

INJURY/ACCIDENT REPORT

To be used only for injuries which occur during Salem Rainbow Youth activities, both in and outside Salem Rainbow Youth facilities. This report is required for all incidents or accidents involving bodily injury and is to be filled out by Salem Rainbow Youth facilitators only. **Please print clearly with pen or type answers into the electronic form.**

Name of Injured Person	Date of Injury	Time of Injury
Primary Phone Number of Injured Person	Age	If under 18, was emergency contact notified of the incident/accident? <input type="checkbox"/> Y <input type="checkbox"/> N
What is the injured person's relationship to Salem Rainbow Youth? <input type="checkbox"/> Youth <input type="checkbox"/> Volunteer <input type="checkbox"/> Facilitator <input type="checkbox"/> Board Member <input type="checkbox"/> Other:		

Details of Injury

Type	Body Part Affected	Location	Description
<input type="checkbox"/> Bleeding <input type="checkbox"/> Cut or abrasion <input type="checkbox"/> Possible joint injury <input type="checkbox"/> Possible fracture <input type="checkbox"/> Fainted (needs 911 call) <input type="checkbox"/> Bruise <input type="checkbox"/> Shock <input type="checkbox"/> Other	<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Abdomen	<input type="checkbox"/> Back <input type="checkbox"/> Ribs <input type="checkbox"/> Chest <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Toe <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Other

Details of Accident

Accident location	Equipment in use? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what equipment?
Program/activity during which accident occurred:		

Description of the accident (Include only facts. Describe events resulting in injury; what and how it happened; your observation.):

Action Taken

Was first aid rendered? <input type="checkbox"/> Y <input type="checkbox"/> N	Was 911 called? <input type="checkbox"/> Y <input type="checkbox"/> N	Did victim self-treat? <input type="checkbox"/> Y <input type="checkbox"/> N
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If applicable, please list the name(s) of first aid renderers:

If applicable, please select the type(s) of first aid treatment provided (check all that apply):

Ice Adhesive bandage Control bleeding Treated for shock Injury immobilization Other:

Please select where the victim was transported:

Home Hospital Urgent Care Not transported Other:

If applicable, please select the method of transportation used to transport the victim:

Personal vehicle (If checked, vehicle owner: _____ ; vehicle driver: _____) Ambulance Other: (describe)

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Universal Precautions Report

Check all that apply:

- No Blood or Other Potential Infectious Material was Present (leave remainder of this section blank)
- Blood or OPIM was present but victim self-treated
- Blood or OPIM was present and Salem Rainbow Youth volunteer provided direct assistance
- Minor to moderate volume of blood was present at the scene of the incident (disinfect, place blood spill cleanup materials (e.g., paper towels, gloves, etc.) in large white/clear bag, and place in dumpster)
- Large volume of blood was present at the scene of the incident (place saturated blood spill cleanup materials in red biohazard bag and give to EMT's or place in black biohazard bin)

Witnesses

Note to Salem Rainbow Youth volunteer: Needed only for serious or critical injuries. Witnesses who saw the injury occur should be included and written statements should be taken (separate sheet of paper).

Name of Witness	Address	Phone number
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Refusal of Assistance

I have been advised by Salem Rainbow Youth volunteers that I should be treated and/or evaluated. I am refusing this assistance.

Victim printed name	Signature	Date
<i>I (Salem Rainbow Youth volunteer) advised the victim to be treated and/or evaluated. My signature indicates victim refused assistance and would not sign above.</i>		
Salem Rainbow Youth volunteer printed name	Signature	Date

Additional Notes

If you feel any additional information will be helpful or is necessary, please elaborate on this situation:

Volunteer Signatures (Form must be completed and turned into Executive Director within 2 hours of injury.)

Printed name of person who completed form	Signature	Date
Printed name of facilitator on duty	Signature	Date
Printed name of Executive Director (reviewed)	Signature	Date