

FILL OUT IN DUPLICATE

DEPARTMENT OF HEALTH FOR ONTARIO
MENTAL HEALTH BRANCH

File

ONTARIO HOSPITAL SCHOOL, ORILLIA

MUSKOGA UNIT

ACCIDENT AND INJURY REPORT

NAME _____
(Surname) _____ (Christian Names) _____

Case No. _____

Ward/Residence 2 North - Muskoga Unit

O.H.S.I.P. No. _____

Birth Date Dec 22-49

Date and Hour of Accident October 3, 1970 7:30am Witness (if any) _____

1. Report of Supervisor HIT IN EYE BY ANOTHER RESIDENT, CAUSING
CONTUSION BELOW LEFT EYE.

Action taken ICE PACKS APPLIED Time 9:40am Date Oct 3/70 _____
Signature _____

2. (a) Report of Health Nurse (if Applicable)
Time _____ Date _____
Signature _____

(b) Report of Physician's Investigation
Right orbital contusion L1 eye.
Treatment salt factory.

Were Guardians notified? Yes _____ No
If yes, Time _____ Date _____ How _____
If no, Why _____

Time _____ Date Oct 3/70 _____
Signature _____

3. Report of Director or Designee
accident as above

Time 7pm Date Oct 8, 70 _____
Signature _____

4. Report of Director of Treatment and Training
injury minor

Copy to Central Office (Toronto) YES _____ NO _____ TIME 16:50hrs DATE 9-10-70

5/17/70

INSTRUCTIONS

NOTE: DO NOT SEPARATE THE FORM UNTIL ALL SECTIONS ARE COMPLETE.

1. Complete Section 1 as soon as possible after the accident, stating how and where it occurred along with other pertinent details. Pass the form to the attending physician or Health Nurse, if appropriate.
2. The Health Nurse or Physician will complete Section 2 (a) and 2 (b) and forward immediately to the Director or his designee.
3. The Director or designee will complete Section 3 indicating the action taken to rectify the cause of the accident. The form will then be given to the Director of Treatment and Training.
4. The Director of Treatment and Training completes Section 4 and, if appropriate, advises the Director of the Mental Retardation Services Branch.

ORIGINAL : Filed with Director of Treatment and Training.
DUPLICATE: To resident's file.

NOTE

If this accident is a serious one, it must be reported to the Branch Director promptly by telephone in accord with M.R.Circular #46/68 by the Administrator or the Director of Treatment and Training.