HOLY SPIRIT CATHOLIC SCHOOLS

CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT

This form must be submitted within 24 hours of the accident / illness / injury
Note: all Items and Sections noted in ***bold italics*** with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: _____ Submitter's LAST Name: _____

Phone Number: _____ Email Address: _____

School / Building*: _____

Date of Accident*: (m/d/y) _____ ***Time of Accident****: (use 24-hour clock e.g. 1:15 pm is 13:15) _____

*Section ONE: LOCATION**

- ☐ Administration Office
- ☐ Boot Room / Mud Room
- ☐ Classroom
- ☐ Concession / Cafeteria
- ☐ Creative Playground
- ☐ CTS Lab
- ☐ Drama / Arts / Theatre
- ☐ Exterior Stairs
- ☐ Gymnasium
- ☐ Hallway / Stairwell
- ☐ In Transit to or from School
- ☐ Locker Room
- ☐ Off-Site
- ☐ Playing Field
- ☐ Science Lab
- ☐ Sidewalk
- ☐ Staff Parking Lot
- ☐ Student Parking Lot
- ☐ Tarmac
- ☐ Washroom
- ☐ Other (specify)

If Off-Site, State FACILITY Name: _____

Address: _____

City: _____ ***Postal Code:*** _____

*Section TWO: ACCIDENT / INCIDENT INFORMATION** ***Description of Accident / Incident (detailed narrative)***

_____

_____

_____

_____

_____

_____

First Reported to **FIRST Name:** _____ **LAST Name:** _____

- ☐ Area Director
- ☐ Caretaking / Facility Operator
- ☐ Contractor
- ☐ Lunch / Playground Supervisor
- ☐ Non School based Department Head
- ☐ Principal
- ☐ Secretary / Support Staff
- ☐ Other (specify)
- ☐ Superintendent
- ☐ Support Counsellor
- ☐ Teacher
- ☐ Team Leader
- ☐ Vice / Assistant Principal
- ☐ Volunteer

Supervisor FIRST Name: _____ LAST Name: _____

- ☐ Area Director
- ☐ Caretaking / Facility Operator
- ☐ Contractor
- ☐ Lunch / Playground Supervisor
- ☐ Non School Based Department Head
- ☐ Principal
- ☐ Secretary / Support Staff
- ☐ Support Counsellor
- ☐ Teacher
- ☐ Team Leader
- ☐ Vice / Assistant Principal
- ☐ Volunteer
- ☐ Other (specify)

Program*

- ☐ Before / After School
- ☐ Field Trip
- ☐ Interscholastic Game / Practice
- ☐ Intramurals
- ☐ Physical Education
- ☐ Recess / Noon Hour
- ☐ Regular Classroom
- ☐ School Activity / Event (ie. play day)
- ☐ School Assembly
- ☐ Science Lab
- ☐ Spare / Free Time / Study Period
- ☐ Other (specify)
- ☐ Transition between Classes
- ☐ Work Study

Equipment Involved (if applicable)

- ☐ Athletic Equipment
- ☐ Art Equipment
- ☐ Box Horses
- ☐ Chemicals
- ☐ Flying Fox
- ☐ Gymnastic Equipment
- ☐ Home Economic Equipment
- ☐ In-Line Skates
- ☐ Monkey Bars
- ☐ Other Playground Equipment
- ☐ Science Lab Equipment
- ☐ Shop Tools
- ☐ Scooters
- ☐ Slide
- ☐ Swing
- ☐ Teeter Totter
- ☐ Tetherball
- ☐ Track & Field Equipment
- ☐ Other (specify)

Action(s) taken to prevent this sort of accident from happening in the future

_____

_____

_____

_____

☐ CHECK if media has been involved or likely to be involved ☐ CHECK if legal action has been threatened Record number of people involved ☐

*Section THREE: INVOLVED PERSON**

***FIRST Name*:** _____ ***LAST Name*:** _____

Phone Number: _____ Email Address: _____

Gender of Person Involved*: ☐ **Male** ☐ **Female** ☐ **Unknown** **Date of Birth*** (m/d/y) _____

Name of Employer (if contractor): _____

*Activity**

- ☐ Administration
- ☐ Caretaking
- ☐ Classroom Preparation
- ☐ Concession Duties
- ☐ Delivery / Transportation
- ☐ Field Trip
- ☐ General Office / School Work
- ☐ Handling / Moving Equipment, Books or Materials
- ☐ Instruction
- ☐ Leaving / Entering School Grounds
- ☐ Maintenance / Grounds Work
- ☐ Other (specify)
- ☐ Participate in Intramural Sports
- ☐ Restraint of Student
- ☐ Supervision
- ☐ Walking
- ☐ Working with / Assisting Special Needs Student

*Accident / Incident Details**

Was this Person Injured*? ☐ Yes ☐ No ***Was First Aid Administered*?*** ☐ Yes ☐ No

If First Aid was administered, complete name of First Aider FIRST Name*: _____ ***LAST Name*:*** _____

Description of First Aid Administered

_____

_____

_____

_____

Qualified District First Aider*? ☐ Yes ☐ No

First Aid Qualification ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

Was a paramedic or Physician Called? ☐ Yes ☐ No ***If Yes, was an Ambulance used*?*** ☐ Yes ☐ No

Provide name of physician or hospital _____

If no ambulance was used, identify method of transportation _____

If pre-existing medical condition exists, give details below, and diagnosis if available _____

_____

_____

_____

Did this person lose time from work? **(required for Volunteer injury*)** ☐ Yes ☐ No First day of lost time (m/d/y) _____

Injury / Illness Type (check as many that apply)*

- ☐ Allergic reaction
- ☐ Back / Spinal injury
- ☐ Bad scrape
- ☐ Breathing difficulties / Asthma (no ambulance called)
- ☐ Broken bone(s) with long term affects (surgery required, pins or plates inserted)
- ☐ Broken or fractured bones
- ☐ Chemical or other hazardous material contact
- ☐ Concussion (possible concussion)
- ☐ Dislocated / Separated joint
- ☐ Dizziness / Headache / Nausea
- ☐ Fainting, loss of consciousness
- ☐ Fatality
- ☐ Irritation of eye / Skin
- ☐ Laceration (required stitches or medical attention)
- ☐ Minor aches / Pains
- ☐ Minor cut / Laceration / Irritation
- ☐ Minor scrape or bump
- ☐ Minor swelling or bruising
- ☐ Muscle pull or strain
- ☐ Permanent disability
- ☐ Seizure (ambulance called)
- ☐ Seizure (short term – no ambulance called)
- ☐ Serious breathing difficulties (ambulance called)
- ☐ Serious / Major bleed, bruise or swelling
- ☐ Severe sprain
- ☐ Severe wound (scarring or surgery)
- ☐ Sprain
- ☐ Tooth / Teeth injury
- ☐ Other (specify)

Cause of Injury (check as many that apply)*

- ☐ Accidental collision between participants
- ☐ Aggravation of pre-existing injury
- ☐ Assault
- ☐ Bite (animal / human / insect)
- ☐ Blow / Hit / Trip caused by another person, accidental or intentional
- ☐ Blow delivered by an object (ball, bat, etc.)
- ☐ Body contact in the normal course of activity
- ☐ Carelessness on the part of the individual
- ☐ Fall / Trip not due to observed factor
- ☐ Fall or loss of balance on apparatus
- ☐ Motor vehicle accident
- ☐ No clear apparent cause
- ☐ Obstruction on playing field
- ☐ Repetitive strain
- ☐ Site hazard
- ☐ Slip / Fall (ice)
- ☐ Slip / Fall (other)
- ☐ Strain or over exertion
- ☐ Working with / assisting special needs students
- ☐ Other (specify)

Body Part (check as many that apply)*

- ☐ Abdomen / Stomach
- ☐ Ankle
- ☐ Back
- ☐ Buttocks
- ☐ Cheek(s)
- ☐ Chest Area
- ☐ Chin
- ☐ Collarbone
- ☐ Ear(s)
- ☐ Elbow
- ☐ Eye(s)
- ☐ Finger(s) / Thumb
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Lower arm
- ☐ Lower leg / Calf
- ☐ Mouth
- ☐ N/A
- ☐ Neck / Throat
- ☐ Nose
- ☐ Possible internal injuries
- ☐ Shoulder
- ☐ Side / Ribs
- ☐ Teeth
- ☐ Toes
- ☐ Upper arm
- ☐ Upper leg / Thigh
- ☐ Wrist
- ☐ Other (specify)

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete **SECTION THREE** (3) of the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Section FOUR: WITNESS (Use separate sheet if more than one witness)*

Were there any witnesses*? ☐ Yes ☐ No

Witness FIRST Name: _____ ***Witness LAST Name***: _____

Address / City / Postal Code: _____

Phone Number: _____

WITNESS ROLE

☐ Bystander ☐ Daycare ☐ Neighbour ☐ Student ☐ Volunteer

☐ Contractor ☐ Employee ☐ Parent ☐ Supervisor

Date of Report: _____

Report Approved by: _____
(print clearly)

Position: _____
(print clearly)