

School District of Lodi

Student/Employee School/Work-Related Incident Report

To Be Completed by the Student or Employee:

Name:		Grade Level/Job Title:	
Date of Injury:	Time of Injury: <input type="checkbox"/> am <input type="checkbox"/> pm	Regular Work/School Schedule: Start Time: Hrs. per Day:	
Location/Area accident occurred:			
Names of Witnesses:			
In your own words, explain in detail what you were doing immediately before the accident, and how the accident happened:			
Indicate what part of the body was affected (<i>be specific</i>):			
Did you fail to use safety devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what devices:			
Did you complete your work/school day on the date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No...if no, please explain and give time left.			
Do you anticipate missing any work/school days because of this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail:			
Did you see a physician? <input type="checkbox"/> Yes.....What clinic or physician _____ on what day ___/___/___ <input type="checkbox"/> No....do you anticipate seeing a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>please let the District Office/Principal know if you do!</i>)			
PLEASE NOTE: If you see a physician, please obtain the Attending Physicians Return to Work/School Recommendations Record form for the Doctor to complete.			
What could be done to prevent this type of accident?			
Did you notify your supervisor/principal of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who did you notify _____ Date notified: ___/___/___			

I hereby certify the above is true and correct to the best of my knowledge.

Employee/Student Signature:	Date signed:
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Staff members - forward this completed form to Donna at the District Office ASAP!

Students- forward this completed form to your building principal ASAP!

I. INCIDENT PROCEDURE

A. Incident Defined:

1. Any time a student or staff member is injured and that injury results in a referral to a doctor or dentist.
2. Involves school equipment or supervisory issues.

B. Personnel Responsible for Completing Incident Report: The staff member who witnesses the incident or to whom the incident is reported is responsible for filling out the report. In cases where students are referred to the office for treatment, it is the responsibility of the office personnel to get the incident report to the staff member making the referral. If the student comes to the office by himself or herself, the office personnel providing the treatment should complete the form. In cases where a staff member is injured, the matter should be referred to the school nurse or principal.

C. Investigation of Incident: The staff member completing the report may need to investigate the incident to the level that allows them to accurately complete the report. All other investigation will be the responsibility of the principal.

D. Distribution of Reports: Principal, health room (binder labeled INCIDENT REPORTS), others as determined by principal.

E. Location of Blank Reports: In each health room and with building secretaries. Check with office personnel for the location. If you have any questions regarding this report process, check with your building administrator.

F. Type of Report to Complete:

DESCRIPTION	INCIDENT REPORT	TREATMENT REPORT	DISCIPLINE REPORT
Student fight, no injury			X
Student fight, minor scrapes		X	X
Student fight, significant injury	X	X	X
Student hurt on playground, injury taken care of at scene	NA	NA	NA
Student hurt on playground, sent to health room for treatment		X	
Student hurt on playground, sent to health room, sent to doctor/dentist	X	X	
Student hurt by equipment in building (doors, furniture, gym equipment, etc.), any injury	X	X	
Head injury (phone call to parent also required)	X	X	
All injuries requiring referral to doctor/dentist	X	X	
Student injured during classroom activity, sent for treatment	X	X	
Staff injured while working	Contact Immediate Supervisor Immediately		

G. Staff Incident Report Procedure

1. If injured during work duties, fill out a staff incident report (see next page) immediately or as soon as possible following incident.
2. Make a copy for yourself and send the original to the District Office attention Donna Tooley.
3. Follow up appropriately depending on medical need with your physician and administrator.
4. Staff Emergency Card

To be filled out yearly and kept in confidential area of office for quick access if necessary.