

Suggested Accident / Incident Procedures

First and foremost, the organizations staff should show concern and compassion towards anyone who claims they have an injury or a loss. They should also show concern towards the privacy of the person. They should not discuss incidents with any members, media, other staff, or other outsiders. All conversation should be contained between the executive staff and others designated by Risk Management. Staff should not accept blame, admit fault, or promise restitution payments. All inquires regarding payments should be directed to Risk Management. All media inquires should be directed to communications.

I. DEAL WITH THE SITUATION.

Determine if the problem is an injury, illness, stolen property, etc.

If an injury or illness, appropriately care for the injured person and give whatever first aid is available and necessary. The most important thing to do is to make the person feel comfortable and address their needs. If the problem is beyond the scope of care that can be given by the organization or could be considered as "serious", call 911. If the injured person is a minor, call the parents or guardians. If he/she is unconscious and an adult, call the emergency number or a family member. If the person is conscious, offer to make a call for them.

If a theft, break-in, or vandalism occurs, speak with the victim to determine what happened and itemize the stolen or damaged property. Call the police to come and complete a report.

II. SECURE THE AREA OF INJURY. If there should be blood, slippery areas, or damaged property, keep others away from the area by blocking it off until maintenance or the authorities can address it. This will prevent others from getting injured.

III. CONTACT CENTER EXECUTIVE STAFF. Call the executive director, building engineer, or other senior staff from the center if they are not at the location at the time of incident. People who are responsible for the building need to know what is happening at their center.

IV. CLEAN UP AREA. After given the authorization by the police or executive staff (whomever is leading the situation), have maintenance or other staff clean up any mess left behind by the injured person, medical staff, damaged property, or others. Use proper procedures in handling bloody or sharp material. Secure all unlocked property of the injured person and hold for the person or the family to pick up later.

V. COMPLETE INCIDENT OR ACCIDENT REPORT. Fill out the incident report as well as possible. Get names of all witnesses, including staff and others. Have staff who were present write a description of the incident and how it was handled. The reports and all attached documents are the organizations property and are not to be passed out to the injured party or anyone else until authorized to do so. Incident reports should be completed for all incidents other than accidents (Accident Report Form). The report should be filed by an administrator with their insurance agent if a significant injury or incident occurred.

VI. FOLLOW UP. A staff member from the center where the incident took place should call to check on the status if there is an injured person. An insurance adjuster or risk management should contact the person to inform them of how the situation will be handled in terms of reimbursement after consultation with the insurance company.

ALL staff must be trained, and retrained, on these procedures. Unfortunately, all incidents do not occur during regular working hours where everyone is accessible. Every employee should know how to act in emergency situations.

Example Incident Report

PLEASE PRINT LEGIBLY

Branch _____

Name of person involved _____ Age _____ Male Female

Member Guest Staff Reason for visit _____

Home Address _____

Work Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Date of Incident _____ Exact Time _____

Exact Location _____

Describe incident in detail*. (What happened, persons or objects involved, etc.) _____

List any witness to the incident (PLEASE PRINT)

Name _____ Address _____ Phone (_____) _____

Name _____ Address _____ Phone (_____) _____

Name _____ Address _____ Phone (_____) _____

Name of staff person on duty receiving this report: _____

Action taken* _____

Read by:

Supervisor _____ Date _____

Executive Director _____ Date _____

- Use other side if necessary.

Example Accident Report

INSTRUCTIONS

1. This is an accident report only. It is for your protection and that of the organization. Information about this accident should not be discussed with anyone without the consent of your supervisor. **Do not** offer any comment about fault, payment of medical expenses, etc. to anyone.
2. **All injuries (minor or major) must be reported on this report at the time of occurrence.***
3. In all cases of a serious nature, a professional director should complete this report.
4. If the injured person and/or any material witnesses make any statements regarding this accident or injury, make notations of such statements in your own handwriting under "Remarks" below.
5. Attach a diagram of the accident area. Show locations of staff and victim(s) at time of accident.

****Please put this completed form into the department director's box.***

PLEASE PRINT LEGIBLY (Read **Instructions** on back before submitting report)

1. Branch _____ Date of Accident _____ Exact time _____
2. Name of Injured _____ Address _____
Phone (_____) _____ Age _____ Sex _____ Member Guest Staff
3. Name of Parent/Guardian _____
Address _____
4. Parent(s) notified? Yes No By phone In person
Who notified parent(s) _____ How soon after accident? _____
5. Identify type of injury and body location _____

6. How did the accident occur? (Describe in detail) _____

7. Exactly where did the accident occur? _____
Name of staff person on duty _____
What object or equipment was involved in the accident, if any? _____

Example Accident Report (cont.)

8. First aid rendered by _____ Type _____
Were any employees exposed to or come in contact with blood or bodily fluids? Yes No
If so, who? _____
9. In what activity was the injured engaged when the accident occurred? _____
10. Was the injury caused by any violation of rule, order or law? Yes No
If so, describe violation _____
11. If injury was caused by another person, state name, address and phone _____
12. Who furnished the facts as to the time and details of injury? _____
13. Name of staff supervisor in charge at time of accident _____
14. Leader-to-participant ratio _____
15. At what time did the injured person leave the premises? _____
Who escorted the person from the premises? _____ Relation _____
16. Where was the injured person taken? _____
17. Who were the closest eye witnesses?
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name of attending physician (if any) _____
Address _____
18. Date of Report _____ Time _____
19. Name of person completing Accident Report Form _____
20. Signature of person completing form _____

Administrative Follow-up:

Filed with Agent: _____

Filed with Insurance Company: _____

Notes: _____
