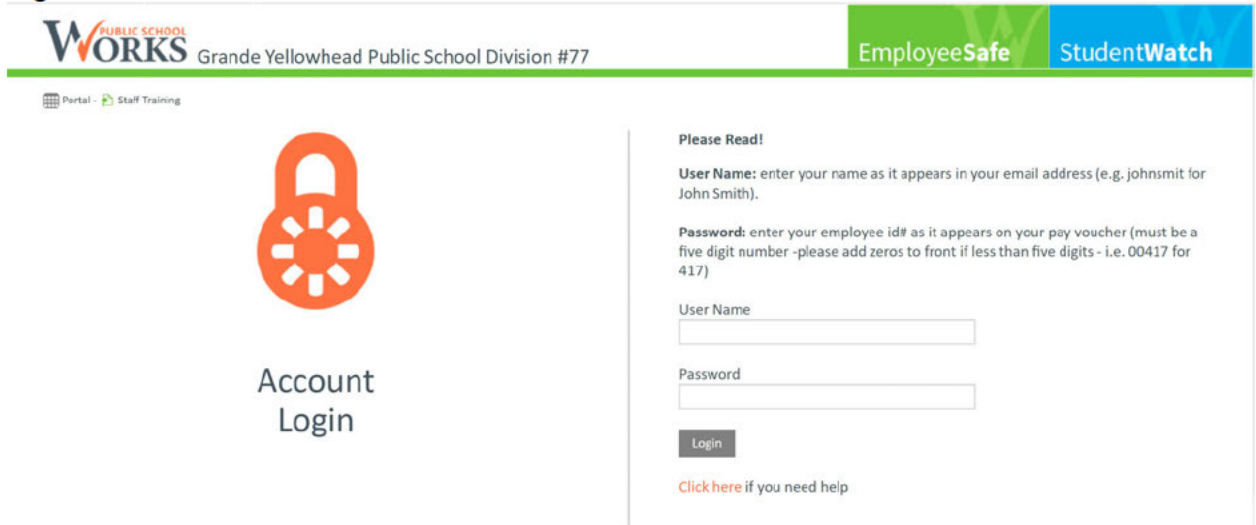


## Public School Works Accident Report Tutorial


### 1. Sign in to Public School Works



Public School WORKS Grande Yellowhead Public School Division #77

EmployeeSafe StudentWatch

Portal - Staff Training



Account  
Login

**Please Read!**

**User Name:** enter your name as it appears in your email address (e.g. johnsmit for John Smith).


**Password:** enter your employee id# as it appears on your pay voucher (must be a five digit number -please add zeros to front if less than five digits - i.e. 00417 for 417)

User Name

Password

[Click here](#) if you need help






### 2. Select Student Accident Reports



Public School WORKS Grande Yellowhead Public School Division #77

EmployeeSafe StudentWatch

Portal


 Staff Training	 Safety Document Library	 Staff Accident Management	 Hazard & Near-Miss Reporting	 Staff Conduct Reporting
 Chemical Safety Hotline	 Chemical SDS Binder	 Compliance Task Management	 Staff Health Assessment	 Inspection Management
 Student Bullying Reporting	 Student Safety Reporting	 Student Accident Management	 Student Behavior Management	 Drill Management

### 3. Select Submit New Accident Report

**WORKS** PUBLIC SCHOOL Grande Yellowhead Public School Division #77

EmployeeSafe StudentWatch

Portal - Student Accident Management



## Student Accident Management

**Staff Links**

- Submit New Accident Report
- View / Add To / Modify Existing Report
- Get Paper Accident Report Form
- Instructional Information ▾

**Administrative Links** Restricted

- View & Process All Incident Reports
- View or Add Record to Case Journal
- View Incident Analysis and Trend Reports

### 4. Select your school and the injured students name, then press continue.

Portal - Student Accident Management

#### Select Affected Person

This accident management system can be used to record and manage incidents of people in a variety of roles. To begin, select the role of the person involved in the accident (i.e., the affected person).

- Student
- Contractor
- Parent
- Post-Secondary Student
- Visitor

#### Select Student

This student accident management system is integrated with our master student database. Select the student below and the student's information will be included in your report. Note, the site selected here is used to obtain student data and is NOT necessarily the site of the incident.

Select student's site:

Select student:  [Not found, click here](#)

Continue

## 5. Ensure Injured Student Information is correct, then press next.

Steps	Injured Student Information	
<input checked="" type="radio"/> Injured Student	1. Our organization:	Grande Yellowhead Public School Division #77
<input type="radio"/> Date, Supervisor, Loc'	2. Student's first name:	<input type="text" value="John"/> MI: <input type="text"/>
<input type="radio"/> Injury	3. Last name:	<input type="text" value="Doe"/> <a href="#">Change Student</a>
<input type="radio"/> Blood Exposure	4. Student ID:	(use student name only)
<input type="radio"/> First Aid	5. Gender:	<input type="text" value="Male"/>
<input type="radio"/> Witness, Signoff	6. Grade:	<input type="text" value="9"/>
<input type="radio"/> Preview, Submit	7. Student's school:	<input type="text" value="Parkland Composite High School"/>
Additional	8. School telephone number: (if unknown, leave blank)	<input type="text"/>
Instructions	9. Parent/guardian name:	<input type="text" value="Jane Doe"/>
Confidentiality	10. Home street address (include apt. no.):	<input type="text" value="1234 Candy Cane Lane"/>
	11. Home street address (Line 2):	<input type="text"/>
	12. Home street address (Line 3):	<input type="text"/>
	13. City:	<input type="text" value="Edson"/>
	14. State / Province:	<input type="text" value="Alberta"/>
	15. Zip / Postal code:	<input type="text" value="A1B 2C3"/>
	16. Home phone no.: (if unknown, leave blank)	<input type="text" value="780-123-4567"/>
	17. Student date of birth:	<input type="text" value="06/20/2008"/> (mm/dd/yy)
		<input type="button" value="Next"/>

## 6. Fill in the Date, Time, Location, then press next.

Steps	Date, Time, Location	
<input type="radio"/> Injured Student	16. Date incident occurred:	<input type="text" value="05-16-23"/>
<input checked="" type="radio"/> Date, Supervisor, Loc'	Time incident occurred:	<input type="text" value="3:00"/> <input type="text" value="PM"/> (e.g. 8:15 AM)
<input type="radio"/> Injury	17. Name of supervising adult at time of incident: (enter full name)	<input type="text" value="Mr. Brown"/>
<input type="radio"/> Blood Exposure	18. Title of supervising adult:	<input type="text" value="Teacher"/>
<input type="radio"/> First Aid	19. Was supervising person present at time of incident?	<input type="text" value="Yes"/>
<input type="radio"/> Witness, Signoff	20. Site where incident occurred:	<input checked="" type="radio"/> School property (on-site) <input type="radio"/> Non-school property (off-site)
<input type="radio"/> Preview, Submit	Select school property:	<input type="text" value="Parkland Composite High School"/>
Additional	Location at site where incident occurred:	<input type="text" value="Classroom"/>
Instructions		<input type="button" value="Previous"/> <input type="button" value="Next"/>
Confidentiality		

7. Describe the Injury, then press next.

Steps	Injury																																
<input type="radio"/> Injured Student <input type="radio"/> Date, Supervisor, Loc' <input checked="" type="radio"/> Injury <input type="radio"/> Blood Exposure <input type="radio"/> First Aid <input type="radio"/> Witness, Signoff <input type="radio"/> Preview, Submit Additional <input type="radio"/> Instructions <input type="radio"/> Confidentiality	<p>21. Describe in full how the incident happened: (include what the student was doing before and at the time of the incident, if other students were involved, and any tools, equip. or materials involved) <i>* clarify items as facts, hearsay or your perceptions *</i></p> <p>22. Describe the injury or illness: (describe the nature of the injury or illness, such as contusion, laceration, fracture - be more specific than "hurt," "pain," or "sore.")</p> <p>Select the parts of the student's body affected: (select the parts of the body affected by the incident; check all that apply)</p> <p>23. Did an object or substance cause the injury? (click all that apply; leave blank if neither apply)</p> <p>a. Describe the object or substance: (eg. needle, nail, pencil, splinter)</p> <p>b. Did the object penetrate the body?</p> <p>24. Was personal protective equipment being used by the student at time of incident?</p> <p>25. Classify the incident: (select the closest one)</p>																																
	<p>Tripped over a desk and hit his head on the floor.</p> <p>Head Injury.</p> <table border="0"> <tr> <td><b>Head &amp; Neck</b></td> <td><b>Upper Extremities</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Skull / Head</td> <td><input type="checkbox"/> Shoulder</td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td><input type="checkbox"/> Arm - Upper</td> </tr> <tr> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Elbow</td> </tr> <tr> <td><input type="checkbox"/> Ear</td> <td><input type="checkbox"/> Arm - Forearm</td> </tr> <tr> <td><input type="checkbox"/> Nose</td> <td><input type="checkbox"/> Wrist</td> </tr> <tr> <td><input type="checkbox"/> Mouth / Teeth</td> <td><input type="checkbox"/> Hand</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Finger</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Toe</td> </tr> <tr> <td><b>Trunk</b></td> <td><b>Lower Extremities</b></td> </tr> <tr> <td><input type="checkbox"/> Back - Upper</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back - Middle</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Back - Lower</td> <td><input type="checkbox"/> Calf / Shin</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Foot</td> </tr> <tr> <td><input type="checkbox"/> Hips / Pelvis</td> <td><input type="checkbox"/> Toe</td> </tr> </table> <p>Other</p> <p><input type="checkbox"/> Object <input type="checkbox"/> Substance</p> <p>Desk.</p> <p>No</p> <p>No</p> <p>Slip, Trip or Fall</p> <p>Previous Next</p>	<b>Head &amp; Neck</b>	<b>Upper Extremities</b>	<input checked="" type="checkbox"/> Skull / Head	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Face	<input type="checkbox"/> Arm - Upper	<input type="checkbox"/> Eye	<input type="checkbox"/> Elbow	<input type="checkbox"/> Ear	<input type="checkbox"/> Arm - Forearm	<input type="checkbox"/> Nose	<input type="checkbox"/> Wrist	<input type="checkbox"/> Mouth / Teeth	<input type="checkbox"/> Hand	<input type="checkbox"/> Neck	<input type="checkbox"/> Finger		<input type="checkbox"/> Toe	<b>Trunk</b>	<b>Lower Extremities</b>	<input type="checkbox"/> Back - Upper	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back - Middle	<input type="checkbox"/> Knee	<input type="checkbox"/> Back - Lower	<input type="checkbox"/> Calf / Shin	<input type="checkbox"/> Chest	<input type="checkbox"/> Ankle	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot	<input type="checkbox"/> Hips / Pelvis	<input type="checkbox"/> Toe
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8. Fill in whether or not the student was exposed to blood, then press next.

Steps	Blood Exposure
<input type="radio"/> Injured Student <input type="radio"/> Date, Supervisor, Loc' <input type="radio"/> Injury	<p>Was the student exposed to the blood or body fluids of another person?</p> <p>No</p> <p>Previous Next</p>

9. Fill in whether first aid was administered or not, then press next.

Steps	First Aid
<input type="radio"/> Injured Student	26. Was first aid given at the scene of the incident? (e.g., at the site of accident, at the school, by school nurse, etc.)
<input type="radio"/> Date, Supervisor, Loc'	27. Was the student taken to a medical provider? (i.e., outside the district)
<input type="radio"/> Injury	28. Was the student taken home?
<input type="radio"/> Blood Exposure	29. Did the student return to class?
<input checked="" type="radio"/> First Aid	30. Was the student's parent/guardian notified?
<input type="radio"/> Witness, Signoff	a. If yes, by whom?
<input type="radio"/> Preview, Submit	b. Time contacted:
Additional	c. Person contacted:
Instructions	d. Phone number of person contacted:
Confidentiality	

10. Fill in whether or not there was any witnesses, then press next.

Steps	Witness, Signoff
<input type="radio"/> Injured Student	31. Were there any non-staff adults who witnessed this incident?
<input type="radio"/> Date, Supervisor, Loc'	32. Were there any employees who witnessed this incident?
<input type="radio"/> Injury	
<input type="radio"/> Blood Exposure	

11. Preview and Submit.

\*Please note that if there is any information that still needs to be added that you can select the "Information still needs to be added to this report." And then select "I want to add information later:"

Steps	Preview and Submit
<input type="radio"/> Injured Student	Review the information you have entered in the report below. Use the "Previous" button to go back and make changes. When you are satisfied with the information, select one of the options below and then click Submit.
<input type="radio"/> Date, Supervisor, Loc'	<input type="radio"/> All fields in this report are complete . <input checked="" type="radio"/> Information still needs to be added to this report.
<input type="radio"/> Injury	I want to add information later: <input checked="" type="checkbox"/>
<input type="radio"/> Blood Exposure	I want to specify additional contributors: <input type="checkbox"/>
<input type="radio"/> First Aid	
<input type="radio"/> Witness, Signoff	
<input checked="" type="radio"/> Preview, Submit	
Additional	
Instructions	
Confidentiality	

School District	STUDENT ACCIDENT / EXPOSURE INCIDENT REPORT		District Case No.
Grande Yellowhead Public School Division #77	CONFIDENTIAL DOCUMENT		<b>New</b>
<b>STUDENT INFORMATION</b>			
Injured person's name:	Grade:	9	Phone:
Home address:	School:	Parkland Composite High School	
Home address: Edson Alberta	Student ID:	N/A	
Home telephone No.:	Gender:	Male	
Parent/Guardian name:	Date of birth:		Age: 14
<b>INCIDENT INFORMATION</b>			
1. Date incident occurred:	05-16-23 3:00 PM		
2. Name of supervising adult:	Yes	Title:	Teacher
Was person present during the incident?		If no, why not?	
3. Where incident occurred:	<input checked="" type="checkbox"/> School property (on-site) <input type="checkbox"/> Non-school property (off-site)		
Site name, description, or address:	Parkland Composite High School	Location at site:	Classroom
4. Describe in full how incident happened:	Tripped over a desk and hit his head on the floor.		

<p><b>5. Describe the injury or illness:</b> List body parts affected:</p> <p><b>6. Did an object or substance cause injury?</b> If object, did it penetrate the body? If yes, was it removed from the body?</p> <p><b>7. Was personal protective equip. being used at the time of incident?</b> Did the equipment fail?</p> <p><b>8. Classify the incident:</b></p>	<p><b>Head Injury.</b> head</p> <p><b>Yes</b> If yes, describe object/substance: Desk. <b>No</b> If yes, who has the object? <b>No</b> If yes, describe equipment: If yes, describe the failure:</p> <p><input checked="" type="checkbox"/> Slip, trip or fall Vehicle accident Muscle strain, back injury</p> <p>Assault, fight, violent act Contact with object Collision with human</p> <p>Harmful substance Bite - human, animal, insect Other</p>
<p><b>BLOOD EXPOSURE INFORMATION</b></p> <p>To what body fluid was student exposed? Due to a bite? What parts of student's body became exposed? For how long? Name of source individual: If source person is a minor, name of guardian:</p>	
<p><b>POST INCIDENT INFORMATION</b></p> <p>Was first aid given at the scene of incident? <b>No</b> If yes, by whom: First aid certified? Describe first aid: Title:</p> <p>Was student taken to medical provider? <b>No</b> If yes, by whom: Date of medical att'n: Medical provider: If "Rec.", to whom: Mode of transport: Hospital overnight? Treated emerg room? Recommendation:</p> <p>Was student taken home? <b>No</b> If yes, by whom: Did student return to class? <b>Yes</b> Was student parent/guardian notified? <b>Yes</b> If yes, by whom: Person contacted: If no, explain why not: Mode of transport:</p> <p>Non-staff adult witnesses: Employee witnesses: Report submitters:</p> <p>Witness No. 1: Witness No. 2: Witness No. 1: Witness No. 2: Initiated by: Completed by:</p> <p>Time contacted: <b>2:15 PM</b> Phone no.: <b>(780) 123-4567</b> Witness No. 3: Witness No. 4: Witness No. 3: Witness No. 4: Date initiated: Date completed:</p>	