

# 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: \_\_\_\_\_

White Copy: Child/Personnel File

Yellow Copy: Parent/Employee

Pink Copy: HSD/HRD