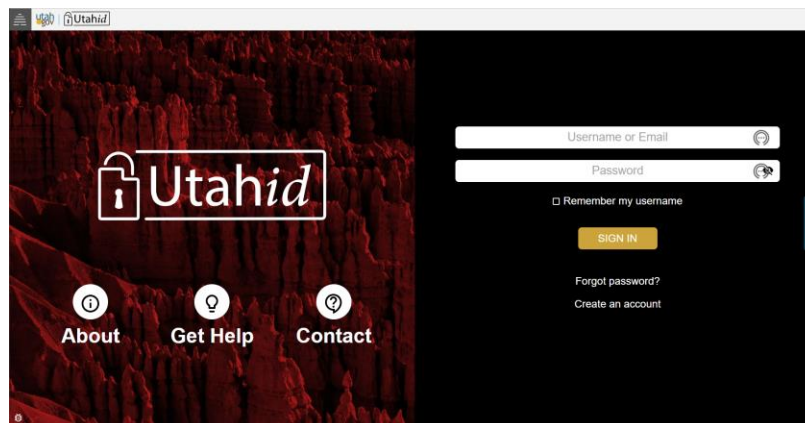


After you have received the email with the registration <https://c19.health.utah.gov/surveys/?s=AE8LJYC7KXDWPFFE>, and filled out the Administrative Form and received a confirmation email saying your are ready to create a REDCap account.

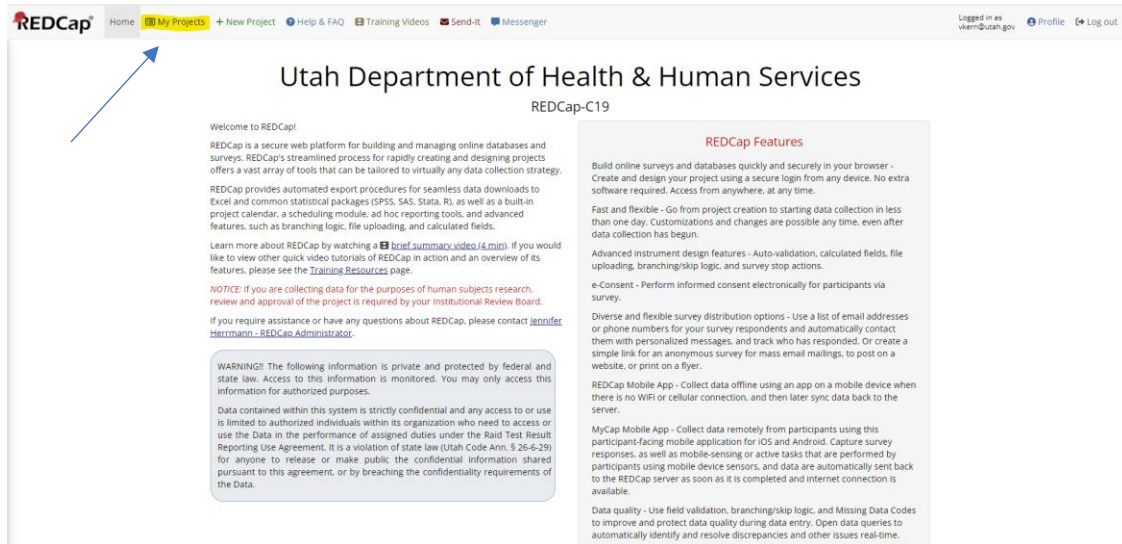
The screenshot shows a web form titled "Udhhs Administrative Form". It includes a header with "AAA" and a grid icon. The main content area contains the following sections:

- Please complete the survey below.**
Thank you!
- 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.
- 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 Username:
- Email used to sign up for Utah ID:
- User Information:**
Name: [?](#)
Email:

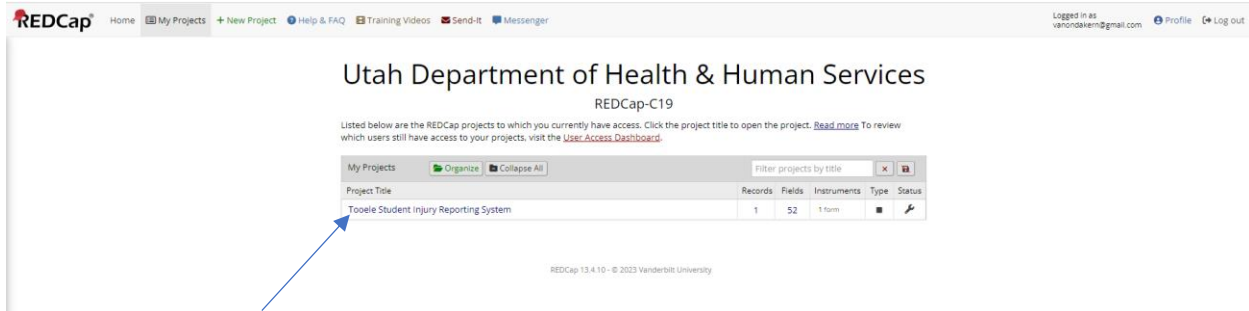
To create a REDCap account you will go to <https://c19.health.utah.gov/>, you should get this screen, use the email address or your user name that you used to register.



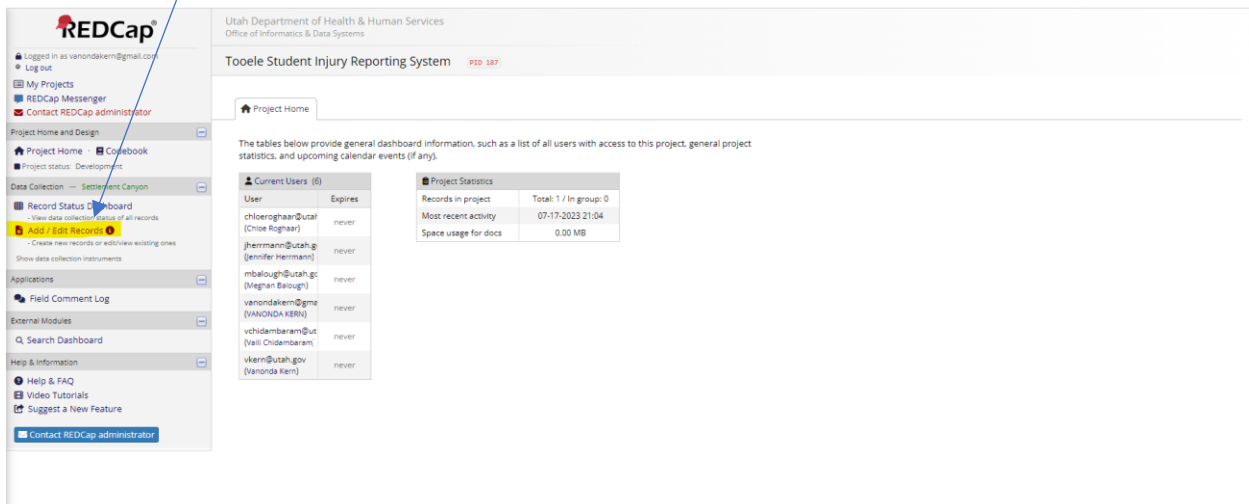
Once you have created a REDCap account you will log in to “My Projects”. (top left of page)



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”

Utah Department of Health & Human Services
Office of Informatics & Data Systems

Tooele Student Injury Reporting System PID: 187

Search Dashboard

Select Search Field: Student ID#

Search Text: [Input Field]

Note: Search results will be limited to the Settlement Canyon Data Access Group.

Show 50 entries

Student ID#	Student Last Name	Student's First Name	Student Date of Birth	Date that the injury occurred?	Data Access Group	Record Home
No data available in table						

Showing 0 to 0 of 0 entries

Total Processing Time: 0.0285 seconds

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.

Actions: [Download PDF of instrument\(s\)](#) [Video: Basic data entry](#)

Student Injury Form

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

School Title
Please select what title best fits your job title at your school/ organization

- 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
- Health Clerk

School administrator signature (Only if required by your school district) [Add signature](#)

reset

The next section is the student information.

STUDENT INFORMATION	
Student ID#	<input type="text"/>
Student's First Name:	<input type="text"/>
Student Last Name	<input type="text"/>
Parent First Name	<input type="text"/>
Parent Last Name	<input type="text"/>
Student Date of Birth	<input type="text"/> M-D-Y
Student Gender	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other reset
If "other" please list below	<input type="text"/>
School	<input type="text"/>
School Type	<input type="text"/>
Grade	<input type="text"/>
Date that the injury occurred?	<input type="text"/> M-D-Y
Time the injury occurred?	<input type="text"/> H:M
Fatal?	<input type="radio"/> no <input type="radio"/> yes 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?	<input type="text"/> H:M
Fatal?	<input type="radio"/> no <input type="radio"/> yes re
Description	
Description:	<input type="text"/>

Choose Time

Time 15:13

Hour

Minute

Now Done

Fill out the Description of the injury.

Description
Description: <input type="text"/>

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.

INJURY AREA AND SEVERITY	
PRIMARY INJURY	
PRIMARY AREA AFFECTED	<ul style="list-style-type: none"><input type="radio"/> Chin/Cheek<input type="radio"/> Ear<input type="radio"/> Eye<input type="radio"/> Forehead<input type="radio"/> Mouth/Tongue/Lip<input type="radio"/> Neck/Throat<input type="radio"/> Nose<input type="radio"/> Head<input type="radio"/> Tooth/Teeth<input type="radio"/> Stomach<input type="radio"/> Back<input type="radio"/> Buttocks<input type="radio"/> Chest/Ribs<input type="radio"/> Collarbone<input type="radio"/> Genitalia<input type="radio"/> Internal<input type="radio"/> Pelvis/Hip<input type="radio"/> Shoulder<input type="radio"/> Ankle<input type="radio"/> Arm<input type="radio"/> Elbow<input type="radio"/> Finger/Thumb<input type="radio"/> Foot<input type="radio"/> Hand/Wrist<input type="radio"/> Knee<input type="radio"/> Leg<input type="radio"/> Toe
Primary Nature of Injury	<ul style="list-style-type: none"><input type="radio"/> Abrasion/Scrape<input type="radio"/> Bump/Bruise/Contusion<input type="radio"/> Burn/Scald<input type="radio"/> Concussion (possible)<input type="radio"/> Cut/Laceration<input type="radio"/> Dislocation (possible)<input type="radio"/> Fracture/Broken (possible)<input type="radio"/> Loss of Consciousness<input type="radio"/> No Pulse/Heartbeat<input type="radio"/> Not Breathing<input type="radio"/> Pain/Tenderness Only<input type="radio"/> Puncture<input type="radio"/> Shortness of Breath<input type="radio"/> Sprain/Strain/Tear<input type="radio"/> Swelling/Inflammation<input type="radio"/> Other (Use if no other option)

The next section is for Factor/Period/Surface/Activity.

Factors/ Period/ Surface/ Location/Activity	
<p>Factor</p> <p>LIST FACTOR WHICH MAY HAVE LED TO THE INJURY</p>	<ul style="list-style-type: none"> <input type="radio"/> Animal bite (dog bite etc) <input type="radio"/> Collision with object or person <input type="radio"/> Compression/Pinch <input type="radio"/> Contact with equipment (shop, P.E., Sharp object) <input type="radio"/> Contact with fire, hot liquid or hot object <input type="radio"/> Alcohol or other substance <input type="radio"/> Fall <input type="radio"/> Foreign body/Object <input type="radio"/> Hit with thrown object <input type="radio"/> Overexertion/Twisted <input type="radio"/> Seizure disorder <input type="radio"/> Tripped/Slipped <input type="radio"/> Unknown <input type="radio"/> Weapon (gun, knife, etc) <input type="radio"/> Other (Use if no other option)
<p>Period</p> <p>LIST PERIOD DURING WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> After school <input type="radio"/> Assembly <input type="radio"/> Athletic Event (team competition) <input type="radio"/> Athletic practice session <input type="radio"/> Before school <input type="radio"/> Class change <input type="radio"/> Class time (exclude PE) <input type="radio"/> Field trip <input type="radio"/> Intramural competition <input type="radio"/> Lunch <input type="radio"/> Lunch recess <input type="radio"/> Recess <input type="radio"/> P.E. class <input type="radio"/> Other (Use if no other option)
<p>Surface</p> <p>LIST FLOORING OR GROUND SURFACE ON WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> Blacktop <input type="radio"/> Carpet <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Ice / Snow <input type="radio"/> Lawn / Grass <input type="radio"/> Mats <input type="radio"/> Sand <input type="radio"/> Synthetic surface (Spongy surface) <input type="radio"/> Tile / Linoleum <input type="radio"/> Wood(waxed) <input type="radio"/> Shredded Rubber / Wood Chips <input type="radio"/> Other (Use if no other option)
<p>Activity</p> <p>LIST ACTIVITY DURING WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> Baseball/Softball <input type="radio"/> Basketball <input type="radio"/> Bicycling <input type="radio"/> Classroom activity <input type="radio"/> Climbing <input type="radio"/> Dodge ball/War ball <input type="radio"/> Fighting <input type="radio"/> Flag/Touch Football <input type="radio"/> Football <input type="radio"/> Gymnastics/Tumbling <input type="radio"/> Jumping <input type="radio"/> Kickball <input type="radio"/> Playing on bars (monkey bars/big toy, etc.) <input type="radio"/> Riding <input type="radio"/> Running <input type="radio"/> Roughhousing <input type="radio"/> Setting up/Moving equipment <input type="radio"/> Sliding <input type="radio"/> Sliding on ice <input type="radio"/> Sitting <input type="radio"/> Soccer <input type="radio"/> Standing <input type="radio"/> Swinging <input type="radio"/> Throwing rocks or snowballs <input type="radio"/> Track and field <input type="radio"/> Volleyball <input type="radio"/> Walking <input type="radio"/> Wrestling <input type="radio"/> Other (Use if no other option) <input type="radio"/> Weight Lifting <input type="radio"/> Dance/Cheerleading <input type="radio"/> Frisbee <input type="radio"/> 4-Square

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

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

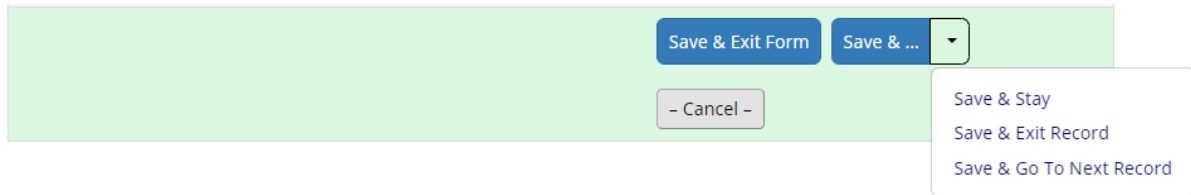
If student was seen by medical provider, click on “seen by MD/ER/health care provider/hospital etc.” and a text box will appear to put the diagnosis.

Medical Attention	<input type="radio"/> Parents deemed no medical action necessary <input checked="" type="radio"/> Seen by M.D/ E.R./ health care provider/ hospital/ etc. reset
If Seen by MD, ER, or health care provider please state diagnosis:	<input type="text"/> reset

Once the report is complete click “Save & Exit Form”

<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & ..."/>
<input type="button" value="- 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 and get back to you if more information is needed

is the record complete? Yes
 no
 needs more information reset

if 'needs more information' please describe:

is this injury reportable? Yes
 No reset

if reportable, please enter diagnosis code:

Form Status

Complete? ▼