Hamilton College Outdoor Leadership Incident Report Form

DO NOT DELAY PATIENT CARE OR EVACUATION TO FILL OUT THIS FORM!

Please be detailed and clear . This information is used to help learn from accidents, injuries, and near misses.

This form should be completed if anyone has to leave the field or gets injured.

1. Patient Information (if more than one patient please use multiple forms)

Patient Name	*Patient DOB*	*Patient Gender*
Patient Role ❑ *Leader* ❑ *Participant* ❑ *Other*	*Patient Phone Number*	

2. Injury and Medical Care

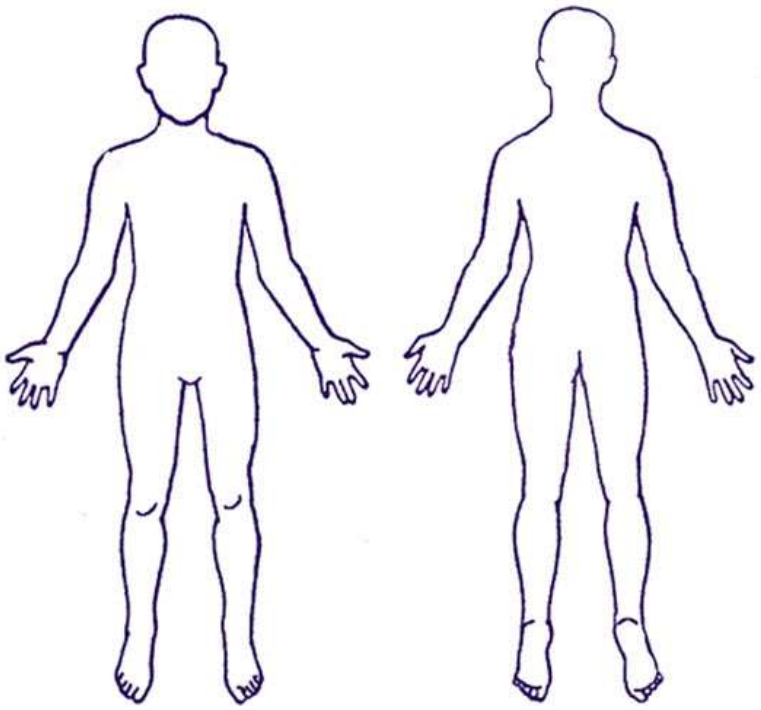
Primary Complaint (check all that apply)

Trauma:
- ❑ *Burn*
- ❑ *Blister/Foot Issue*
- ❑ *Cut*
- ❑ *Concussion*
- ❑ *Cold Injury*
- ❑ *Dislocation*
- ❑ *Fracture*
- ❑ *Impalement*
- ❑ *Near Drowning*
- ❑ *Sprain/Strain*
- ❑ *Sting/Bite*

Medical:
- ❑ *Allergy*
- ❑ *Asthma*
- ❑ *Chest Pain*
- ❑ *Diarrhea*
- ❑ *Electric Shock*
- ❑ *Heat Injury*
- ❑ *Hypothermia*
- ❑ *Reproductive*
- ❑ *Nausea/Vomiting*
- ❑ *Non-Specific Fever*
- ❑ *Psychological*
- ❑ *Infection*

❑ *Other* _____

Mark Location(s) of Injury



Was medical care provided? ❑ Yes ❑ No _____

Level of Provider Certification
❑ WFA ❑ WFR ❑ WEMT ❑ Other _____

Please describe medical care provided.

Did patient go to a medical facility?
❑ Yes, Where? _____
❑ No

3. General Information

Leader Name	*Incident Date*
Incident Location	*Incident Time*

Incident Type
- ❑ Injury
- ❑ Illness
- ❑ Behavioral/Emotional
- ❑ Rescue
- ❑ Equipment Damage
- ❑ Near Miss
- ❑ Lost/Missing

No. of People in Group _____

Trip Type:
- ❑ Daytrip
- ❑ Overnight
- ❑ Multi-day

Did the patient leave the field? ❑ Yes ❑ No

Weather *Temp (F)*
- ❑ *Raining* ❑ *Icy*
- ❑ *Snowing* ❑ *Other*

Sunny ❑	❑	❑	❑	❑	*Cloudy*
Calm ❑	❑	❑	❑	❑	*Windy*
Good Visibility ❑	❑	❑	❑	❑	*Bad Visibility*
Dry Surface ❑	❑	❑	❑	❑	*Wet Surface*
Horizontal ❑	❑	❑	❑	❑	*Vertical*

Were outside parties involved or contacted? ❑ Police/Rangers ❑ EMS ❑ Bystander ❑ Other _____

Please continue to back

4. Narrative - *Please describe everything that happened leading up to, during, and after the incident. Be as specific as you can and when possible use names, times, and locations.*

Causal Factors - *Please elaborate on what you think led to this accident occurring*

5. Witnesses

Name	***E-Mail***	***Phone Number***
		( )
		( )

6. Signatures

Signature of Report Writer		*Signature of Patient*	
Printed Name	*Date*	*Printed Name*	*Date*