

## Forever...in motion Accident/Incident Report

<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Other _____
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### Third Party Information (Location of incident/Name of injured)

Location/Facility:			
First Name Only:	Phone:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Is the injured person a <b>Forever...in motion</b> volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Situation Details

Date of Occurrence: (dd/mm/yy)	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Location/Room:
When did the incident occur? <input type="checkbox"/> During a FIM Class <input type="checkbox"/> Just Before <input type="checkbox"/> Just After		
Did the incident occur indoors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of class was it? <input type="checkbox"/> Land <input type="checkbox"/> Aqua		
If no,		
Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow		
Ground Conditions: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy		
Sidewalk Salted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tripping Hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Other Hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
How was the situation reported? <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Witnessed by Volunteer <input type="checkbox"/> Other		
Was medical attention required? <input type="checkbox"/> 911 <input type="checkbox"/> Emergency Room Visit <input type="checkbox"/> Other		
Were police contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Badge Number:		
Description of Injury/Incident (include how it happened, extent of injuries, etc.)		
First Aid or Care Given/Other Action Taken:		

### Witness Information

Name:	Phone (H):	Phone (C):
Name:	Phone (H):	Phone (C):

### Follow Up

Follow up action taken (eg. Family notified, medical attention recommended, repairs requested, etc.):

<i>Print Name</i>	<i>Sign Name</i>	
Report Completed By:	Signature:	Date / /
<b>For Office Use Only</b>	<i>Print Name</i>	<i>Sign Name</i>
Report Reviewed By:	Signature:	Date / /

## Emergency Plan

Create an emergency plan everyone is comfortable with. If you have a larger group with several leaders, the leaders should get together & come up with a policy. Once the policy has been established, this should be shared with the participants. If it is a smaller group or only one or two leaders, you may want to include the participants in the decision-making process. Things to consider:

- Come up with a list of criteria for what will be done based on certain circumstances (i.e. sprained ankle, asthma attack, heart attack symptoms, etc.)
  - When is a class stopped? When will it continue? Who decides this?
  - When is an ambulance called? Who makes the call?
  - Who needs to know about the incident? Do you have an emergency contact list for all your participants and leaders?
  - Who follows up with the person requiring assistance? When? What if it is one of the leaders requiring assistance?
  - What information will be shared with the rest of the group?
  - Other?

### **(Sample) Emergency Plan**

<b>When is a class stopped?</b>	Example: - Only one leader present and... - - -
<b>When is a class continued? (If possible, one leader takes person requiring assistance to the side, another leader continues class.)</b>	Example: - Two or more leaders present and... - - -
<b>When is an ambulance called? Who makes the call?</b>	Example: - Heart attack symptoms - - Call is made by assisting leader or...
<b>Who needs to know about the incident?</b>	Example: - Emergency contact - Facility Management? * <b>Forever...in motion</b> (FIM) office
<b>Who follows up with the person requiring assistance?</b>	Example: - Person that filed the incident report
<b>What information will be shared with the rest of the group?</b>	Example: - Only that for which permission has been given

## Incident Reporting

- Best practice is to keep a written report of any incident that occurs during (or right before or right after) a FIM class or event.
- Date, location, person's name (first name only), situation details, first aid or care given, witness information, follow-up and reporting person's information.
- **A copy is to be kept with the FIM leaders, a copy to facility owner & a copy sent to FIM office so we have a record as well of any FIM-related incidents.**