Division Insurance Coverage/Student Management System

I. The School Board shall provide liability insurance coverage or shall be self-insured for all its officers and employees to cover negligent acts and certain intentional acts, as defined by the insurance policy, committed while discharging their duties or while acting within the scope of their employment. This coverage extends to bodily injury, which arises from use of reasonable force for the purpose of protecting persons and property, and bodily injury arising out of disciplinary action taken against any pupil.

II. Liability insurance coverage shall also extend to volunteers when working at the direction and under the supervision of Prince William County Public Schools (PWCS) employees.

III. Liability insurance coverage may be extended to PWCS employees when they are using their personal automobiles on behalf of the School Division and within the scope of employment. School Division coverage shall remain secondary to the employee’s primary coverage. This coverage shall not be extended to vehicles of students or parent volunteers.

IV. Liability insurance coverage is not extended to students or student groups.

V. All employees shall immediately report any incident that involves a claim for damages arising from property damage or bodily injury to others made against the employees when such claim arises while the employees are discharging their duties or while acting within the scope of their employment.

A. Employees shall immediately report any notice of claim, suit, demand, summons, or other process received by the employee or their legal representative to the Office of Risk Management and Security Services.

B. When an employee is a defendant in a court proceeding, either civil or criminal, that involves or was instituted against the teacher/administrator by virtue of his/her duties as an employee, the School Board may furnish legal counsel to defend him/her except when the School Board is a complainant or plaintiff. If the School Board does furnish legal counsel and the employee is convicted of a criminal charge or is held to have engaged in an act or omission outside the scope of his or her employment or to have committed an intentional tort not covered by insurance, the employee shall refund all expenses incurred by the School Board in his/her defense. The School Board shall not furnish legal counsel or incur any expenses in cases where the employee has insurance to cover such expenses or when the liability insurance policy provided by the School Board covers these expenses.
VI. Administrators shall report the occurrence of any crime, drug or alcohol incident, weapons violation, vandalism, loss of money or property, property damage, death or serious bodily injury, and incidents involving criminal acts of misconduct of PWCS personnel to the Office of Risk Management and Security Services and to the appropriate central office administrators as soon as possible after knowledge of the incident.

A. As soon as possible after discovery of the incident, telephone the Office of Risk Management and Security Services to report:

1. Incidents involving death or serious bodily injury.

2. Incidents involving injuries that require professional medical treatment and/or could result in a claim against the School Division, PWCS employee, or student.

3. Incidents involving theft, loss, or destruction of property valued in excess of $1,000.

B. After normal office hours, in the event the Superintendent of Schools or Deputy Superintendent cannot be reached by telephone, the report required under section VI, paragraph A, shall be made to the Director of the Office of Risk Management and Security Services or to an administrative coordinator in the Office of Risk Management and Security Services.

C. All incidents, including the serious incidents described above, shall be submitted using the student management system within two working days after discovery, regardless of how else reported.

VII. Virginia Code § 22.1-279.3:1, “Reports of Certain Acts to School Authorities,” provides that any assault, assault and battery, unlawful wounding, maiming, and homicides, other than involuntary manslaughter, committed by a student on school personnel brought to the attention of the school administrator shall be reported to the Superintendent of Schools. The Superintendent of Schools shall report all such incidents to the Virginia Department of Education.

The following reporting procedures are to be followed for compliance with the requirements set forth in Virginia Code § 22.1-279.3:1:

A. All principals shall promptly report, by phone, any incidents covered under this statute to the Superintendent of Schools (or designee).

B. The principal's initial phone report is to be followed by inputting the incident, student injury, and/or referrals into the student management system as soon as
possible, but no later than two working days following the incident (See Attachment I and II).

C. The written report shall contain, but not be limited to, the following information:

1. Full names and addresses of all parties involved;
2. Date, time, and location of the incident;
3. Extent of all known injuries and the nature of any medical services required or rendered;
4. Disciplinary or other administrative actions taken by the school administration;
5. Any reports to the appropriate law enforcement officials, nature of formal criminal charges, and court disposition of those charges;
6. The age, sex, grade, and status (teacher, staff, etc.) of all perpetrators and/or victims;
7. Procedures instituted to prevent a reoccurrence of the incident;
8. A concise statement giving a general overview of the incident; and
9. Information on weapons, controlled substances, and drug paraphernalia.

D. The Office of Accountability shall assist the Superintendent of Schools by reporting all required incidents on the Discipline, Crime, and Violence report to the Virginia Department of Education.

VIII. The Office of Risk Management and Security Services shall investigate and report to the Division's insurance carriers all matters to which the insurance applies and shall act as the official liaison between the insurance carrier and PWCS employees.

The Associate Superintendent for Finance and Risk Management (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.
## Discipline Referral

### PART A: Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Number</th>
<th>Gend</th>
<th>Grade</th>
<th>Incident Date</th>
<th>Time of Day</th>
<th>Referred to Office By</th>
</tr>
</thead>
</table>

Parent/Guardian: ______________________ Telephone (home): ______________________
Address: ______________________

### Description of Incident

### PART B: Reason for Referral

### PART C: Actions Taken to Date

- [ ] Phone Call(s)
- [ ] Letter to Parent/Guardian
- [ ] Parents Contacted
- [ ] Guidance Contact
- [ ] Student Verbally Corrected
- [ ] Warning
- [ ] Counseling
- [ ] Contract
- [ ] Refer to Police
- [ ] Refer to Security
- [ ] Written Assignment
- [ ] Teacher/Student Conference
- [ ] Teacher/Parent Conference
- [ ] Administrative/Parent Conference
- [ ] Extra Curricular Probation
- [ ] Bus Probation
- [ ] Bus Suspension
- [ ] Detention
- [ ] Saturday School
- [ ] In-School Suspension
- [ ] Out-of-School Suspension

Administrator’s Signature ______________________ Phone ______________________

Parent’s Signature requested

Student Signature ______________________ Date ______________________

**WHEN SO REQUESTED, THIS REFERRAL MUST BE SIGNED BY PARENT/GUARDIAN AND RETURNED THE NEXT SCHOOL DAY. WHEN PARENTS HAVE ANY QUESTIONS ABOUT THIS TRANSACTION THEY SHOULD CONTACT THE PRINCIPAL.**
### Student Injury Report

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Number:</th>
<th>Grade:</th>
<th>Birthdate:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Injury Date/Time:</th>
<th>Address:</th>
<th>Phone:</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Place of Injury:**

**Source of Injury:**

**Nature of Injury:**

**Body Part(s) Injured:**

- Medical Treatment:

- Rescue Transport Required?  
  - Yes [ ]  
  - No [ ]

- Parents Contacted?  
  - Yes [ ]  
  - No [ ]

- Referred By:

**Narrative:**

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**Administrator's Signature:**

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