DAY OF CARING
Accident / Incident Reporting

United Way of Yellowstone County

If you organization has teams volunteering at several sites make certain each Site Team Leader has a copy of these procedures, report form and emergency contact information for team members.

General Safety Guidelines

There is always the potential for injury and liability issues associated with Day of Caring, just as there is any time a volunteer offers his or her services. To avoid the potential hazards that can occur during any event of this nature, please review the safety guidelines to help ensure that Day of Caring is a rewarding and safe experience.

Steps to Take If an Accident Happens

- **Stay calm**. Have all of the other volunteers stop working if there is any reason to believe that the work is unsafe, or if the volunteers simply cannot focus sufficiently on the project's task. Be sensitive to the mood and needs of the volunteers.
- Designate someone else to oversee the other volunteers so that you can focus on the injured volunteer.
- **Express concern** for the injured person and aid them in obtaining necessary treatment.
- **Try to determine the seriousness of the accident. If the person has a serious injury call 911 immediately. Then call an emergency contact for the injured person and notify United Way of Yellowstone County Day of Caring emergency contact, Carol Burton, 406-670-5208.**
- **Do not admit liability.** Try not to say anything about why you think the accident occurred or who may be at fault.
- Complete a United Way of Yellowstone County Accident/Incident Report Form and submit within 24 hours of the incident to the United Way office to the attention of Carol Burton, President and CEO.

Accident / Incident Report Form

United Way of Yellowstone County

USE EXTRA PAGES IF NEEDED
Activity/Event Name:

_____

Person Injured: (if multiple people were injured attach their contact information to this page)

Name: _____ Age: _____ M/F: _____

Address/City/State/Zip: _____

_____

Phone: _____ E-mail:_____

Name of Parent/Guardian (if minor):_____

When did the accident/incident occur?

Date:_____ Time:_____

Where did the accident/incident happen? (Place, address, other pertinent details.) (BE SPECIFIC)

_____

_____

_____

_____

What happened? (Describe FULLY what happened including activity at the time of incident, what the individual/injured was doing at the time, and any other pertinent details)

_____

_____

_____

_____

_____

_____

Did the incident result in an injury or illness requiring first aid or medical attention?

YES / NO

(If YES, complete Medical Report section)

If NO, describe what action was taken:

_____

_____

_____

Did the incident result in any property damage? YES / NO

(If YES, complete Property Damage Report section)

Notifications:

Was there an attempt made to notify an emergency contact? YES / NO

If NO,

Explain why:

_____

_____

If YES,

Person who made this notification: _____ Date: _____ Time: ___:___

am pm

Result of notification: TALKED WITH LEFT MESSAGE UNABLE TO REACH

Contact's response: _____

_____

Was the appropriate United Way Emergency Contact(s) notified? YES / NO

If YES,

Person who made this notification: _____ Date: _____ Time: ___:___

am pm

Result of notification: TALKED WITH LEFT MESSAGE UNABLE TO REACH

Person(s) who was notified: _____

Were others notified? YES / NO

If YES,

Person who made this notification: _____ Date: _____ Time: ___:___

am pm

Result of notification: TALKED WITH LEFT MESSAGE UNABLE TO REACH

Persons and/or groups who were notified: _____

MEDICAL REPORT

Describe the injuries or illness (visible signs/symptoms)

_____

_____

_____

_____

_____

Was treatment given at the accident site? YES / NO

If YES,

Person and/or organization that performed treatment: _____

Describe what treatment was given_____

_____

_____

Was person removed from the scene for medical care? YES / NO

If YES,

By Whom: _____

Transported to where: _____

Person Refused Medical Treatment YES / NO

If YES,

Explanation:

_____

_____

PROPERTY DAMAGE REPORT

Describe nature and extent of damage:

_____

_____

_____

_____

_____

_____

TWO WITNESSES ARE REQUIRED FOR REPORTS THAT INVOLVE A 911 CALL, POLICE REPORT, PROPERTY DAMAGE OR CAUSES A PARTICIPANT TO BE REFFERED FOR OUTSIDE MEDICAL ATTENTION.

WITNESSESS

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

REPORT COMPLETED BY:

Name:_____ Position Title:_____

Date: ___/___/___ Time: ___:___ am pm

Signature_____

Additional comments on incident follow-up including notes, details or further communication can be written on the back of this page

Additional Incident Follow-up Comments and Notes