

UMATILLA-MORROW HEAD START – INCIDENT REPORT

Child Employee Volunteer

Name of Injured: _____ Date: _____ Time: _____

Facility/Site: _____ Telephone: _____

Address: _____ Witnesses to Injury: _____

Location of Incident: Classroom Playground Office Meal Service Area Bathroom

Entryway

Doorway Hallway Stairway Kitchen Gym Bus/Motor Vehicle Other Location (specify)

Type of Incident: Motor Vehicle Accident Fall from Trip Fall from Running Fall from Height _____ (feet)
 Lifting Injury Human Bite Animal Bite Insect Sting/Bite Hit by Object Sudden Illness (choking, loss of consciousness, seizure, diabetic emergency, allergic reaction) Environmental Exposure (sun, wind, cold, heat, electricity or radiation) Chemical Exposure (inhaled, absorbed or consumed poison) Exposure to Human Blood or Other Potentially Infectious Bodily Fluids Act of Violence (hit or pushed by another) Use or Misuse of Equipment or Machinery
 Equipment or Machinery Malfunction Other Incident (specify) _____

Injured Part of Body: Eyes Ears Nose Mouth Teeth Throat Neck Head
 Hand Arm/Wrist/Elbow Trunk Back Groin Leg/Knee/Ankle Other _____

Type of Injury: Bruise/Swelling Cut/Laceration/Scrape Burn/Blister Sprain/Strain Injury to Bone or Joint
 Crushing Injury Impaled Object Physical Trauma to Head, Neck or Spine Suspected Internal Injury Shock
 Breathing Difficulty Other (Specify) _____

Report facts of Incident and Injury: _____

Report First Aid provided at scene: _____

Report instructions provided by UMCHS staff to parent or employee: _____

Was treatment beyond first aid required? If "Yes" Identify Provider: _____

If "Yes", Identify Insurance Carrier of injured: _____

If "Yes", Identify when Human Resource Director was notified: _____ (Date), _____ (Time).

Report "corrective action" to be taken to prevent similar incidents and injuries: _____

Parent/Guardian Notified via: Telephone Direct Contact Incident Report taken home by child.

Blood Borne Pathogen Exposure:

Did "direct contact" with blood or other potentially infectious body fluids occur? Yes No

If "Yes", did "direct contact" with blood or other potentially infectious body fluids occur with "non-intact skin", mucus membranes, eyes, mouth or nose of caregivers or others? Yes No, If "Yes" describe contact with these fluids: _____

Staff Signature: _____ Date: _____

Supervisor/Team Leader Signature: _____ Date: _____

HRD Signature (Staff Incident Reports): _____ Date: _____

Health Services Director(Child Incident Reports): _____ Date: _____

Reviewed by Safety Committee with Recommendations: _____

_____ Date: _____