Rowan-Salisbury
SCHOOL SYSTEM
Extraordinary Education Every Day

Incident Report
<u>STUDENT</u> Incident/Injury

CONFIDENTIAL

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SCHOOL SYSTEM
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Instructions: Have a staff member complete pages 3-4, as needed, and email to Carol Ann Houpe and copy the Risk Manager. A supervisor needs to complete pages 6-9 and email to Risk Manager and copy Robin Faries.

STUDENT INJURY REPORT

Name of Student_____ ☐ M ☐ F DOB _____/____/____

School _____ Grade ___ Date of Injury ____/___/___

MARK ALL THAT APPLY (Other Student(s) Involved ☐Yes ☐No) Time of Injury _____☐am ☐pm

Period
- ☐ Before School
- ☐ Class Time
- ☐ Lunch
- ☐ Phys. Ed Class
- ☐ Other_____

Incident Location
- ☐ Bus
- ☐ Hallway
- ☐ Shop
- ☐ Playground/athletic field
- ☐ Classroom
- ☐ Cafeteria
- ☐ Restroom
- ☐ Gymnasium
- ☐ Other _____

Supervision
- ☐ None
- ☐ Teacher
- ☐ Aide/monitor
- ☐ Principal/asst. Principal
- ☐ Driver
- ☐ Coach
- ☐ Parent/Volunteer
- ☐ Other_____

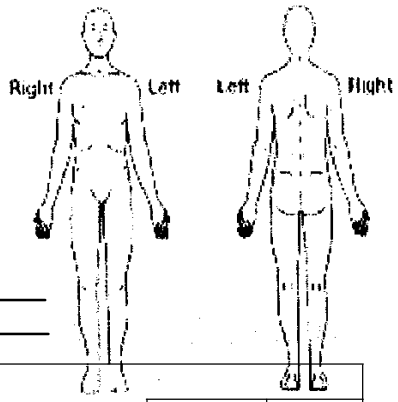
Activity During Which Injury Occurred
- ☐ Classroom activity
- ☐ Sitting
- ☐ Jumping
- ☐ Sliding
- ☐ Running
- ☐ Swinging
- ☐ Fight/Roughhouse
- ☐ Baseball
- ☐ Football
- ☐ Kickball
- ☐ Soccer
- ☐ Basketball
- ☐ Gymnastics
- ☐ Track & Field
- ☐ Swimming
- ☐ Other sports activity (Type_____)
- ☐ Other activity _____

Incident Type
- ☐ Intentional
- ☐ Non Intentional
- ☐ Unknown
- ☐ Assault/Fight
- ☐ Bite
- ☐ Sting/severe
- ☐ Collision w/person
- ☐ Collision w/object
- ☐ Drown/near drown
- ☐ Electrical
- ☐ Fall/Trip
- ☐ Fall from Object<5ft
- ☐ Fall from Object 5-10ft
- ☐ Fall from Object>10ft
- ☐ Other _____

Status of Student
- ☐ Alert
- ☐ Confused
- ☐ Unconscious
- ☐ Drowsy
- ☐ Unconscious short period (How long? _____)

Type of Injury
- ☐ Abrasion
- ☐ Cut
- ☐ Bitten (human)
- ☐ Crushing
- ☐ Swelling
- ☐ Gunshot Wound
- ☐ Dislocation/Fracture (possible)
- ☐ Puncture wound
- ☐ Knife Wound
- ☐ Bitten (animal)
- ☐ Bruise
- ☐ Burn
- ☐ Sprain (possible)
- ☐ Other_____

(indicate site(s) of injury)



Comments _____

_____

Action Taken (Mark all that apply)

	Initials	Time		Initials	Time
☐ Administration Notified ☐ Checked by School Nurse (RN) ☐ First Aid Administered ☐ Parent/Guardian Notified ☐ Police Notified ☐ Remained/Returned class			☐ Sent/Taken Home ☐ Transported by EMS ☐ Taken to Physician ☐ Other_____ ☐ Unable to contact parent/guardian		

_____ _____ _____

Signature of person completing report Date Print name of person completing report

☐ Original to Student Services
☐ Copy to Principal (school record)

Rowan-Salisbury Board of Education
911 Incident Form

TO BE FILED IN THE PRINCIPAL'S OFFICE
FAX IMMEDIATELY TO STUDENT SERVICES DIRECTOR'S OFFICE

School Name _____

Name of Person _____

Classification: (Circle) Student Staff Visitor __ Male __ Female

Date and Time Incident Occurred
_____ _____

Location Incident Occurred
_____ _____

Student only: who was the employee supervising student at time of incident:

Brief description of incident and emergency first aid procedures administered by school personnel prior to arrival of 911 emergency personnel:

Name(s) of person(s) administering initial first aid_____

Person Placing Call to 911 _____ Time of Call _____

Time Initial Emergency Personnel Arrived_____

Transported to Medical Facility?
Yes Name of Facility_____
No_____If not transported, where is the student? _____
_____

School employee accompanying injured to medical facility (if any)_____
_____

_____ _____ _____
Signature of person completing report Date Printed name of person completing report

Revised 8/11/2020 In compliance with federal law, the Rowan-Salisbury School System administers all education programs, employment activities, and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service. disability. or gender. except where exemption is appropriate and allowed by law.

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Supervisor Incident Investigation Report
STUDENT INJURY

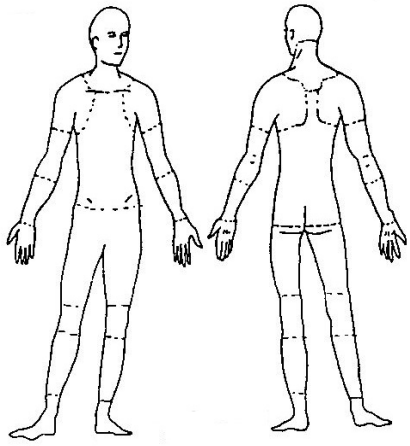
CONFIDENTIAL

Supervisor Incident Investigation Report

Instructions: Complete this form within 24 hours after an incident/ injury. Submit to Safety Department. Include all witness statements, employee statement, photos and etc.…

This is a report of a: ❑ Incident ❑ Injury ❑ First Aid Only ❑ Near Miss	
Date of incident:	This report is made by: ❑ Supervisor ❑ Admin Team ❑ Other_____

Step 1: Injured Student (complete this part for each injured student)

Name:	Sex: ❑ Male ❑ Female	Age:
Grade:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) ❑ Abrasion, scrapes ❑ Amputation ❑ Broken bone ❑ Bruise ❑ Burn (heat) ❑ Burn (chemical) ❑ Concussion (to the head) ❑ Crushing Injury ❑ Cut, laceration, puncture ❑ Hernia ❑ Illness ❑ Sprain, strain ❑ Damage to a body system: ❑ Other _____	

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of student's day? ❑ Entering or leaving school ❑ Doing normal activities ❑ During meal period ❑ Other_____	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ❑

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)
- ❑ Inadequate guard
- ❑ Unguarded hazard
- ❑ Safety device is defective
- ❑ Tool or equipment defective
- ❑ Workstation layout is hazardous
- ❑ Unsafe lighting
- ❑ Unsafe ventilation
- ❑ Lack of needed personal protective equipment
- ❑ Lack of appropriate equipment / tools
- ❑ Unsafe clothing
- ❑ No training or insufficient training
- ❑ Other: _____

Unsafe acts by people: (Check all that apply)
- ❑ Operating without permission
- ❑ Operating at unsafe speed
- ❑ Servicing equipment that has power to it
- ❑ Making a safety device inoperative
- ❑ Using defective equipment
- ❑ Using equipment in an unapproved way
- ❑ Unsafe lifting
- ❑ Taking an unsafe position or posture
- ❑ Distraction, teasing, horseplay
- ❑ Failure to wear personal protective equipment
- ❑ Failure to use the available equipment / tools
- ❑ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No

Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)

❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ❑

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:
Risk Manager:	Reviewed Date:

Witness Statement Form

Witness's Name: _____ Date of Incident: _____

_____ _____ _____

Address City State

_____ _____ _____

Telephone Number Work Number Other Numbers

_____ _____ Age: _____

Occupation Relationship

STATEMENT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The information I have provided in this report is true and correct to the best of my knowledge. I understand making false statements on this form is a criminal offense. If I am a RSS employee, I understand making a false statement will result in disciplinary action up to and including dismissal.

_____ _____

Date Witness Signature