

APPALACHIAN MOUNTAIN CLUB

Facility
Chapter

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) Visiblity:

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

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

Aaron Gorban
Director of Outdoor Leadership Training
AMC Pinkham Notch
P.O. Box 298
Gorham, NH 03581

Provide Additional Copy to:

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