

PLEASE REVIEW INSTRUCTION SHEET ATTACHED

ALL SECTIONS MUST BE COMPLETED

DATE OF INCIDENT: (MM / DD / YYYY)	TIME OF INCIDENT:	LOCATION OF INCIDENT:
NAME OF INJURED / AFFECTED STUDENT :		PROGRAM:
REPORTED TO SUPERVISING FACULTY (NAME):		DATE: (MM / DD / YYYY) TIME:
WITNESSES (IF APPLICABLE):		

STEP 1 INCIDENT DETAILS

Attach paper if additional space required.

TYPE OF INCIDENT	Check off (✓) statements that best describe the incident			
<input type="checkbox"/> Repetitive Strain	<input type="checkbox"/> Acute Strain (lifting, pulling, carrying)	<input type="checkbox"/> Caught in / between	<input type="checkbox"/> Struck, contacted by / with / against	
<input type="checkbox"/> Slip/fall	<input type="checkbox"/> Vehicle	<input type="checkbox"/> 3 rd party action	<input type="checkbox"/> Cut / bruise	
<input type="checkbox"/> Exposure to	<input type="checkbox"/> Other (explain):			
PART OF BODY INJURED	Where applicable, indicate location of injury: "R" (Right); "L" (Left); "F" (Front); "B" (Back)			
<input type="checkbox"/> Head	<input type="checkbox"/> Eye	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper back
<input type="checkbox"/> Lower back	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Wrist
<input type="checkbox"/> Hand / fingers	<input type="checkbox"/> Hip	<input type="checkbox"/> Upper Leg	<input type="checkbox"/> Knee	<input type="checkbox"/> Lower leg
<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot / Toes	<input type="checkbox"/> Other (explain)		

STEP 2 INCIDENT CAUSE

Attach paper if additional space required.

STEP 3 INJURY RESPONSE	<input type="checkbox"/> Basic First Aid	<input type="checkbox"/> HEALTH NURSE	<input type="checkbox"/> MEDICAL AID (DOCTOR) *	<input type="checkbox"/> NEAR MISS / NA
*Doctor/ Hospital/ Clinic Name (if applicable):				
Treatment (if applicable):				

STEP 4 PREVENTION

Attach paper if additional space required.

STEP 5 ACKNOWLEDGEMENT

STUDENT NAME (Please print):	FACULTY NAME (Please print):
SIGNATURE:	SIGNATURE:
DATE (MM/DD/YYYY):	DATE (MM/DD/YYYY):

COMPLETED FORM MUST BE RECEIVED BY THE HEALTH NURSE WITHIN 24 HOURS OF INCIDENT

OFFICE USE ONLY

FACULTY TO INFORM HEALTH NURSE	LOST TIME INJURY: <input type="checkbox"/> Y / <input type="checkbox"/> N	# OF DAYS LOST / ABSENCE:
DATE RECEIVED (HEALTH NURSE):	HEALTH NURSE, SEND TO: MGR H&S+EP	

Description

The goal of any injury response plan is to investigate the cause as soon after as possible and take steps to prevent a future occurrence. It is important that this form be completed by the individual who has been non-critically* injured or directly affected by the incident.

Critical Injury* – is an injury of a serious nature that, places a life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture or amputation of a leg or arm, but *not* a finger or toe, consists of burns to a major portion of the body or causes the loss of sight in an eye. After seeking emergency medical aid, critical injuries should be immediately escalated internally to the Manager of Health, Safety & Emergency Planning or to the Vice President of Operations.

Instructions

All sections of the form must be completed. In the event that a required field does not apply to the incident you are reporting, such as “near miss” where there are no injuries to report, put “N/A”.

STEP 1 – INCIDENT DETAILS*

Is a written account by the affected/ injured student describing the incident in full and providing specific details of what was observed or experienced. The incident report must be completed as soon after the incident as possible. Use the checklist provided to categorize the incident and injuries further.

Example: *During a lab exercise, I was practicing uncapping a sterile syringe which bounced back and punctured my right thumb.*

*3rd Party reporting – if the student affected or injured by the incident cannot complete this report (eg: unconscious), a 3rd party individual who witnessed the incident first hand should complete the report and provide details based on what they see, touch, smell, hear or taste.

STEP 2 – INCIDENT CAUSE

How did the incident occur? Describe prior activity leading up to incident as well as any factors such as relevant materials or equipment that may have contributed to the incident occurring.

Example: *I was distracted momentarily and applied too much force when uncapping the needle.*

STEP 3 – INJURY RESPONSE

Action or treatment taken to assist injured or affected student. If available, provide name of Doctor, Hospital or Clinic treating the injured student.

Example: *Minor first aid was issued by the Faculty. The wound area was cleaned and a bandage was applied.*

STEP 4 – PREVENTION

This should be an interactive review/ discussion of the incident between the student and their supervising faculty member to prevent this incident from happening again.

Example: *Reviewed this accident with my faculty member- sharps handling technique has been reviewed and additional supervision will be provided until I am more confident with handling needles.*

STEP 5 – ACKNOWLEDGEMENT

Both the student and supervising faculty member must review, agree to and be accountable for the contents prior to signing and submitting.

**HEALTH NURSE MUST RECEIVE COMPLETED FORM
WITHIN 24 HOURS OF THE INCIDENT OCCURRING**

**FAILURE TO SUBMIT AN INCIDENT REPORT IN A TIMELY MANNER MAY RESULT IN DISCIPLINARY
ACTION FOR THE STUDENT AND PENALTIES SUCH AS FINES AGAINST MICHENER
(FAX: 416-596-7214)**