**Injury/Illness Incident Report Form**

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| **Instructions:** This form is to be filled out for all injuries or illnesses occurring while participating in a Volunteer Project with Hui O Ka Wai Ola. Provide photos or sketches if needed. Please send to [huiokawaiola@gmail.com](mailto:huiokawaiola@gmail.com). |

**Section 1 – General Information**

Date and Time Injury/Illness Occurred:

Date and Time Injury/Illness Reported:

To whom was Injury/Illness Reported:

Is this incident Work/Volunteer Related? **Yes  No**

**Section 2 – Patient Information**

Name of Person Injured or Ill:

Age/DOB:

Past Pertinent Medical History:

Daily Medications:

Allergies to medications:  **Yes  No**

If yes, List medication allergies:

Private Physician: Physician Phone number:

Status of Person Injured or Ill:

Is this person: **Staff/Volunteer  Visitor  Other**

**Section 3 – Nature of Illness or Injury**

**INJURY** (fill out this section for *injury* only)

Abrasion  Bite/Sting  Bruise  Burn/Scald  Concussion  Crush Injury  Fracture  Head Injury  Laceration/Cut  Sunburn  Diving  Other

Detailed Description:

How did injury occur?

**ILLNESS** (fill out this section for *illness* only)

Detailed description:

Has this been an issue for the person before?  **Yes  No**

If yes, have they been on medication for it? **Yes  No**

**Section 4 – Treatment**

Individual providing care:

Name of person completing this form:

Was private physician called: **Yes  No**

If so, date/time of call, name of Physician contacted:

What was done to treat illness or injury?   
Medications or supplies issued (What, how much, how often):  
  
 **\*Please use the back side of this form to note materials used from the First Aid Kit**

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| --- | --- | --- | --- |
| **First Aid Kit Supply List**  **WHAT DID YOU USE?**  **(check off)** | | | |
| **Wound Care/Burn/Blister** | | | |
|  | 3 Dressing, Gauze, Sterile, 4" X 4", Pkg./2 |  | 1 Syringe, Irrigation, 10 cc w/ 18 Gauge Removable Tip |
|  | 3 Dressing, Gauze, Sterile, 2" X 2", Pkg./2 |  | 1 Wound Closure Strips, 1" X 4, Pkg./10 |
|  | 2 Dressing, Non-Adherent, Sterile, 3" X 4" |  | 1 Povidone Iodine, 1oz. |
|  | 2 Bandage, Conforming Gauze, Non-Sterile, 3" |  | 2 Moleskin, Pre-cut and Shaped, 14 pcs. |
|  | 6 Bandage, Adhesive, Fabric, 1" X 3" |  | 6 Antiseptic Towelette |
|  | 4 Bandage, Adhesive, Fabric, Knuckle |  | 4 Triple Antibiotic Ointment, 1/32 oz |
|  | 1 Tape, 1" X 10 Yards |  | 2 Skin-Tac Tropical Adhesive |
|  | 2 Cotton Tip Applicator, Pkg./2 |  | 10 Super Absorbent Wound Pads (Added) |
| **Bleeding/CPR** | | | |
|  | 1 Gloves, Nitrile (Pair), One Hand Wipe |  | 1 Trauma Pad, 5" X 9" |
|  | 1 CPR Breathing Barrier |  | 1 CPR Mask, Pocket Resuscitator (Added) |
| **Fracture/Sprain** | | | |
|  | 1 Bandage, Elastic with Velcro Closure, 3" |  | 3 Safety Pins |
|  | 1 Bandage, Triangular |  |  |
| **Medications** | | | |
|  | 4 Ibuprofen (200 mg), Pkg./2 |  | 4 Diamode (Loperamide HCL 2mg), Pkg./1 |
|  | 3 Acetaminophen (500mg), Pkg./2 |  | 1 Aspirin (325 mg), Pkg./2 |
|  | 4 Antihistamine (Diphenhydramine 25 mg) |  | 2 After Bite Sting and Itch Relief Wipe |
| **Instruments** | | | |
|  | 1 EMT Shears, 4" |  | 1 Patient Assessment Form |
|  | 1 Splinter Picker/Tick Remover Forceps |  | 3 Thermometer, Disposable |
|  | 1 Duct Tape, 2" X 5 Yards |  | 1 Pencil |
| **Marine Specific Additions** | | | |
|  | 1 SPF 50 Sunscreen |  | 1 Tiger Balm Pain Relieving Patch, Pkg./5 |
|  | 1 SAM Splint |  | 1 Instant Cold Compress |
|  | 1 Distilled White Vinegar Spray Bottle |  | 1 Rehydration Salt, Oral |

**Any additional pertinent information:**