



## Injury/Illness Incident Report Form

**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 give this form to Dana Reed, Volunteer Coordinator/West Maui Regional Coordinator, (720) 272-8661.

### 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**

**First Aid Kit Supply List**

**WHAT DID YOU USE?**  
(check off)

<b>Wound Care/Burn/Blister</b>		
	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)
<b>Bleeding/CPR</b>		
	1 Gloves, Nitrile (Pair), One Hand Wipe	1 Trauma Pad, 5" X 9"
	1 CPR Breathing Barrier	1 CPR Mask, Pocket Resuscitator (Added)
<b>Fracture/Sprain</b>		
	1 Bandage, Elastic with Velcro Closure, 3"	3 Safety Pins
	1 Bandage, Triangular	
<b>Medications</b>		
	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
<b>Instruments</b>		
	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
<b>Marine Specific Additions</b>		
	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:**