## **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.)
- 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 Nam	e:			D.O.B .		Male/Fe	male (circle	one)
Subject Addr	ess:							
City:				_State:	Zi	p:		
Phone: _(	)			Leader:				
Date/Time of	Incident			Location of	Incident:			
<b>WEATHER T</b>	emp:(F)	Precip:		_Wind:(mph)		Visibility:		
TYPE OF IN	CIDENT (Check	(One)In	jury	Illness	Other			
	TTIME OF INC							
Social Eve	ent (dinner, mov	ie etc.)O	ther:					
<ol> <li>Did subject leave activity, facility or event?</li> <li>Was outside assistance used?</li> <li>Did subject go to a medical facility?</li> <li>Did subject return to activity or facility?</li> </ol>				Yes/No Date Yes/No Date	e: e:			
		CIR	CLE LOC	ATION OF I	NJURIES_			
Head	Eyes	Face	Mouth	Neck	Shoulde	r	Chest	Uppe
Back	Lower Back	Abdomen	Pelvic	Area/Hips	Genitalia	a	Upper Arm	Elbow
Lower Arm	Wrist	Hand	Finger	Buttock	Upper L	eg	Lower Leg	Knee
Ankle Foot	Toe							
		Circle (	One, Patie	ent's: Right /	Left / Midlin	e of Body		
			R	ESPONSE_				
Were bodily	fluids spilled?	YES / NO						

### Universal Precautions •re Blood and Bodily Fluids

If yes, were universal precautions followed? YES / NO (See below)

- 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.

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Subject Name:
<b>Narrative:</b> In the following space please provide a brief, factual account of this accident. Describe the setting including road name, number of riders, and any other factors that may have been involved (e.g., vehicles, wet road, pothole, curb, etc.). 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, Police or EMS Report forms, and/or photos.
Report Prepared By:
Outside Agencies Involved:
Signature: Date Report written:
DIDE OD EVENT DADTICIDANTS
RIDE OR EVENT 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)
Participant's Signature:Date:

When completed, send copies to TCC Club President & TCC Club Treasurer