

Incident Report

Attach a complete sheet of the subject's Medical History Form to this report. Attach SOAP Note as applicable. Use additional sheets for documentation if necessary. Fill this form out completely and neatly in blue or black ink.

Subject Name: _____ Staff Student Gender: _____ Age: _____ Program Type: _____
Primary Caregiver's Name: _____ Course Director's Name: _____
Client Organization: _____ Day of Course Incident Occurred: _____
Incident Date: _____ Time: _____ a.m. / p.m. Geographical Location of Incident: _____
Course Location: _____ Course Dates: _____ # Staff _____ # Participants _____ # Program Days _____

Type of Incident: (check all that apply) Injury Illness Motivational/Behavioral Property Damage
 Near Miss Evacuation Missing Person Fatality

Course Format: Residential Basecamp Backpacking Canoeing Kayaking Challenge Course Other: _____

Type of Injury or Property Damage: (check all applicable)

Muscle sprain Ligament sprain Dislocation Fracture Tendonitis Laceration Puncture
 Blister Avulsion Sunburn Burn Frostbite Skin Eye injury
 Dental Bruise, contusion or similar soft tissue trauma Head injury (without loss of consciousness)
 Head injury (with loss of consciousness) Near drowning Other _____
 If property damage, describe _____

Anatomical Location of Injury:

Head Shoulder Wrist Upper Back Thigh Foot/toe Face Knee
 Upper Arm Neck Hand/finger Eye Chest Pelvis Lower Leg Forearm
 Abdomen Hip Ankle Lower Back Elbow Other: _____

Type of Illness: check all applicable

Abdominal or other gastrointestinal problem (without diarrhea) Diarrhea
 Allergic reaction (to: _____) Apparent food-related illness
 Mild or localized Skin infection
 Severe, generalized or anaphylaxis Eye infection
 Upper respiratory illness (runny nose, congestion, "cold") Chest pain or cardiac condition
 Lower respiratory illness (asthma, bronchitis) Altitude illness
 Hypothermia (specify core temperature if known _____ °F) Nonspecific fever illness
 Heat illness (specify core temperature if known _____ °F) Urinary tract infection
 Heat cramps Heat exhaustion
 Heat stroke Other

Environmental Conditions at Time of Incident:

Temperature: _____ °F Precipitation None Rain Snow Wind Speed: _____ mph

Visibility: Clear Limited to _____ feet or miles

Surface & Conditions: check all that apply

On trail Off trail Even Uneven Sloped Wet Dry
 Grass Sand Dirt Rock Mud Snow Ice

Immediate Cause: Prioritize major applicable categories 1, 2, 3 etc.

_____ Altitude	_____ Avalanche	_____ Carelessness	_____ Cold exposure
_____ Dark/poor visibility	_____ Dehydration	_____ Exceeded ability	_____ Exhaustion
_____ Fall/slip on trail	_____ Fall on rock	_____ Fall on snow	_____ Falling rock
_____ Failure to follow instructions	_____ Falling tree/branch	_____ Hazardous animal/insect (specify _____)	_____ Inadequate equipment
_____ Hostile bystander	_____ Immersion/submersion	_____ Improper screening	_____ Intoxication
_____ Inadequate instruction (alcohol/drugs)	_____ Inadequate supervision	_____ Inexperience/poor judgment	_____ Missing/lost
_____ Lightning	_____ Plant poisoning/toxicity	_____ Misbehavior	_____ Poor technique
_____ Overuse injury	_____ Psychological	_____ Poor hygiene	_____ Tech. system failure
_____ Preexist. medical condition	_____ Unknown	_____ Sunburn	_____ Other (explain) _____
_____ Unfit		_____ Weather	

Program Activity at Time of Incident:

- Backpacking Canoeing Cooking Day Hike In Camp Initiative/Game High Ropes
- Low Ropes Rappelling River Crossing Rock Climbing Sea Kayak Solo Swimming
- Unaccompanied Travel Unstructured Time Vehicle/Van Other: _____

Briefly describe incident: What happened and how? Who was involved? Where? When? Why?

Analysis: Include any observations, recommendations or suggestions regarding prevention.

Outcomes of Incident:

Did the participant leave the field? No Yes Date: _____

If yes, type of evacuation: Walk Vehicle Boat Backboard Carry Aircraft Other _____

If yes, evacuation or runner team leader _____

Was outside assistance used? No Yes If yes, name of organization(s): _____

Name of primary contact person: _____ Contact Phone Number: _____

Did participant go to medical facility? No Yes Date: _____ If yes, facility name: _____

Arrival date: _____ Arrival Time: _____ Address: _____

Phone Number: _____ Fax Number: _____ Attending physician's name: _____

Diagnosis: _____

Was physician permission granted for patient to return to course? Yes No If yes, obtain in writing and attach to incident report.

Were there any physical activity restrictions for patient returning to course? Yes No

If yes, explain _____

Was it necessary for patient to leave the course? Yes No If yes, pickup date: _____ Pickup Time: _____

Location where evacuee was picked up: _____

Full name of person who picked-up evacuee: (print) _____

Signature of person who picked up evacuee: _____

Notification Log

Initial call to office: Date: _____ Time: _____ Contacted Person: _____

Response: _____

Parent/Guardian: Date: _____ Time: _____ Contacted Person: _____

Response: _____

Other Calls: Date: _____ Time: _____ Contacted Person: _____

Response: _____

Other Calls: Date: _____ Time: _____ Contacted Person: _____

Response: _____

Details of Primary Evacuation Plan

Include routes on marked map, anticipated timetable and return of evacuation or runner team.

Details of Backup or Contingency Plan

Number of days on course (until evacuation date): _____ Number of days missed: _____

Date this report was completed: _____ Full name of person completing this report: (print) _____ Title: (print) _____ Signature of person completing this report: _____

Field Risk Mgt. Officer comments; initial & date: _____

Executive Director signature: _____ Date: _____