

# APPALACHIAN MOUNTAIN CLUB

- Facility
- Chapter Activity

## VOLUNTEER ACCIDENT 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) \_\_\_\_\_ Visibility: \_\_\_\_\_

### 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

- |                                     |   |   |   |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Sailing    | <input type="checkbox"/> Road Biking    | <input type="checkbox"/> Downhill Skiing    | <input type="checkbox"/> Whitewater Kayaking              |
| <input type="checkbox"/> Cooking    | <input type="checkbox"/> Ice Climbing   | <input type="checkbox"/> Group Initiative   | <input type="checkbox"/> Whitewater Canoeing              |
| <input type="checkbox"/> Camping    | <input type="checkbox"/> Backpacking    | <input type="checkbox"/> Winter Camping     | <input type="checkbox"/> Winter Mountaineering            |
| <input type="checkbox"/> Day Hike   | <input type="checkbox"/> Snowshoeing    | <input type="checkbox"/> Mountain Biking    | <input type="checkbox"/> Technical Rock Climbing          |
| <input type="checkbox"/> Trail Work | <input type="checkbox"/> Sea Kayaking   | <input type="checkbox"/> Backcountry Skiing | <input type="checkbox"/> Social Event (dinner, movie etc) |
| <input type="checkbox"/> X/C Skiing | <input type="checkbox"/> Vehicle Travel | <input type="checkbox"/> 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 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 or **Search and Rescue** (SAR) forms.

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:**

**AMC Staff**

Leadership Training and Risk Management Manager (Aaron Gorban)

**Provide Additional Copy to:**

Chapter Chair \_\_\_\_\_ and/or Facility Safety Committee \_\_\_\_\_