

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 studentinjury@utah.gov.

Step 1:

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 https://id.utah.gov.

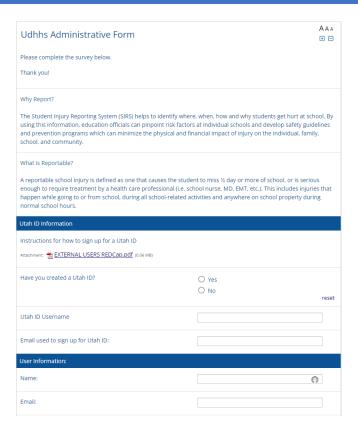
Open the verification email and enter the code into the field provided on the UtahID creation webpage.

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.

Step 2:

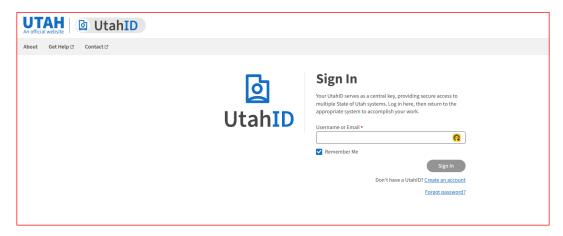
Fill out the Administrative Form https://pubredcap.health.utah.gov/surveys/?s=4YH4EWA3PRKKKM83. The form will be received by the Project Owner and information from the form will be reviewed and entered in for REDCap approval.



Step 3:

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 https://id.utah.gov. Once you are logged in with your UtahID, open a second browser and go to https://pubredcap.health.utah.gov/.



Step 4:

Entering a New Injury Report

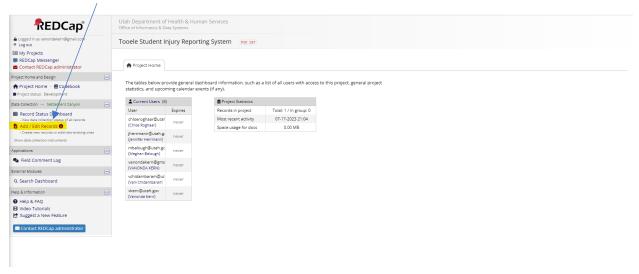
Once you have created a REDCap account you will log in to "My Projects". (top left of page)



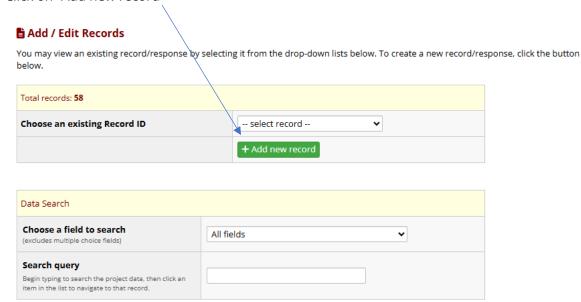
You will have your assigned school Districts.



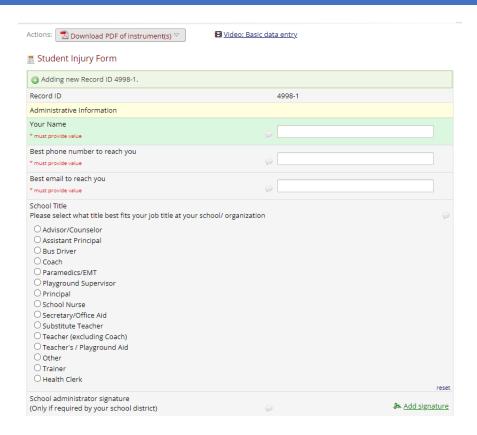
You click on the school district, you should see the following screen. To add new report click on "Add/Edit Records"



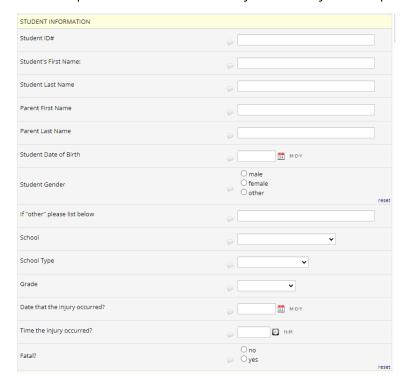
Click on "Add new record"



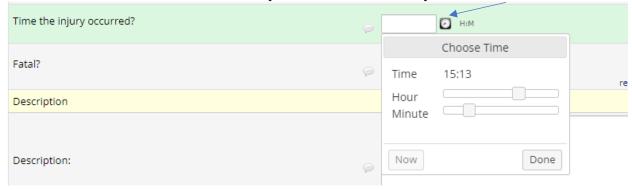
This will bring you to the report. Please make sure to fill out everything needed for the report. The first couple of fields are required to submit the report. Please make sure to "Save & Exit form" after each student. If you are adding a new report to an EXISTING report, see Step 6.



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.



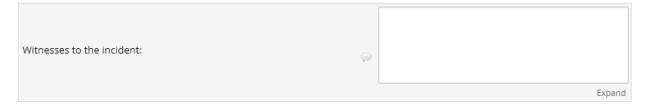
You will notice the time is a slider in military time. To enter the time just click on the clock icon.



Fill out the Description of the injury.



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.



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.

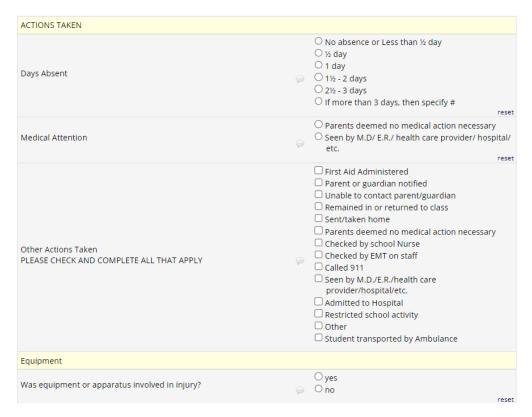
INJURY AREA AND SEVERITY		
PRIMARY INJURY		
PRIMARY AREA AFFECTED	Chin/Cheek Ear Eye Forehead Mouth/Tongue/Lip Neck/Throat Nose Head Tooth/Teeth Stomach Back Buttocks Chest/Ribs Chest/Ribs Collarbone Genitalia Internal Pelvis/Hip Shoulder Ankle Arm Elbow Finger/Thumb Foot Hand/Wrist Knee	reset
Primary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

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

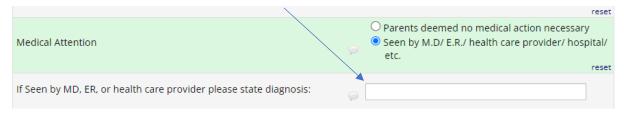
Factors/ Period/ Surface/ Location/Activity	
Factor LIST FACTOR WHICH MAY HAVE LED TO THE INJURY	Animal bite (dog bite etc) Collision with object or person Compression/Pinch Contact with equipment (shop, P.E., Sharp object) Contact with fire, hot liquid or hot object Drug, alcohol or other substance Fall Foreign body/Object Hit with thrown object Overexertion/Twisted Seizure disorder Tripped/Slipped Unknown Weapon (gun, knife, etc) Other (Use if no other option)
Period LIST PERIOD DURING WHICH INJURY OCCURRED	After school Assembly Athletic Event (team competition) Athletic practice session Before school Class change Class time (exclude PE) Field Day Field trip Intramural competition Lunch Lunch Lunch PE. class PE. class Other (Use if no other option)
Surface LIST FLOORING OR GROUND SURFACE ON WHICH INJURY OCCURRED	○ Blacktop ○ Carpet ○ Concrete ○ Dirt ○ Gravel ○ Ice / Snow ○ Lawn / Grass ○ Mats ○ Sand ○ Wood(waxed) ○ Shredded Rubber / Wood Chips ○ Synthetic surface (Spongy surface) ○ Tile / Linoleum ○ Other (Use if no other option)

Location LIST LOCATION AT WHICH INJURY OCCURRED	Athletic Field Auditorium / Multipurpose Bus Loading area Classroom Corridor / Hall (exclude stairs) Doorway Gymnasium Lab (Home Ec, Chem, etc.) Lunchroom / Kitchen Playground / Playfield restroom / Lavatory School Bus / Public Bus Shop (Industrial Art, etc.) Sidewalk / Stairs / Ramp Street / Driveway / Parking Lot Other (Use if no other option)
Activity LIST ACTIVITY DURING WHICH INJURY OCCURRED	Basketball Bicycling Classroom activity Climbing Dance/Cheerleading Dodge ball/War ball Fighting Flag/Touch Football Football Frisbee Gymnastics/Tumbling Jumping Kickball Playing on bars (monkey bars/big toy, etc.) Riding Running Roughhousing Setting up/Moving equipment Sliding Sliding Sliding Sliding Sliding Sliding Soccer Standing Swinging Throwing rocks or snowballs Track and field Volleyball Walking Weight Lifting 4-Square Wrestling Other (Use if no other option)

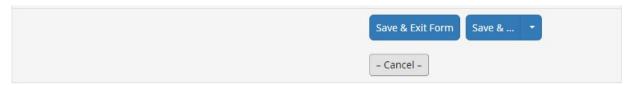
The last two section is for Actions Taken and Equipment used.



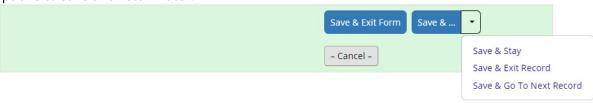
If student was seen by medical provider, click on "seen by MD/ER/health care provider/hospital etc." and a text box will appear to put the diagnosis.



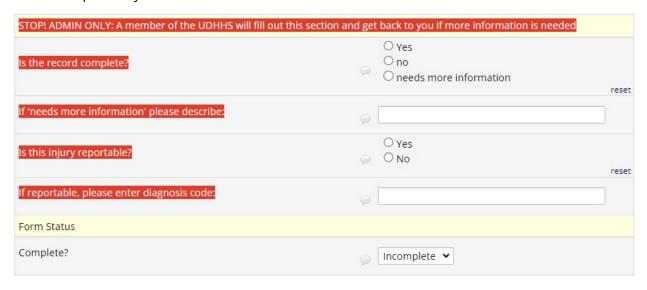
Once the report is complete click "Save & Exit Form"



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.



Step 5:

Editing an Injury Report

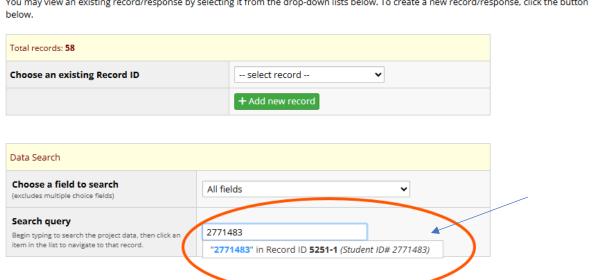
If a report is reviewed and returned for additional information. You will need to log into REDCap as you did to do the report. Instead of "Add New Record", you will type in the student ID in "Search query".

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 (excludes multiple choice 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

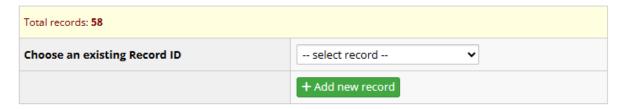
You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button



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/respon below.



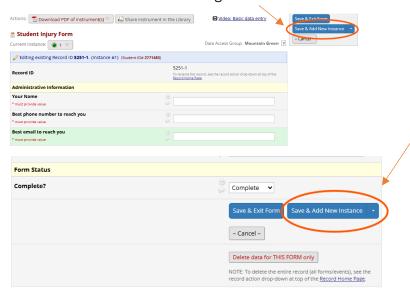


Please make the needed changes and save and exit the report.

<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.



				wention Program			ቤ
		https://pu	bredcap.health.u	tah.gov (online fo	rm)		ı
STUDENT INFORMATION							Health & Huma
1. Student ID#:							Services
 Student's First Na Student Gender: (me:) male () female () 0	***	4. Student L	ast Name:			-
Parent First Name		trier	7. Parent Las	t Name:			
SCHOOL INFORMATION			7. Farence	Thursday.			
8. School District:			9. School Nar	ne;			
10. Student Grade:							
Date that the inju	ry occurred: /	/	12. Time the i	njury occurred:		()am ()pm	
13. Fatal? ()yes ()n	10						
DESCRIPTION							
Description:							
15. Witnesses to the in							
	ilcident.						
16. Primary Injury.	Head		Truc	ė.		Extremities	
ro. Filliary Injury.	1. Chin/Cheek	6. Ned/Throat	10. Stomach	15. Genitalia	19. Ankle	24, Hand/Wrist	
Primary	2. Ear	7. Nose	11. Back	16. Internal	20. Arm	25. Knee	1
	3. Eye	8. Head	12. Buttocks	17. Pelvis/Hip	21. Elbow	26. Leg	
Secondary	4, Forehead	9, Tooth/Teeth	13, Chest/Ribs	18, Shoulder	22, Finger/Thur		I
,	5. Mouth/Tongue/Up		14. Collarbone		23. Foot	28. Other	<u> </u>
17. Primary Nature of	Injung						
	Abrasion/Scrape	5. Cut/Lacerati	00	9. No Pulse/Heart	theat 49 Ch	ortness of Breath	
Primary	Abrasion/scrape Bump/Bruise/Contusion	6, Dislocation		10, Not Breathing		ortness of Breath ain/Strain/Tear	1
	3. Burn/Scald	7. Fracture/Bro		11. Pain/Tendeme		elling/inflammation	
Secondary	4. Concussion (possible)	8. Loss of Cons	sciousness	12. Puncture	16.00	ner	
FACTORS / PERIOD / SU							
18. Factor(L	list factor which may ha	ve led to the injury. Rec	cord # on line at le	ft)			
1. Animal bite (dog b		5. Contact with fire, hot			hrown object	13. Unknown	
2. Collision with obje		6. Drug, alcohol or other	rsubstance		tion / Twisted	14. Weapon (gun, knife, etc.)	
Compression / Pine Contact with equip		7. fall 8. Foreign body/Object		11. Seizure d 12. Tripped /		Specify 15. Other	
			# P 1-64	12. Inpped/	sipped	is. other	
	List period during which i	njury occurrea. Recora					
1. After school		Athletic practice session	7. Class time (e			13. P. E. class	
 Assembly Athletic event (team 	competition) 5.	Before school Class change	8. Field trip 9. Intramural c		1. Lunch recess 2. Recess	14. Other	
20. Surface	(List surface during whic						
1. Bladtop	4. Dirt	7. Lawn/Grad		lynthetic surface	12. Wood	Ausworth	
2. Carpet	5. Gravel	8. Mats		Le.Tartan surface)	13. Other		
3. Concrete	6. lce/Snow	9. Sand	11.1	The .	14. Syred	ided rubber / Wood Chips	
21. Location	_ (List location at which i	njury occurred. Record	# on line at left)				
1. Athletic Field	E.	Corridor / Hall (excl	lude stairs)	9. Lunchroom		Sidewalk / Stairs / Rar	
 Auditorium / M Bus loading area 		6. Doorway		10. Playground /		14. Street / Driveway / Park	ingarea
_	1	7. Gymnasium		11. School bus / F		15.Restroom / Lavatory	
4. Classroom	All has more than all reduces an extend	8. Lab (Home Ec. Che		12. Shop (Indust	trial Arts, etc.)	16. Other	
22. Activity	(List activity during which		u # on line at left)	40 6-14	24.0-2-2-		
Baseball / Softball Basketball	7. Dodge ball / War 8. Fighting	ball 13. Kickball 14. Playing on b	ars	18. Setting up equip 19. Silding	24. Swinging 25. Throwing rock	ks 29. Wrestling	
3. Bloyding	9. Flag / Touch foot		ers s/bigtoy/etc)	20. Sliding on ice	or snowballs		
4. Classroom activity	10. Football	15. Riding	- Jany	21. Sitting	26. Track and flei		
5. Climbing	11. Gymnastics / Tur	nbling 16. Running		22. Soccer	27. Volleyball		
Dancing / Cheer	12. Jumping	17. Roughhousi	ng	23. Standing	28. Walking		
ACTIONS TAKEN							
23. Days Absent	(Record letter of t	the DAYS absent from :	school related to t	he injury on the line	at left. If no abser	nce, record letter "a")	
a) Lour thou 40	N.10 00	0.110.3	0.210.2	A Kananahara	due that work :	4	
a) Less than 1/2	b) 1/2 c) 1	d) 11/2-2	e) 2 1/2-3	i) if more than 3	days, then specify#	days	
24. Medical Attention	n:	PL	EASE LIST ALL TH	AT APPLY.			
4 Sections		A C-8-101					
first aid Parent or quartilar	notified	9. Called 91		maider DIAGNOSIS			
 Parent or guardian Unable to contact 		TO, Selett by	and content of the b	rovider. DIAGNOSIS:			
 Remained in or ret 			d to Hospital				
Sent/Taken home	and the standard		ed school activity				1
 Parents deemed n Checked by school 	o medical action necessary	13. Other:	transported by Ambu	lance			
Checked by School Checked by EMT or		14. Student	transported by Ambi				
EQUIPMENT							
SE West and another the	on annual section of the st	a balance of the second	22 21	andament server	ha small proceed as	10 / 1 Was / 1 Mar	
	r an apparatus involved in the parent maifunction of equips			l equipment appear to ecify equipment:	be used appropriately	yr () Tes () No	- 1
and there any app	a. c. x manar coon or equipr	The Change	20. Spi	adada again			
Name of Person filling ou	it report:			Phone:			
Email:				Title/Position			
rincipal's signature: (If n	eeded)			_			
rimcipars signature: (if n	cedeaj			_			

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 15 16-17	Self-explanatory. Witness. List any witnesses to the injury 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.