

Anaheim Union High School District Confidential Report of Accident/Event

This form is considered Confidential – Attorney/Client Work Product Privilege: This form is a confidential, internal, document; it is not a student or pupil record and its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives.

REPORTS OF SERIOUS NATURE SHOULD BE EMAILED TO RISK MANAGEMENT IMMEDIATELY.

The employee witnessing the accident/event or supervising at the time should complete this form to report accidents/events involving students or visitors. Unless the accident is of a serious nature, forward all reports to the Risk Management Department (#77) at the end of each month. Reports of a serious nature should be emailed to rowan_m@auhsd.us immediately. The administrative assistant should retain a report copy for at least six months.

Incident Details

School Site:		Where did the incident occur:	
Injurer's Name:		DOB:	Grade: <input type="checkbox"/> N/A
Date of Incident:	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Violation of any school rule: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe how incident occurred (Use only facts; exclude opinions and/or assumptions): _____			
What activity was being performed:			
What equipment/material was being used:			
Did you observe the incident: Yes <input type="checkbox"/> No <input type="checkbox"/>		What was your location at the time:	
Name/Title of staff making first contact:			
Name of person in charge at the time of the incident:			Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are repairs needed as a result of this incident: Yes <input type="checkbox"/> No <input type="checkbox"/>		Work Order Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Apparently Nature of Injury

<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Redness	<input type="checkbox"/> Bump/Swelling	<input type="checkbox"/> Cut/Puncture*
<input type="checkbox"/> Contusion/Bruise	<input type="checkbox"/> Head Injury*	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Bleeding Orifice (not cut)
<input type="checkbox"/> Suspect Sprain	<input type="checkbox"/> Suspect Dislocation	<input type="checkbox"/> Suspect Fracture	<input type="checkbox"/> Loss of Conscious
<input type="checkbox"/> Bite (human or animal)	<input type="checkbox"/> Insect sting/bite*	<input type="checkbox"/> Illness	<input type="checkbox"/> Drug/ Rx related
<input type="checkbox"/> Chemical Contact	<input type="checkbox"/> Choke		
<input type="checkbox"/> Other:			

* Provide First Aid Notification Sheet

Part(s) of Body Affected [Circle appropriate area(s)]

<input type="checkbox"/> Skull* – Left / Right / Top / Back	<input type="checkbox"/> Shoulder – Left / Right	<input type="checkbox"/> Back – Left / Right / Upper / Lower
<input type="checkbox"/> Neck – Left / Right / Front / Back	<input type="checkbox"/> Clavicle – Left / Right	<input type="checkbox"/> Chest – Left / Right / Upper / Lower
<input type="checkbox"/> Eye – Left / Right	<input type="checkbox"/> Waist/Hip – Left / Right	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Ear – Left / Right	<input type="checkbox"/> Groin/Buttocks – Left / Right	<input type="checkbox"/> Leg – Left / Right
<input type="checkbox"/> Nose	<input type="checkbox"/> Arm – Left / Right	<input type="checkbox"/> Knee – Left / Right
<input type="checkbox"/> Cheek – Left / Right	<input type="checkbox"/> Wrist – Left / Right	<input type="checkbox"/> Ankle – Left / Right
<input type="checkbox"/> Mouth/Lips	<input type="checkbox"/> Hand/Palm – Left / Right	<input type="checkbox"/> Foot – Left / Right
<input type="checkbox"/> Chin/Jaw/Teeth – Left / Right	<input type="checkbox"/> Finger(s) – Digit(s): _____	<input type="checkbox"/> Toe(s) – Digit(s): _____
	_____	<input type="checkbox"/> Other

* Provide First Aid Notification Sheet

Witness(es)*

Name:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Parent/Other <input type="checkbox"/>
Name:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Parent/Other <input type="checkbox"/>
Name:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Parent/Other <input type="checkbox"/>

*Statements may be attached to this document.

First Aid Staff Involved

<input type="checkbox"/> Health Tech	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Other: _____
Name:	<input type="checkbox"/> Called	<input type="checkbox"/> Summoned	<input type="checkbox"/> On Site

First Aid Procedures Used

<input type="checkbox"/> Clean wound	<input type="checkbox"/> Ice	<input type="checkbox"/> Bandage	<input type="checkbox"/> Immobilization	<input type="checkbox"/> Elevation
<input type="checkbox"/> Other: _____				

Additional Action Taken

At the direction of:	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Health Tech	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Rested in office until (time):				<input type="checkbox"/> Sent back to class at (time):
<input type="checkbox"/> Notified Parent/Guardian at (time):				
<input type="checkbox"/> Taken home by:	Relation:		Time:	
<input type="checkbox"/> Suggested they contact their doctor	<input type="checkbox"/> First Aid Notification Sheet Provided (Cut/Insect Bite/Head Injury Only)			
<input type="checkbox"/> 911 called at (time):	By:	<input type="checkbox"/> Transported to:		

Completion

Completed by (Print):	<input type="checkbox"/> Health Tech	<input type="checkbox"/> Nurse	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Other
Approved by (Print):	<input type="checkbox"/> AP	<input type="checkbox"/> Principal	Date submitted:	

Contact Risk Management if you would like to review follow up protocols or additional information.