

# NYACK PUBLIC SCHOOLS – Bus Accident Procedures - All Staff

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Trip Date: \_\_\_\_\_

Destination: \_\_\_\_\_

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**This form must be brought on all trips**

## **Rationale**

This procedure is an outline to follow in the event of a bus accident (field, athletic, music, co-curricular, and any other trip where students are transported by a school bus, accompanied by District staff). The purpose of this document is to ensure the safety and well being of all parties involved. As with other procedures, this document can in no way cover all contingencies. In no case should this document be interpreted in a manner that would negate sound judgment.

The bus driver will contact 911 and dispatch unless he/she is unable to do so. In which case, this would be the responsibility of District staff. Once a police officer arrives on the scene, the law states that they are in charge and responsible.

## **Procedure**

1. Check bus driver, students, and staff for any injuries. Ask – “Is anyone injured”. Inform driver of any injuries so he/she can make the 911 call.
2. Immediately contact District Transportation Office at the following numbers:
  - **First call made to:**
    - 845-353-7041 Transportation Office
    - 845-494-8330 Transportation Office cell phone (If after hours)
  - **If you are unable to contact the Transportation Office, please call the following numbers until you reach a person in District Office:**
    - 845-353-7033 Secretary to Deputy Superintendent
    - 845-353-7034 Deputy Superintendent
    - 845-353-7017 Superintendent
    - 845-353-7047 Asst. Superintendent for PPS/ Personnel
    - 845-353-7045 Asst. Superintendent for Instruction
    - 845-353-7007 Facilities Office
    - 845-353-7000 District Office main number
3. Contact your Building Principal. If after regular school hours, contact Administrator in charge.

***District Office will communicate and instruct staff via phone or at the scene. Under no circumstance may a trip continue without District Office’s approval.***

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Signature \_\_\_\_\_

Date \_\_\_\_\_