

ACCIDENT/INCIDENT REPORT

Premises, Facilities and Events

PROCEDURES AND COMMUNICATIONS

- Remain calm. Find out as much information as quickly as possible about the situation including: Who: name(s), girl/adult, emergency contact; What: nature of incident; Where/When: location, address and when it occurred; How: possible causes.
- Give priority attention to the care for the injured. If needed, call 9-1-1 to secure emergency medical care and police as appropriate.
- Ensure the safety of others including, but not limited to, troop members, campers, volunteers, etc.
- Ascertain whether a parent/guardian or emergency contact has been notified, as applicable.
- Notify the council of the emergency by calling 855-255-6905, available 24 hours a day, and provide your information when requested.
- As needed, retain responsible person at the scene and/or with the injured. Do not disturb victim or surroundings until assistance arrives.
- For all internal, public, or media inquiries, make no statement of any kind. Do not share any names or information. Refer inquiries to Crisis Management Team and direct them to call the council at 800-284-4475. A council spokesperson will respond to all media inquiries. If pressured, use the following statement: "Thank you for sharing your concern. I don't have all of the facts, and I am not in a position to answer any questions. Please call the council at 800-284-4475."
- **Gather facts.** Complete the Accident/Injury Report Form or Incident Report Form and submit to the Crisis Management Team at the Raleigh Service Center/Corporate Office along with copies of the health history and parental permission form and any other pertinent resources as promptly as possible but within 24 hours of occurrence to <u>incidents@nccoastalpines.org</u>.
- Be sensitive to the fact that those involved in a traumatic situation may need further support. Contact the council staff liaison or the Crisis Management Team if additional assistance is needed.

INJURED PERSON: If more than one injured person, list other persons in "Injuries" section below and complete a separate Accident/Incident report for each injured individual. Name of Injured Person Name of Parent/Guardian (if minor) Notified by (circle one): Phone Other -specify: When? (time/date) Address Parent's Response City State Zip Telephone Number/s Home (Cell (**ACCIDENT/INCIDENT DATE AND LOCATION** Date of Accident Time of Accident Location of Accident (in detail) a.m. p.m. Time Reported a.m. Date Reported p.m. **INJURIES:** Describe the nature of any apparent injuries. Injured Person is (circle one): Transported by (circle one): Volunteer Staff Visitor/Parent Helper N/A Volunteer Ambulance Parent Other Other ___ Registered Member? (circle one) YES NO Describe the Injury List the Name(s) of Any Other Injured Persons (complete a separate Accident/Injury Report for each) Was First Aid administered? (circle one) YES NO First Aid administered by? Where? (circle one) At accident site Hospital Doctor's office N/A Where was the injured party taken after the accident? Who was the injured party released to after treatment - include name and relationship to injured?

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List any WITNESSES						
Name	Address			Phone Number		
ACCIDENT DESCRIPT	ION					
What was the injured person doing at the time of the accident?		Draw a diagram of the site of	the accident.			
Did the accident occur at a Girl Scout event? (circle one) YES NO						
Describe how the accident occurred.						
What caused the accident?						
ACCIDENT/INCIDENT SITE CONDITIONS (if applicable)						
INDOOR CONDITIONS Type of Lighting (describe)	Quality of Lighting Poor Good Excellent	OUTDOOR CONDITIONS Weather Conditions (describe) Visibility (describe)	Clear Sleet Daylight Fog	Snow Other Dark Other	Rain	
Type of Floor (describe)	Concrete Carpet Tile Wood Other	Type of Surface (describe)	Concrete/As Curbing Other	phalt	Grass/Ground Stairs/Ramp	
Condition of Floor (describe)	Dry Wet Worn/Damaged Freshly Waxed Other	Condition of Surface (describe)	Dry Wet/Standi Icy/Snowy Hole/Dama Other	ged Surface		
PERSON COMPLETIN						
Name (please print):			Position_			
Telephone Number: (Date					
Other Comments:						

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