

APPALACHIAN MOUNTAIN CLUB

- Facility
- Chapter Activity

Chapter & Committee

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) _____ Visibility: _____

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)

[Large shaded area for trip participant narrative]

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 _____