Volunteer Accident/Incident Report Form

Subject Name: ________________________________  D.O.B. ________  Male/Female (circle one)

Subject Address: ________________________________

City: __________________________  State: ___________  Zip: _______________________

Phone: (____)________________________  Activity/Facility: _________________________________

Date/Time of Incident ______________________        Location of Incident: _______________________

Trip Leader: ________________________________________

WEATHER
Temp:(F)_______Precip:_______________ Wind:(mph)_________ Visiblity:_______________________

TYPE OF INCIDENT

(Check One)

☐ Injury  ☐ Illness  ☐ Other

Outcomes of Incident:
1. Did subject leave activity, facility or event? Yes/no  Date:____
2. Was outside assistance used? Yes/No  Date:____
3. Did subject go to a medical facility? Yes/No  Date:____
4. Did subject return to activity or facility?  Yes/ No Date:____

LOCATION OF INJURY____

☐ Head  ☐ Eyes  ☐ Face  ☐ Mouth  ☐ Neck  ☐ Shoulder  ☐ Chest  ☐ Upper Back  ☐ Lower Back  ☐ Abdomen  ☐ Pelvic Area/Hips  ☐ Genitalia  ☐ Upper Arm  ☐ Elbow  ☐ Lower Arm  ☐ Wrist  ☐ Hand  ☐ Finger  ☐ Buttock  ☐ Upper Leg  ☐ Lower Leg  ☐ Knee  ☐ Ankle  ☐ Foot  ☐ Toe

Circle One, Patient’s : Right / Left / Midline of Body

RESPONSE____________________

Were bodily fluids spilled?  YES / NO

If yes, were universal precautions followed?  YES / NO

(See below )

ACTIVITY AT TIME OF INCIDENT

☐ Sailing  ☐ Road Biking  ☐ Downhill Skiing  ☐ Whitewater Kayaking

☐ Cooking  ☐ Ice Climbing  ☐ Group Initiative  ☐ Whitewater Canoeing

☐ Camping  ☐ Backpacking  ☐ Winter Camping  ☐ Winter Mountaineering

☐ Day Hike  ☐ Snowshoeing  ☐ Mountain Biking  ☐ Technical Rock Climbing

☐ Trail Work  ☐ Sea Kayaking  ☐ Backcountry Skiing  ☐ Social Event (dinner, movie etc)

☐ X/C Skiing  ☐ Vehicle Travel  ☐ Flatwater Canoeing

☐ Other: ______________________

Universal Precautions -re Blood and Bodily Fluids

☐ Use impermeable gloves if blood or body fluids containing visible blood are anticipated.

☐ Stop the bleeding, cover the wound and change the uniform if contaminated with excessive amounts of blood.

☐ Wash hands and skin after contact with blood.

☐ Clean any surfaces or equipment with appropriate disinfectant and clean clothes or skin with soap and water or an appropriate antiseptic.

☐ Use proper disposal procedures for contaminated clothing and equipment.

☐ Use a ventilation device for emergency resuscitation.

☐ Avoid direct contact with patient if you have an open skin condition.

☐ Follow accepted guidelines for control of bleeding and for any body fluids containing visible blood.

☐ Encourage all participants to use individual water bottles.

~ CONTINUED ON REVERSE ~
Appalachian Mountain Club Volunteer Accident/Incident Report Form

Subject Name:__________________________________________

Narrative: In the following space please provide a brief, factual account of this accident. Describe any and all symptoms of injury and/or illness that subject exhibited. Describe your response to the accident and/or your treatment of the patient. Attach any patient care forms, Search and Rescue (SAR) forms, and/or photos.

Report Prepared By:____________________________ Position: ______________________

Witnesses:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Outside Agencies Involved:_______________________________________________________________

Signature: ______________________________ Date Report written: __________

TRIP PARTICIPANTS

Narrative: Provide an account of your involvement in this accident. (Additional participants who can provide additional information should attach their narrative on a separate piece of paper)

Participants Signature:________________________ Date: _______________

When completed, send copy to:
Aaron Gorban
Leadership Training and Risk Management Manager
AMC Highland Center
General Delivery Route 302
Bretton Woods NH 03575

Provide Additional Copy to:
Sponsoring Committee Chair _____ Chapter Chair _____ and/or Facility Safety Committee _____