Yukon

INCIDENT REPORT

APPENDIX / FORM #12

People involved

School	Staff member in charge		
Assisting staff members/ chaperones			
Person directly involved name	Age	Grade	☐ Male ☐ Female
Parent/Guardian contacted: ☐ Yes ☐ No			
Parent/Guardian address	City/Town	Province/Territory	Postal code
Contact phone number	E-mail address (optional)		

When and where

Date of incident YYYY/MM/DD	Time of incident	Location of incident
Grid reference point if available	Type of trip	Length of trip

Type of activity

☐ Canoeing	☐ Kayaking	☐ Rafting	☐ Hiking
☐ Biking	☐ Snowshoeing	☐ Cross-country skiing	☐ River crossing
☐ Snowmobiling	☐ Dog sledding	☐ Rock climbing	☐ Hunting
☐ Fishing	☐ Camping	☐ Cooking	☐ Transportation
☐ Field studies	☐ Game	☐ Ropes course	☐ Swimming
☐ Downhill skiing/snowboarding		☐ Other: _____	

Surface condition (choose the 2 most significant)

☐ Wet ☐ Dry ☐ Snow ☐ Ice ☐ Trail ☐ Rocky ☐ Uneven ☐ Flat ☐ Sloped ☐ Flat water
☐ Moving water ☐ Other: _____

Weather condition

Approximate temperature	Wind speed	Precipitation
Additional weather information		

Type of incident (choose most appropriate)

☐ Injury	☐ Illness	☐ Behavioural	☐ Near miss
☐ Discharge of firearm	☐ Property damage	☐ Equipment damage	☐ Trip contingency plan used
☐ Lost person(s) If so, how many hours: _____		☐ Other: _____	

Evacuation method

☐ Walking assisted	☐ Group carry	☐ Vehicle	☐ Helicopter/Plane
☐ Assisted boat	☐ Rescue boat	☐ Snowmobile	☐ N/A
☐ Other: _____			

Did the patient visit a medical facility? ☐ Yes ☐ No	☐ Outpatient? ☐ Admitted?

Type of injury (choose most appropriate)

- ☐ Blisters
- ☐ Burn
- ☐ Dental dislocation
- ☐ Eye injury
- ☐ Fracture
- ☐ Frostbite
- ☐ Head
- ☐ Injury (change in LOC)
- ☐ Head injury (no change in LOC)
- ☐ Sunburn
- ☐ Immersion foot
- ☐ Soft tissue (bruise, wound, abrasion)
- ☐ Muscle sprain
- ☐ Tendonitis
- ☐ Near drowning or immersion
- ☐ N/A
- ☐ Ligament sprain
- ☐ Other: _____

Anatomical location of injury (choose most appropriate)

- ☐ Abdomen
- ☐ Ankle
- ☐ Chest
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Foot
- ☐ Forearm
- ☐ Hand/Fingers
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Lower back
- ☐ Lower leg
- ☐ Neck
- ☐ Pelvis
- ☐ Shoulder
- ☐ Thigh
- ☐ Toe
- ☐ Wrist
- ☐ Upper back
- ☐ Upper arm
- ☐ N/A
- ☐ Other: _____

Type of illness (choose most appropriate)

- ☐ Abdominal pain
- ☐ Allergic reaction
- ☐ Altitude illness
- ☐ Diarrhea
- ☐ Apparent food related illness
- ☐ Non-specific fever/ illness
- ☐ Chest pain or cardiac condition
- ☐ Urinary tract infection
- ☐ Nausea or vomiting
- ☐ Flu/Cold
- ☐ Heat illness
- ☐ Hypothermia
- ☐ Skin infection
- ☐ Upper respiratory illness
- ☐ N/A
- ☐ Other: _____

Contributing factors (choose only those that apply and rank as 1 = low contribution, 10 = high contribution)

- [ ] Attitude
- [ ] Avalanche
- [ ] Animal encounters
- [ ] Carelessness
- [ ] Cold exposure
- [ ] Dehydration
- [ ] Equipment
- [ ] Exceeded ability
- [ ] Exhaustion
- [ ] Sunburn
- [ ] Fall on snow
- [ ] Fall/Slip on trail
- [ ] Falling tree/branch
- [ ] Fitness/Ability
- [ ] Hygiene
- [ ] Instruction
- [ ] Missing/Lost
- [ ] Misbehaviour
- [ ] Overuse injury
- [ ] Technique
- [ ] Inattention
- [ ] Psychological issue
- [ ] Rock fall
- [ ] Screening
- [ ] Supervision
- [ ] Weather
- [ ] Loose rock (not rockfall)
- [ ] Technical system failure
- [ ] Not following instructions
- [ ] Plant poisoning/toxicity/contact
- [ ] Pre-existing medical condition
- [ ] Immersion/Submersion
- [ ] Unknown

Other (explain):

Narrative: Describe the incident/hazard and provide details; distances, times, sizes, sequences of events etc., to present a clear picture of the incident, the first aid administered and the action taken.

Analysis: Include any suggestions, observations or recommendations regarding the incident/hazard. Why did it happen? Follow up care and any diagnosis or other outcomes.

Person completing this report (print)	Date YYYY/MM/DD	Signature
Name of administrator (print)	Date YYYY/MM/DD	Signature

Once you have completed this form you need to e-mail it to the Off-Site Review Committee for trend analysis in order to assist in mitigating risks. You also need to print this form, sign it and give it to your Principal.

Personal information is collected under the authority of the *Education Act* and the *Access to Information and Privacy Act* s.15(c)(i) for the purpose of collecting information on incidents that occur on off-site experiential trips. For more information about this collection, contact the Director of Curriculum and Assessment by phone at (867) 456-5545 or by email at curriculum@yukon.ca.

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