

APPALACHIAN MOUNTAIN CLUB

- Facility
- Chapter Activity

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

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Road Biking | <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Whitewater Kayaking |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Ice Climbing | <input type="checkbox"/> Group Initiative | <input type="checkbox"/> Whitewater Canoeing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Winter Camping | <input type="checkbox"/> Winter Mountaineering |
| <input type="checkbox"/> Day Hike | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Technical Rock Climbing |
| <input type="checkbox"/> Trail Work | <input type="checkbox"/> Sea Kayaking | <input type="checkbox"/> Backcountry Skiing | <input type="checkbox"/> Social Event (dinner, movie etc) |
| <input type="checkbox"/> X/C Skiing | <input type="checkbox"/> Vehicle Travel | <input type="checkbox"/> 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:

AMC Staff

Leadership Training and Risk Management Manager (Aaron Gorban AMC General Delivery Route 302
Bretton Woods NH 03575 agorban@outdoors.org)

Provide Additional Copy to:

Sponsoring Committee Chair _____ Chapter Chair _____ and/or Facility Safety Committee _____