

Injury & Accident Reporting

Argyle Secondary School



Goal

The goal of this guide is to support staff, volunteers and school district personnel in handling student injuries and/or accidents and bring clarity to our process.

Procedure

In the event of a student injury and/or accident, there is both an immediate and a follow-up procedure.

Immediate Actions

Priority number one is ensuring student safety. If in doubt – be safe and call 911.

- For incidents at Argyle or on school property:
 - Ensure area is safe for all students
 - Call 911 if needed.
 - Contact Main office or send a runner so that the Office is aware of the incident
 - If student *is* able to move, bring student to the Main office (or send with an adult.)
 - If student *is not* able to move, ensure the student is comfortable and send for help.
 - Trained staff can perform First Aid.
 - Complete and submit Injury/Accident report as soon as possible.
- For incidences off school property but related to an Argyle curricular or extra-curricular activity:
 - Follow the safety plan in place for the class, team, or club.
 - Call 911 if needed. Call parent/guardian or emergency contact as soon as possible.
 - Report to Argyle Main Office as soon as possible. (Call office or Admin, or if the office is closed email admin or call and leave message on the Main line.)
 - Complete and submit Injury/Accident report as soon as possible.

Follow-up Procedures

- All injuries related to a school curricular or extra-curricular activity **MUST** be reported to the Main office as soon as possible (i.e. Injury defined as requiring some First Aid treatment or more than a bruise / scrape)
- For all injury, accident, or similar incidents - the supervising staff or school designate must complete the attached "Injury/Accident Report". This ensures proper documentation and accurate reporting in order to protect all parties involved.
- Keep a copy of the report for your own records.
- Once a Principal / VP has reviewed the Injury/Accident Report, office staff will complete the online incident reporting for the School Protection Plan (<http://www.incident-request.org>).
- If the injured person is an SD44 employee, please report to a supervisor as soon as possible. A First Aid person can support in all cases of workplace injury. In addition to the above instructions, complete additional DMI and Work safe documentation to ensure coverage.

Injury/Accident Report

- To be completed by supervising adult who was designated by the school to oversee the student
- Submit to Main Office as soon as possible
- This report is used by office staff to complete the online School Protection Plan report
- The more details the better on this report to ensure accurate reporting to SPP.

Injured Person Information

Last Name: _____ First Name: _____ Date of Birth: _____

Home Address: _____ Home Ph: (____) _____

Gender: _____ Age: _____ Grade: _____

Status: Student Staff Visitor Other Person - please explain: _____

Incident Information

Activity at time of Injury: _____ Date of injury: _____ Incident Time: _____

Location of Incident: _____ Supervising Adult Present: _____

Description of the incident/accident resulting in the Injury (*please try to only include facts*):

Write and attach more information if more space needed

Nature of the Injury:

Write and attach more information if more space needed

Description of First Aid Treatment (*please include whether ambulance attended and/or transported to hospital*):

Write and attach more information if more space needed

Further Treatment or Advice to seek further treatment:

Write and attach more information if more space needed

Name and Nature of Parent/Guardian/Contact Notification: (*Names, time notified, how notified, by whom, etc*)

Instructions from Person Notified: _____

Any Property Damage: *(if applicable)*

Write and attach more information if more space needed

Other Information or Updates:

Write and attach more information if more space needed

Incident Reporter *(Person writing this report)*

Last Name: _____ First Name: _____ Title/Role: _____

Ph: (____) _____ Signature: _____ Date: _____

Indicate here if you are a witness to the injury/accident: *Yes I'm a witness*

Witness *(Need at least one person who actually witnessed the injury/accident)*

Last Name: _____ First Name: _____ Title/Role: _____

Ph: (____) _____ Signature: _____ Date: _____

Other Witness *(if applicable)*

Last Name: _____ First Name: _____ Title/Role: _____

Ph: (____) _____ Signature: _____ Date: _____

Principal/VP *(Complete after above report is complete)*

Last Name: _____ First Name: _____ Title/Role: _____

Ph: (____) _____ Signature: _____ Date: _____

Office Staff Member _____ used this report to complete the online SPP Report and printed a copy for school records. Both the SPP report and this report are filed and kept together in the Main Office.