

TCC Incident Report

If, in the course of any Activity, an accident or incident occurs that meets any of the following criteria, the Leader must file a report of the incident as soon as possible with the TCC Club President & TCC Club Treasurer.

Accidents and incidents requiring reporting are as follows:

1. Incident response involves the use of outside agencies (police, hospital, emergency response, search and rescue, etc.)
2. Participant involved in incident receives professional medical care (to the knowledge of the Leader), is recommended professional medical care by the Leader, or refuses the offer or recommendation of professional medical care

In addition, a Leader may file an incident report under other circumstances at his or her discretion. A Leader should consider the emotional and physical welfare of any participants involved in the incident, their attitudes towards the incident, and any potential for future complaints or lawsuits.

Accident Scene Management:

In case of accident or injury, the leader or his or her designee should decide on an appropriate course of action to manage the accident scene.

TCC ACCIDENT/INCIDENT REPORT FORM

Subject Name: _____ D.O.B. _____ Male/Female (circle one)

Subject Address: _____

City: _____ State: _____ Zip: _____

Phone: _(____)_____ Leader: _____

Date/Time of Incident _____ Location of Incident: _____

WEATHER Temp:(F)_____ Precip:_____ Wind:(mph)_____ Visibility:_____

TYPE OF INCIDENT (Check One) Injury Illness Other _____

ACTIVITY AT TIME OF INCIDENT Road Biking Snowshoeing Mountain Biking X/C Skiing

Social Event (dinner, movie etc.) 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: _____

CIRCLE LOCATION OF INJURIES

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)

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 ~

