge that the above named children are in the guardianship of the school district on the date and time indicated above. As the authorized school representative and on behalf of the school district, I hereby decline emergency transportation to a hospital for the above named children and I acknowledge that this decision was made cooperatively and after consultation with emergency medical authorities at the scene of the incident.

School Representative Signature: \_\_\_\_\_

Witness (print name): \_\_\_\_\_ Witness Signature: \_\_\_\_\_

## APPENDIX B

School Superintendents' Official Designees (Listed by district)

# APPENDIX C

## School/District Office Phone Numbers

Brewster Central School  
Supt. Mark Lewis  
845-279-8000x120

Carmel Central School  
Supt. Dr. Marilyn Terranova  
845-878-2094 x201

Garrison Union Free School  
Supt. Gloria Colucci  
845-424-3689 x 224/222

Haldane Central School  
Supt. Dr. John J. DiNatale  
845-265-9254 x 115

Mahopac Central School  
Supt. Dr. Robert Reidy  
845-628-3415 x 300

Putnam Valley Central School  
Supt. Gary Tutty  
845-528-8143 x2 x3