

Utah Department of Health & Human Services **REDCap** Student Injury Report System

In 1984, the Child Injury Prevention Program and the Utah State Office of Education initiated a unified Student Injury Reporting (SIR) system for Utah's public schools. This is a voluntary reporting system in which all 40 of Utah's school districts currently participate. The SIR form is completed by school personnel whenever a student injury occurs which meets the established criteria, which are: 1) an injury serious enough to cause the student to miss one-half day or more of school; or 2) an injury that caused the student to be seen by a health care provider.

The goal of the Student Injury Reporting program is to gather accurate data which will help combat common injury problems in the schools. This is accomplished through collection of injury data from Utah schools to identify causes and patterns and by assessing the data in order to target the causes and develop preventions. Utah is one of the few states that has a Student Injury Reporting System.

The form was developed collaboratively by VIPP and the Utah State Office of Education. The Utah Department of Health and Human Services completes the data analysis and generates statewide injury data reports.

Why Report?

The Student Injury Reporting System (SIRS) helps to identify where, when, how and why students get hurt at school. By using this information, education officials can pinpoint risk factors at individual schools and develop safety guidelines and prevention programs which can minimize the physical and financial impact of injury on the individual, family, school, and community.

What is Reportable?

A reportable school injury is defined as one that causes the student to miss ½ day or more of school, or is serious enough to require treatment by a health care professional (i.e. school nurse, MD, EMT, etc.). This includes injuries that happen while going to or from school, during all school-related activities and anywhere on school property during normal school hours.

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If at any time you have questions or concerns regarding entering or editing a repot, please feel free to reach to me @ 385-267-6528 or <u>studentinjury@utah.gov</u>.

<u>Step 1:</u>

Create a UtahID at https://id.utah.gov. Instructions on how to create one and a short video tutorial can be found here: https://idhelp.utah.gov/account-creation.html. A verification email will be sent.

Please note that using the user's professional email address is the preferred method or a cell phone number (sometimes the email can take a while to send the code, if you have questions please reach out to the Project Owner, listed below). If they opt to use a personal email account, a justification note is required from Project Owners stating the reasons for doing so.

Multi-Factor Authentication (MFA) will be required for all new UtahID public user accounts. New users will have the option to have the MFA code sent by email or SMS text message. Please note, when a user first registers, the only option available will be email since that is the available method listed on the account until the user adds a mobile phone number to their profile in <u>https://id.utah.gov</u>.

Open the verification email and enter the code into the field provided on the UtahID creation webpage.

Finish setting up UtahID after numerical code is entered.

Email Vanonda Kern, Project Owner (studentinjury@utah.gov) letting them know you have created a UtahID. The Project Owner will reply to your email to let you know you can move on. You will not be able to access REDCap to create an account until you are notified by the Project Owner.

<u>Step 2:</u>

Fill out the Administrative Form https://pubredcap.health.utah.gov/surveys/?s=4YH4EWA3PRKKKM83. The form will be received by the Project Owner and information from the form will be reviewed and entered in for REDCap approval.

Udhhs Administrative Form	
Please complete the survey below.	
Thank you!	
Why Report?	
The Student Injury Reporting System (SIRS) helps to i using this information, education officials can pinpoi and prevention programs which can minimize the ph school, and community.	identify where, when, how and why students get hurt at school. By nt risk factors at individual schools and develop safety guidelines rysical and financial impact of injury on the individual, family,
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Utah ID Information	
Utah ID Information Instructions for how to sign up for a Utah ID	
Utah ID Information Instructions for how to sign up for a Utah ID Attachment: 📆 <u>EXTERNAL USERS REDCap, pdf</u> (0.06 MB)	
Utah ID Information Instructions for how to sign up for a Utah ID Attachment: 🛫 EXTERNAL USERS REDCap.pdf (0.06 MB) Have you created a Utah ID?	○ Yes ○ No reset
Utah ID Information Instructions for how to sign up for a Utah ID Attachmen: SECTERNAL USERS REDCap.pdf (0.06 MB) Have you created a Utah ID? Utah ID Username	O Yes O No resel
Utah ID Information Instructions for how to sign up for a Utah ID Attachmene SECTERNAL USERS REDCap,pdf (0.06 MB) Have you created a Utah ID? Utah ID Username Email used to sign up for Utah ID:	O Yes O No resel
Utah ID Information Instructions for how to sign up for a Utah ID Attachmen: SEXTERNAL USERS REDCap.pdf (0.06 MB) Have you created a Utah ID? Utah ID Username Email used to sign up for Utah ID: User Information:	O Yes O No reset
Utah ID Information Instructions for how to sign up for a Utah ID Artachmen: SETTERNAL USERS REDCap,pdf (0.06 MB) Have you created a Utah ID? Utah ID Username Email used to sign up for Utah ID: User Information: Name:	O Yes O No reset

<u>Step 3:</u>

After creating a UtahID and filling out the Administrative Form and it is approved, you will receive an email to create a REDCap account. You will go to https://pubredcap.health.utah.gov/ to create your account. Once your account is created you will get an confirmation email that your account has been created.

Please make sure that you are logged in with your UtahID at <u>https://id.utah.gov</u>. Once you are logged in with your UtahID, open a second browser and go to https://pubredcap.health.utah.gov/.



<u>Step 4:</u>

Entering a New Injury Report

Once you have created a REDCap account you will log in to "My Projects". (top left of page)

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	REDCa	o-C19	
	Weicome to RevCap: REDCap is a secure web platform for building and managing online databases and surveys. REDCap's streamlined process for rapidly creating and designing projects offers a vast array of tools that can be tailored to virtually any data collection strategy.	REDCap Features Build online surveys and databases quickly and securely in your browser -	
	REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as a built- project calendar, a scheduling module, ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.	Create and design your project using a secure rogin more any device, no exit a software required. Access from anywhere, at any time. Fast and flexible - Go from project creation to starting data collection in less than one day. Customizations and changes are possible any time, even after data will access here here were the software and the software here here were and the software were here here were and the software here here were and there were and the software here were were were and the software were were here were and the software were were were were were were were	
	Learn more about REDCap by watching a 🖬 <u>brief summary video (4 min)</u> . If you would like to view other quick video tutorials of REDCap in action and an overview of its features, please see the <u>Training Resources</u> page.	Advanced instrument design features - Auto-validation, calculated fields, file uploading, branching/skip logic, and survey stop actions.	
	NOTICE: If you are collecting data for the purposes of human subjects research, review and approval of the project is required by your institutional Review Board.	e-Consent - Perform informed consent electronically for participants via survey.	
	If you require assistance or have any questions about REDCap, please contact <u>Jennifer</u> Herrmann - REDCap Administrator.	Diverse and flexible survey distribution options - Use a list of email addresses or phone numbers for your survey respondents and automatically contact them with personalized messages, and track who has responded. Or create a simple link for an anonymous survey for mass email mailings, to post on a webrith or nor into on a flow.	
WARNING! The following information is private and protected by federal and state law. Access to this information is monitored. You may only access this information for authorized purposes.	REDCap Mobile App - Collect data offline using an app on a mobile device when there is no WiFi or cellular connection, and then later sync data back to the		
	Lota schemes when the space is 30 kHz (Olimetenial and all yacks) to 0 dee is limited to authorized individuals within its organization who need to access or use the bata in the performance of assigned duries under the Raid Test Result Reporting Use Agreement. It is a volution of state key (Ukah Code An, 3 26-63) for anyone to release or make public the confidential information shared pursuant to this agreement, or by breaching the confidentiality requirements of the Data.	MyCap Mobile App - Collect data remotely from participants using this participant-facing mobile application for IOS and Android Capture survey responses, as well as mobile-sering or active tasks that are performed by participants using mobile device sensors, and data are automatically sent back to the REDCap server as soon as it is completed and internet connection is available.	
		Data quality - Use field validation, branching/skip logic. and Missing Data Codes to improve and protect data quality during data entry. Open data queries to	

You will have your assigned school Districts.

REDCap [®] Home My Projects + New	Project 🛛 Help & FAQ 🖪 Training Videos 🛎 Send-it 📮 Messenger				Logged in as vanondakernØgmail.com 9 Profile 🚺 Log ou
	Utah Department of H	ealth & Huma	an Ser	vices	
	REDC	ap-C19			
	Listed below are the REDCap projects to which you currently have acc which users still have access to your projects. visit the <u>User Access Da</u>	ess. Click the project title to open the pr <u>shboard</u> .	oject. <u>Read more</u> T	To review	
	My Projects 🕒 Organize 🖿 Collapse All	Filter pro	ojects by title	×B	
	Project Title	Records Fi	elds Instruments	Type Status	
	Tooele Student Injury Reporting System	1 3	52 1 form	• <i>P</i>	
	REDCap 13.4.10- 0.20	223 Vanderbilt University			

You click on the school district, you should see the following screen. To add new report click on "Add/Edit Records"

/					
REDCap		Utah Department of Office of Informatics & D	Health & Hi ata Systems	uman Services	
 Logged in as vanondakern@gmail.com Log out 		Tooele Student I	njury Repo	orting System PID 187	
My Projects REDCap Messenger Contact REDCap administrator		A Project Home			
Project Home and Design Project Home · E Copebook Replact status: Development	-	The tables below pr statistics, and upco	ovide general ning calendar	dashboard information, such as a events (if any).	list of all users with acce
Data Collection - Settlement Canyon		L Current Users (6)	Project Statistics	
Record Status D board		User	Expires	Records in project	Total: 1 / In group: 0
View data collection status of all records		chloeroghaar@utaf	never	Most recent activity	07-17-2023 21:04
Add / Edit Records		(Chioe Roghaar)		Space usage for docs	0.00 MB
Show data collection instruments		(Jennifer Herrmann)	never		
Applications	-	mbalough@utah.gc (Meghan Balough)	never		
Field Comment Log	-	vanondakern@gma (VANONDA KERN)	never		
External Modules Q. Search Dashboard		vchidambaram@ut	never		
Help & Information		vkern@utah.gov	never		
Help & FAQ		(Vanonda Kern)			
😫 Video Tutorials					
Suggest a New Feature					
Contact REDCap administrator					

Click on "Add new record"

🗄 Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58	
Choose an existing Record ID	select record 🗸
	+ Add new record

Data Search		
Choose a field to search (excludes multiple choice fields)	All fields	~
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.		

This will bring you to the report. Please make sure to fill out everything needed for the report. The first couple of fields are required to submit the report. Please make sure to "Save & Exit form" after each student. If you are adding a new report to an EXISTING report, see Step 6.

OF	101	12025
05/	ΌĽ,	2025

Adding new Record ID 4998-1.	
Record ID	4998-1
Administrative Information	
Your Name	
* must provide value	
Best phone number to reach you	
* must provide value	
Best email to reach you	
* must provide value	
Please select what title best fits your job title at you O Advisor/Counselor O Assistant Principal O Bus Driver	r school/ organization
Please select what title best fits your job title at you Advisor/Counselor Assistant Principal Bus Driver Coach Paramedics/EMT Playground Supervisor Principal School Nurse Secretary/Office Aid Substitute Teacher Teacher (excluding Coach) Teacher's / Playground Aid Other	r school/ organization
Please select what title best fits your job title at you Advisor/Counselor Assistant Principal Bus Driver Coach Paramedics/EMT Playground Supervisor Principal School Nurse Secretary/Office Aid Substitute Teacher Teacher (excluding Coach) Teacher's / Playground Aid Other Trainer	r school/ organization

The next section is the student information. NOTE...If you get an "duplicate error" when you enter in the student ID, please see Step 5 & 6. The student already has already had a report.

STUDENT INFORMATION		
Student ID#	Q	
Student's First Name:	P	
Student Last Name	P	
Parent First Name	P	
Parent Last Name	P	
Student Date of Birth		
Student Gender	O male O female O other	reset
If "other" please list below	Ģ	
School	Ģ v	
School Type	Ģ ~	
Grade	p v	
Date that the injury occurred?		
Time the injury occurred?	☐ ☐ H:M	
Fatal?	Ono ⊜ Oyes	reset

You will notice the time is a slider in military time. To enter the time just click on the clock icon.

Time the injury occurred?	ø		1 H:M	
			Choose Time	
Fatal?	\bigcirc	Time	15:13	re
Description		Hour Minute		
Description:	\bigcirc	Now	Done	

Fill out the Description of the injury.

	(Cace
Description	
Description:	Evolo
	Expand

If there are witnesses to the incident please make sure to list them here. In some cases, there might not be any witnesses you can leave it blank.

Witnesses to the incident:	P	
		Expand

Primary injury, please click on the affected area of body and nature of injury. There is also a section for secondary injury as well. Not all injury will have secondary injury.

'RIMARY INJURY	
	O Chin/Cheek
	O Ear
	O Eye
	O Forehead
	O Mouth/Tongue/Lip
	O Neck/Throat
	O Nose
	O Head
	O Tooth/Teeth
	O Stomach
	O Back
	○ Buttocks
	O Chest/Ribs
IMARY AREA AFFECTED	O Collarbone
	🗢 🛛 Genitalia
	O Internal
	O Pelvis/Hip
	○ Shoulder
	O Ankle
	○ Arm
	O Elbow
	O Finger/Thumb
	O Foot
	O Hand/Wrist
	O Knee
	Oler
	O Toe
	O Abrasion/Scrape
	O Bump/Bruise/Contusion
	O Burn/Scald
	O Concussion (possible)
	O Cut/Laceration
	 Dislocation (possible)
	O Fracture/Broken (possible)
	O Loss of Consciousness
imary Nature of Injury	O No Pulse/Heartbeat
	O Not Breathing
	O Pain/Tenderness Only
	O Puncture
	O Shortness of Breath
	O Sprain/Strain/Tear
	Swelling/Inflamation
	Conter (Use if no other option)

The next section is for Factor/Period/Surface/Activity. NOTE...surface is the surface of the ground the student was on when the injury occurred.

actors/ Period/ Surface/ Location/Activity	
actor IST FACTOR WHICH MAY HAVE LED TO THE INJURY	Animal bite (dog bite etc) Collision with object or person Compression/Pinch Contact with equipment (shop, P.E., Sharp object Contact with fire, hot liquid or hot object Cantact with fire, hot liquid or hot object Ukinown Weapon (gun, knife, etc) Other (Use If no other option)
^{Neriod} IST PERIOD DURING WHICH INJURY OCCURRED	After school Assembly Athletic Event (team competition) Athletic practice session Before school Class change Class time (exclude PE) Child trip Intramural competition Lunch Lunch Lunch PE, class Dther (Use If no other option) re
urface IST FLOORING OR GROUND SURFACE ON WHICH INJURY SCCURRED	Blacktop Carpet Carpet Concrete Dirt Gravel Ice / Snow Lawn / Grass Sand Synthetic surface (Spongy surface) Tile / Linoleum Wood(waxed) Shredded Rubber / Wood Chips Other (Use If no other option)
ctvry Ist activity during which injury occurred	Baseball/Softball Baseball/Softball Bicycling Classroom activity Climbing Dodge ball/War ball Fighting Dodge ball/War ball Fighting Flootball Gymnastics/Tumbling Jumping Klickball Ploying on bars (monkey bars/big toy, etc.) Riding Bunning Roughhousing Setting up/Moving equipment Silding on ice Sitting Soccer Standing Soccer Standing Sumping Throwing rocks or snowballs Track and field Walking Wirestling Other (Use if no other option) Weight Lifting Dance/Cheerleading Frisbee

ACTIONS TAKEN \bigcirc No absence or Less than ½ day ○ ½ day O 1 day Days Absent ○ 1½ - 2 days O 2½ - 3 days \odot If more than 3 days, then specify # reset O Parents deemed no medical action necessary Medical Attention \bigcirc Seen by M.D/ E.R./ health care provider/ hospital/ etc. reset First Aid Administered Parent or guardian notified Unable to contact parent/guardian Remained in or returned to class Sent/taken home Parents deemed no medical action necessary Checked by school Nurse Other Actions Taken Checked by EMT on staff PLEASE CHECK AND COMPLETE ALL THAT APPLY Called 911 □ Seen by M.D./E.R./health care provider/hospital/etc. Admitted to Hospital Restricted school activity Other \Box Student transported by Ambulance Equipment \bigcirc yes Was equipment or apparatus involved in injury? Ono reset

The last two section is for Actions Taken and Equipment used.

If student was seen by medical provider, click on "seen by MD/ER/health care provider/hospital etc." and a text box will appear to put the diagnosis.

		reset
Medical Attention	 Parents deemed no medical action r Seen by M.D/ E.R./ health care providence. 	iecessary der/ hospital/
		reset
If Seen by MD, ER, or health care provider please state diagnosis:		

Once the report is complete click "Save & Exit Form"

Save & Exit Form	Save & 🔹
– Cancel –	

If you need to save and come back to the report later you can click the down arrow to get more options to save and return later.

The section in RED is for DHHS Personnel. Please make sure to leave the report INCOMPLETE, this
will be completed by the DHHS Personnel.

STOP! ADMIN ONLY: A member of the UDHHS will fill out this section	on and get back to you if more information is needed
Is the record complete?	O Yes O no O needs more information
If 'needs more information' please describe:	
Is this injury reportable?	○ Yes
If reportable, please enter diagnosis code:	
Form Status	
Complete?	👳 Incomplete 💌

<u>Step 5:</u>

Editing an Injury Report

If a report is reviewed and returned for additional information. You will need to log into REDCap as you did to do the report. Instead of "Add New Record", you will type in the student ID in "Search query".



Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58	
Choose an existing Record ID	select record 🗸
	+ Add new record
Data Search	
Choose a field to search (excludes multiple choice fields)	All fields 🗸
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	

After clicking entering the student ID the report should open in the space below.

🖹 Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

hoose an existing Record ID	select record V
	+ Add new record
ata Search	
boose a field to search	
(excludes multiple choice fields)	All fields
earch query	
egin typing to search the project data, then click an	2771483
em in the list to navigate to that record.	"2771483" in Record ID 5251-1 (Student ID# 2771483)

You will see the screen below. To open the record simply click on the little box that opened.

🖥 Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response below.

Total records: 58	
Choose an existing Record ID	select record 🗸
	+ Add new record

Data Search		
Choose a field to search (excludes multiple choice fields)	All fields	
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	"2771483" in Record ID 5251-1 (Student ID# 2771483)	/

Please make the needed changes and save and exit the report.

<u>Step 6:</u>

Adding an additional report to an existing student

You follow the same steps as in Step 5. Open an existing report for the student and "Add New Instance". You will find it on the right side of the screen or at the bottom of screen.

Actions: 🔀 Download PDF of instrument(s) 🗢 🗍 🗳 Share instrument	nt in the Library By Video: Basic data entry
🖹 Student Injury Form	Save & Add New Instance
Current instance: 🕘 1 🗢	Data Access Group: Mountain Green ?
Editing existing Record ID 5251-1. (Instance #1) (Student ID# 277148)	(3)
Record ID	5251-1 To renume the record, see the record action drop-down at top of the Record from State
Administrative Information	
Your Name * must provide value	
Best phone number to reach you *must provide value	
Best email to reach you "must provide value	
Form Status	
Complete?	🛞 Complete 🗸
	Save & Exit Form Save & Add New Instance
	- Cancel -
	Delete data for THIS FORM only
	NOTE: To delete the entire record (all forms/events), see the record action drop-down at top of the <u>Record Home Page</u> .

			Violer	Student Injury	y Report evention Program		C	
			https://pu	bredcap.health.u	tah.gov (online for	m)	i	÷ .
TUDENT IN	NFORMATION udent ID#:			2. Student D	ate of Birth: /	,	Health & Hu	uman
3. Student's First Name:			4. Student L	4. Student Last Name:				
5. Stu	udent Gender:	ale { } female { }	Other					
 F. Par 	6. Parent First Name:				it Name:			
8. Sch	hool District:			9. School Nat	me:			
10. Stu	udent Grade:							
11. Da	ite that the inju	ry occurred: /	1	12. Time the i	njury accurred:		_{ }am []pm	
13. Fai	tal? (yes ()r	10						
14. De	ion iscription:							
								_
								-
15. Wit	itnesses to the i	ncident:						-
JURY ARE/	A AND SEVERITY	Head		True	ł.		Extramitian	
10. <u>FI</u>	mary mary.	1. Chin/Cheek	6. Neck/Throat	10. Stornach	15. Genitalia	19. Ankle	24. HandWitst	1
Primary_		2. Ear	7. Nose	11. Back	té. Internal	20. Arm	25 Knee	1
		3. Eye 4. Forehead	 Head Tooth/Teeth 	 Buttocles Chest/Bibs 	 Pelvis/Hip Shoulder 	21. Ebow 22. Enger/Thum	25. Leg 5. 27. Toe	
Secondary	ry	5. Mouth/Tongue/Lip	a. Turata in terms i	14. Collabone	The all install take	23. Foot	28. Other	
17. Pri	imary Nature of	f Injury:						1
		A Abardan Come	A. 49-48		0.0.0	10.0	more of fronts	1
Primary_		 Abrasion/Scrape Bump/Bruise/Contusion 	5. Cut/Laceration 6. Dislocation	an (possible)	 No Pulse/Hearth Not Breathing 	ewe 13. Short 14. Serai	nesa of Breath n/Strain/Tear	
		3. Bum/Scald	7. Fracture/Brol	ken (possible)	11. Pain/Tendemess	Only 15. Swel	ingInflammation	
secondary	y	4. Concussion (possible)	8. Loss of Con	sciousness	12. Puncture	16. Othe	r	1
ACTORS	S / PERIOD / SU	RFACE / ACTIVITY						
18. Fax	ctor	List factor which may h	ave led to the injury. Re-	cord # on line at le	ft)			
1.	. Animal bite (dog b	ite etc.)	5. Contact with fire, hot	liquid or hot object	9. Hit with th	rawn object 1	3. Unknown	1
2	Collision with obje	ict or person	6. Drug, alcohol or other	r substance	10. Overexerti	on / Twisted 1	4. Weapon (gun, knife, etc.)	1
	3. Compression / Pinch 7. Fall 11. Seizure clisorder Specify						Specify	ł
10 80	c contact with equi	prisent particip, P.E.	inkury accurred. Record	t on line at left)	1 12. Inpped / S	apped i i	5.0081	1
12. Fa	After school	cist period doring which	Mjuly accured, necord	# on the ot left	uchola BEL 10	Lunda I d	9 B E class	1
2.7	Assembly		i. Before school	8. Field trip	11	Lunch recess 1	4. Other	1
3.7	ADRIAGE WARE (SAIN	n competition)	. Class change	9.1nframurals	ompetition 12	Receils		ĺ
20. Su	irface	List surface during wh	ch injury accurred. Reco.	ra # on line at left)			-	-
$\frac{1.1}{2.1}$	Blacktop	4. Dirt 5. Gravel	7. Lawn/Gra 8. Mats	10.5	iynthetic surface	i 12. Wood) 13. Other	waxed)	ł
3.7	Concrete	6.100 Show	9. Sand		14	14: Shink	Netrubber / Wood Chips	i i
21. Loc	cation	List location at which	injury occurred. Record	# on line at left)				1
-2	. Athletic Held	ultipurpose	5. Corridor / Hall Jexci 6. Doorway	lude stairs)	10. Playground 71	Flavfield	 Sidewalk / Stairs / Hamp Street / Driveway / Parking area 	ł
3	. Bus loading area	3	7. Gymnasium		11. School bus / Pu	ublic bus	5.Restroom / Lavatory	1
4.	Classroom		8. Lab (Home Ec. Che	m, etc.)	12. Shop (industi	rial Arts, etc.) 1	6. Other	1
22. Ac	tivity	List activity during whi	h injury occurred. Recor	d ≢ on line at left)				
1.5	Baseball / Softball	7. Dodge ball / W	erball 13. Kickball		18. Setting up equip	24. Swinging	The Manual Second	-
2.6	Bicycling	9, Flag / Touch fe	14. Playing on b otball (monkey har	s/bigtov/etc)	20. Sliding on ke	of snowballs	30. Other	4
4.7	Classroom activity	10. Football	15. Riding		21. Sitting	26. Track and field		1
5.0	Climbing	11. Gymnastics / T	mbling 16. Running		22. Soccer	27. Volleyball		1
0.1	Control & Control	is 1mmbult	i i /. Roughnousi	· .	ala sanang	20. 9980100		4
22 D	TAKEN	(Record latter of	the DAYS abreat from	rehoal related to t	he lekuru oo the V	at laft if an abres	ca record latter "a"	
25. 04	iya Ausent	anecora setter aj	one overa obsent from :	schoor related to t	in injury on the line	ar rejr. ij no absen	re, record senser of 7	
-a) L	Less than 1/2	b) 1/2 c) 1	d) 11/2-2	e) 2 1/2-3	f) If more than 3 ic	lays, then specify #	days	
24. Mi	edical Attentio	n:	PL	EASE LIST ALL TH	AT APPLY.			
	first aid		a caleda	1				٦
2.	Parent or guardia	n notified	10. Seen by	MD/ED/health care p	rovider. DIAGNOSIS:			1
З.	Unable to contact	parent/guardian						
4.	4. Remarked in or resumed to class 11. Admitted to Hospital 5. Sent/Taken home 12. Restricted school activity							1
	6. Parents deemed no medical action necessary 13. Other							1
5. 6.	When allowed have a shore a	Inurse	14. Student	transported by Ambi	ilance			
5. 6. 7.	Checked by school	IT SEAT						
5. 6. 7. 8.	Checked by EMT of							
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STUDENT INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

- a. Cause the loss of one-half day or more of school,
- b. Warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.), and/or
- c. Require reporting according to School District policy.

Item #

- 1-14 Self-explanatory.
- 15 Witness. List any witnesses to the injury
- 16-17 Primary and Secondary injuries. You will always have a Primary injury and in some case you will have a secondary injury. Fill out as needed.
- 18 Factor of injury. What is the nature of the injury.
- 19 Period. What time of the day was the injury. What class period during the day.
- 20 Surface. Describe surface over which injury occurred (i.e. surface upon which child was standing, running, or playing).
- 21 Location. Where did the injury happen.
- 22 Activity. What was the student doing when the incident occurred.
- 23 Days absent. You might need to complete the form days after the injury to get the days absent.
- 24 Medical attention. Fill out all that apply. Make sure to list any diagnosis. Equipment. If you mark yes, fill out 25-28.

Student Injury Reporting can also be found online at c19.health.utah.gov. Please contact studentinjury@utah.gov to get registered. You will be sent instructions on how to get registered.