Synergy Injury

Howard County Public School System © Division of Accountability © Document: SYN125 © Revision Date: 07/31/2017

!	=Warning
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=Timesaver 🛛 🔂 =Note

Add Injury

- 1. In the PAD Tree, expand the **Howard County Public Schools** > **Injury** folder.
- 2. Click on the **Injury List** link. The list displays all of the injuries reported by the user. A user cannot see injuries reported by others. Use the Filters to view specific injuries.

NOTE: You can filter by **Status**, **Student** or **Submitted By**. Enter the appropriate search information and click the **Filter** button.

Injury List	💰 🝰 🚰 😯 🎎 📢 >>	C C 0 0
Menu - C > A Save Save		
Injuries		
Filters		
Form Status Filter □ ↔ 🕑		
Open Complete No Need to Submit		
Filter		
O Injuries	🕂 Add 🖪 Shor	w Detail
Line Injured Name Emergency Contacts Form Status 🗢 Injury Date 🜩 Injury Time	Injury Location Print	Injury Form

3. In the **Injury List** grid, click on the **Add** button. The **Add Injury Detail** window displays. There are five tabs for the injury information:

Add Injur	y Detail					
Save 🗙 C	lose					
Injury Form	Nature of Injury	Body Part(s) Affected	Action Taken	Administration		
Form Status						
Injury Date	Injury Time	Date Reported to H	CPSS Staff			
07/31/2017		O7/31/2017	iii			
Student Info	rmation					
Student Information Student Name Grade Age Gender Street City State Zip						

- **Injury Form** used to capture the student and incident information
- **Nature of Injury** used to capture injury type.
- **Body Part(s) Affected** used to capture areas impacted.
- Action Taken used to capture medical and sports information.
- Administration used by administration to verify the incident.
- 4. By default, the **Form Status** is set to **Open**. Edit the Form Status if necessary. The status options are:
 - **Open** The injury incident is being entered or still being reviewed.
 - **Complete** The injury incident has been reviewed and verified by an administrator.
 - **No Need to Submit** If you select this status, a text field displays. You must type a reason as to why the form will not be submitted.

- 5. Enter the **Injury Date**, **Injury Time**, and **Date Reported to HCPSS Staff**. The Injury Date and Date Reported default to the current date, but they can be edited as necessary.
- 6. In the **Student Information** section, click the lookup icon of for the **Student** field. The **Find: Student** page displays.

Find: Student	ind: Student								
Search Results									
Last Name	First Name	Middle Name	Student ID	Home Ac	ldress	Home City	Hon	e State Home ZIP Coo	de
Find Result									
Line Last Name	First Name	Middle Name	Student ID	Age	Home Address		Home City	Home State	Home ZIP Code
1 Smith				17			Laurel	MD	20723
2 Smith				15			Laurel	MD	20723
3 Smith	-		-	17			Laurel	MD	20723

- 7. Enter the student's name in the fields provided and click the **Find** button.
- 8. Select the row for the appropriate student. The row will turn blue.
- 9. Click the **Select** button. You will return to the **Add Injury Detail** window, and the student's Grade, Age, and address will populate automatically. The Gender will display once you save.
- 10. In the **Descriptions and Statements** section, complete the questions as appropriate.
- 11. Select the Location of Accident.
- **NOTE**: If you select a location option with the word **(specify)** in the title, a field displays. Enter the specific information in the text field provided.

Location	ı		
Location of Accident		School Grounds (specify)	•
Specifics:	By the fro	ont doors of the school	

- NOTE: If you select a location indicating a type of transportation, e.g., School Bus, indicate if the injury was Coming From School or Going to School.
- 12. Click on the Nature of Injury tab.
- 13. In the **Nature of Injury** section, select all of the types that apply.
- NOTE: If you select Other, the Other Injury Type field displays. Complete this field as appropriate.
- 14. In the Anticipate > 15 days absences from this incident? field, select Yes or No as appropriate.
- 15. In the **Number of days absent due to this injury** field, enter the days absent if known.
- **NOTE**: You can complete this field later if you do not have that information now.

✓ Save X	Close			
Injury Form	Nature of Injury	Body Part(s) Affected	Action Taken	Administration
Nature of Inj	ury 🖸 ↔ 🕑			
Abrasion	Concussion	Jammed		C Other
Amputation	n 🔲 Cut	Laceration		
Bite	🗹 Dental	Poisoning		
Bruise	Electrical Shock	Puncture		
🔲 Burn	E Foreign Body Embed	ided / Loose 🗏 Scratches		
Choking	Eracture	🔲 Sprain / Mu	isculoskeletal Inju	ry
Anticipate > 1	5 days absence from this	s incident? If yes, consider I	Home & Hospital	No 👻
Number of da	vs absent due to this init	Irv? 3		

- 16. Click the Body Part(s) Affected tab.
- 17. Select the check boxes for all of the appropriate body parts impacted.

- 18. Click the **Action Taken** tab.
- In the Subject and Equipment Information section, select the appropriate Subject/Activity and Equipment Involved. Enter the specific information in the text field that displays.

Injury Form	Nature of Injury	Body Part(s) Affected	Action Taken	Administ	ration	
Subject and E	Equipment Informatio	n				
Subject / Activit	y Interscholastic	Athlethics (specify) 👻	Equipment	Involved	Phys Ed /	Athletics (specify) 👻
Specific Subject or Activity			Equipment	Specifica	lly Involved	
Basketball			bleacher	s		

- 20. In the **Actions Taken** section, click the lookup icon for each of the **Staff** fields. There are three Staff fields to complete:
 - First Aid Treatment Administered By
 - Sent Home By
 - Sent to Health Room By
- 21. Enter the staff member's name in the fields provided and click **Find**.
- 22. Click the line number for the appropriate staff member. The row will turn blue.
- 23. Click **Select**. You will return to the **Add Injury Detail** window.

First Aid Treatment Administered By	 Sent Home By
Staff Smith, Laura 🙆 Other	Staff 🔗 Other
Sent to Health Room By	Picked Up By (optional)
Staff Ø	Picked up by

Find: Staff			0 0
Q Find X Close	Select - Clear S	election	
Search Results			
Find Criteria			
Last Name First Name		Middle Name	
Find Result			
Line	Last Name	First Name	Middle Name
1 Smith		Laura	

- **NOTE**: If the person is not a staff member at the school, enter the person's name in the **Other** field.
- 24. In the **Picked Up By** field, select the person who picked up the student.
- 25. Indicate if the student was **Sent to Hospital** or **Urgent Care Center**. If yes, enter the **Hospital or Care Center Name**.
- 26. Select the appropriate answer for Was 911Dispatched? and if 911 Transport RefusedPer Guardian.
- 27. Indicate if the student was **Referred to Physician?** If yes, enter the **Name of the Physician**.
- 28. If the student is involved in sports, enter the information as appropriate.

Sent to Hospital or Urgent Care Center? Yes -				
Hospital or Care Center Name	Howard County General			
Was 911 Dispatched? Yes -				
911 Transport Refused Per Gua	ardian No -			

Physician Information		
Referred to Physician? Na	ame Of Physician	
No		
Sports Information		
If sports related injury, did	they return to play?	
Yes	-	
If sports related injury, was	student referred to doctor for	or follow up?
No		-
Sports Doctor Name		

- 29. In the Contact Details section, enter the Contact Date and Contact Time.
- 30. Select the appropriate Contact Method.
- 31. Click the **Contacted By (Staff Name)** lookup icon. In the **Find: Staff** window, search for and select the name of the staff member who contacted the parents. If the person who contacted the parents is not a staff member, enter that person's name in the **Other** field.

Contact Detail	s			
Contact Date		Contact Time		
07/31/2017		5:30 PM	O	
Contact Method	Pare	nt/Guardian p	present -	
Contacted By (Staff Name) Smith, Laura 🔗 Other				
Contact (Parent / Guardian Name) Smith (Parent) -				
Contact Results	Spo	ke with Paren	t/Guardian 👻	

- 32. In the **Contact (Parent/Guardian Name)** field, select the parent or guardian contacted. Only those parents/guardians listed on the student's record will be available.
- 33. Select the appropriate **Contact Results** option.
- 34. Enter the name of the Person in charge when accident occurred (name).
- 35. Indicate if the Person in charge present at scene?
- 36. Click **Save**. The **Administration** tab is completed by an administrator after the injury information is reviewed.

View/Edit Injury

- 1. Access the **Injury List** page. Use the Filters to locate the specific injury if necessary.
- 2. Click on the **Emergency Contacts** link to see the student's emergency contacts.
- 3. Click on the line number for the injury to view.

Injuries							Add 🚯 Show Detail 🔪
Line	Injured Name	Emergency Contacts	Form Status 🗢	Injury Date 🗢 🗢	Injury Time 🗢	Injury Location 🛛 🗢	Print Injury Form
1	Smith,	Emergency Contacts	Open	07/30/2017	9:00 AM	School Bus	Print Injury Form

- 4. Click the **Show Detail** button.
- 5. Review the information on each tab and edit the information as necessary.
- 6. Click **Save** if any changes were made.

Print Injury Form

- 1. Access the **Injury List** page. Use the Filters to locate the specific injury if necessary.
- 2. Click the **Print Injury Form** for the appropriate injury record.

ſ	Injuries Add B Show Detail							
	Line	Injured Name	Emergency Contacts	Form Status 🗢	Injury Date 🗢	Injury Time 🗢	Injury Location	Print Injury Form
	1	Smith,	Emergency Contacts	Open	07/30/2017	9:00 AM	School Bus	Print Injury Form



Verify Injury

- 1. Access the **Injury List** page. Use the Filters to locate the specific injury if necessary.
- 2. Click on the line number for the injury to verify.
- 3. Click the **Show Detail** button.
- 4. Review the information on each tab.
- 5. Click the **Administration** tab.

Injury Form	Nature of Injury	Body Part(s) Affect	ted Action Taken	Administration			
ADMINISTRATOR / OFFICE USE ONLY							
Corrective Action							
Corrective Action Required? No School Dude Work Order Number							
Was school prope Damage.	rty damaged? If yes,	fill out and forward	a Report of Property D	estruction, Theft & Fire	No +		
AUTHORIZATION	& VERIFICATION						
Form Verified	Administrator Nam Clark, Kathleen	e F A. (Admin) 👻	Complete -				
Note: If the Form Verified box is checked, an administrator's name must be selected.							

- 6. In the Corrective Action section, indicate if Corrective Action Required?
- 7. Indicate if there Was school property damaged?
- 8. Enter the School Dude Work Order Number if appropriate.
- 9. In the **Authorization & Verification** section, select the **Form Verified** check box to verify the injury form as complete.
- 10. Select the appropriate **Administrator Name**.
- 11. Select the Form Status of Complete.
- 12. Click Save.