OUTDOOR PROGRAM INCIDENT/ACCIDENT REPORT

PLEASE CIRCLE ANSWERS THAT APPLY

DATE OF INCIDENT_____ **TIME OF INCIDENT**_____**AM/PM** Name of Program:_____	**DATE NOTIFIED:**_____ **TIME NOTIFIED:** _____**AM/PM**
INJURED PERSON: Participant Leader Administrator Relevant Medication/Health History:	DID THIS TAKE PLACE DURING: While traveling Hiking Other:

INJURED PERSON INFORMATION

Last Name **First**	**Phone # ( )**		**Single or Married**
Address	**Age**	**D.O.B.**	**Male or Female**
City **State** **Zip**	**Administrator on Duty**		

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name **First**	**Phone # ( )**		
Address	**City**	**State**	**Zip**

SUSPECTED PRE-EXISTING CONDITION: Yes or No

INCIDENT LOCATION:	**INCIDENT**	**MEDICAL SERVICES**
_____ _____ _____ Hike (specify which)_____ Other:_____	Assault/Sexual Assault/Non-sexual Fall (different level) Fall (same level) Caught in, on, between Animal/insect bite/sting Collision (with object) Collision (leader/leader) Collision (participant/leader) Collision (participant/participant) Bodily reaction Slip/Fall Trip/Fall Overexertion Struck by flying object Emotional Distress Other:	Antacid Aspirin Aspirin substitute Bandaged Ointment/antiseptic CPR Cleansed Eye Rinse Ice Pack Rest Splinted Wrapped Cold Pack None Ibuprofen: __ student requested, has knowledge of affects (if any) of Ibuprofen **Treated by**_____

PRIMARY INJURY			**BODY PART INJURED**			**DISPOSITION**	
Allergy	Electrical Shock	Burn	Eye	(L / R)	Torso	Released to parent	Police
Abrasion	Foreign Body	Death	Nose		Back	Refusal of care	Ambulance
Laceration	Fracture	Pain	Neck		Head	Refer to doctor	Report Only
Drowning	Heat Exhaustion	Illness	Ear	(L / R)	Leg (L / R)	Refer to hospital/clinic	
Hypertension	Contusion	Sting/Bite	Knee	(L / R)	Ankle (L / R)	Medical attention	
Cold Injury	Concussion		Internal		Hip (L / R)	EMS transport	
Seizures	Tooth/Mouth		Shoulder	(L / R)	Foot (L / R)	Student requested EMS transport	
Strain/Sprain	Nausea		Elbow	(L / R)	Hand (L / R)	Refer to Health Center	
Dislocation	Stroke		Arm	(L / R)	Finger or Toe	Released to WEMS	
Other:			Wrist	(L / R)	Other:	Other:	

DETAILED INFORMATION

Describe how incident occurred:

WITNESS INFORMATION

NAME	ADDRESS	PHONE NUMBER
		( )
		( )
		( )

Signature of person completing form (with no relationship to the claimant)_____

Date _____ **Phone Number** _____

Return completed report to the Director of Campus Recreation as soon as possible
(Campus Rec Director will make a copy and deliver to Health Services)

OUTDOOR PROGRAM INCIDENT/ACCIDENT POLICIES

Student Travel Emergency Procedures

1. In case of an accident or student injury, the trip leader enacts the following emergency procedures. If the trip leader is unable to carry out this process, the student captain or trip leader's designee will take the place of the trip leader.
2. Trip leader calls appropriate emergency number, probably 911.
3. Trip leader then contacts Campus Safety, who alerts Emergency Management team leader.
4. Campus Safety staff will ask scripted questions depending on situation - death involved, etc.
5. Emergency Management team leader will inform appropriate individuals of the incident and relocate to the Campus Safety office to coordinate further communications. If the incident takes place out of state or the country, the team leader, in consultation with other University administrators, will decide upon the appropriate University personnel to respond and help to arrange travel plans to reach the scene in an expedient manner.
6. All students involved, regardless of whether they seem to be uninjured, should be taken to the hospital for a medical assessment before being released. Campus Safety may assist with transport if the involved vehicle is not drivable.
7. Once the students have officially been released from the hospital, or if they refuse care, Campus Safety officers, or assigned University personnel, will escort each student back to campus and his/her residence hall.

Remember to do the following any time you have an emergency situation:

1. Protect the individual from further injury.
2. Maintain life or attempt to restore life.
3. Comfort and reassure the individual.
4. Activate the emergency medical system (EMS). (Refer to EMS procedure below).
5. Call for an ambulance when the victim requests one, if Willamette University Campus Safety (503.370.6911) requests one, or in a situation where any uncertainty exists.
6. Complete an Accident Report for EVERY incident.
7. Always get a witness to sign the Accident Report Form.
8. Call the parent, guardian, or other Emergency Contact, if the individual is a minor.

When activating EMS for help, remember to give the following information:

1. The EXACT location.
2. What has happened.
3. Number of victims.
4. The telephone number from which you are calling.
5. Don’t hang up until you are instructed to!

IMPORTANT NUMBERS

EMS: 911
Campus Safety: (503)370-6911
Health Services: (503)370-6062

Body Fluid Spill Checklist

If the accident involved a body fluid spill, do the following:

1. Wear gloves while handling any body fluid spill!!
2. Use a micro-shield when administering CPR.
3. Clean up the area using a bleach/water solution.
4. Dispose of contaminated supplies (gauze, gloves, paper towels, etc.) using the biohazard bags and place these in the appropriate container (biohazard disposal).
5. Thoroughly wash hands after the incident.
6. If you believe that you were exposed to body fluids during this situation, contact your supervisor and seek medical attention immediately!!

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