Exe Water Sports Association

Incident Reporting Form

Please complete this form for all incidents, whether deemed minor, serious, a near miss, or if outside assistance was or was not required. The information supplied here is confidential and will assist EWSA to develop an overview of incidents and help us provide relevant guidance and training.

This form should be completed by the person responsible for the activity. It should then be given to the Health and Safety Officer, the Welfare Officer or the Secretary  sign and a copy kept by the area or group. Please fill in the form in electronically or use a blue or black pen and write clearly.

## **1. Person responsible for activity**

|  |  |
| --- | --- |
| Forename  | Surname |
| Position/role |
| Address |
| Phone no | Mobile no |
| Email address  | Membership affiliation |

**2. Details of affected person**

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth or approx. age |
| Address |
| Phone no | Mobile no |
| Email address |
| Membership affiliation(if applicable) |  |
| Were there any injuries? If yes, please state their nature. |
| Was medical attention sought? If yes, what treatment was received & for how long? |
| If injuries were sustained is a full recovery expected? |

**4. Details of incident**

|  |
| --- |
| Were emergency services called? Yes/No |
| Location, date & time of incident |
| What happened? Please give as much information as possible and use continuation sheet if necessary. |

### **4. Witness** *(if more than one please list others in section 9)*

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Membership affiliation(if applicable) |  |

### **5a. Details of person making report *(if same as person named in section 2 go to 6b)***

|  |  |
| --- | --- |
| Forename | Surname |
| Position/role |
| Address |
| Phone no | Mobile no |
| Email address |

**5b. Extra information from person making report**

|  |
| --- |
| In your opinion is a claim likely to be made? |
| Is there anything else you would like to add? |
| Signature | Date |

## **6. The following must be completed by the H&S rep or other relevant committee member**

|  |  |
| --- | --- |
| Name | Email address |
| Address |
| Phone no | Mobile no |
| Signature | Date |

**Continuation Sheet**

**Continuation Sheet (if required)**

**8. Please clearly list the question number you are continuing**

### **9. Witness continued:**

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Ramblers member? Yes/No | Membership no(if applicable) |

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Ramblers member? Yes/No | Membership no(if applicable) |

*Continue on blank sheets as required*

**Accompanying Notes – How to complete the Incident Report Form**

**When to fill in the form**

The Exe Water Sports Association requires the reporting of all incidents, whether deemed minor or serious, no matter what the envisaged severity is or if emergency services were or were not required.

This includes near misses - an incident may not necessarily involve personal harm or injury. Examples of incidents include where someone has been injured slipping, or tripped on a pavement, damage to property or someone dropping a equipment on their foot whilst undertaking practical work.

You should also report any referrals or other incidents in connection with our guidelines on safeguarding children or vulnerable adults. This form will enable EWSA to gain a better understanding of incidents, monitor trends and provide appropriate guidance and training. It is important that all incidents are recorded and we encourage an open culture of reporting, learning and continual improvement.

Please fill in the form as quickly as possible after the incident and return it as soon as possible, and within 10 days maximum. Your area or group should keep a copy too. You may choose to fill the form in electronically and email it to Health and Safety Officer, the Welfare Officer or the Secretary. If you return it electronically there is no need to send a hard copy in the post.

**How to fill in the form**

Please provide as much information as possible and use the continuation sheet if necessary. If you needed to contact any external agency other than the emergency services (for example the local authority child and family services) please give details under ‘What happened’? We request that contact details of at least one key witness are provided in case further investigation should be required. You may decide that due to the nature of the incident it is best to provide the details of a number of witnesses. If you are using the form to report a referral under the safeguarding guidelines for children of vulnerable adults, please do not record personal details of third parties on the form

**Serious incidents:**

An incident of serious nature is defined as posing immediate danger to life where outside help is required, this includes:

* incidents where 999 has been called to deal with urgent medical help i.e. a heart attack, stroke or severe physical injury where the walker is unconscious
* evacuation of party/member by emergency services and urgent medical help is needed
* death of a participant
* any potential breach of the Safeguarding Children and Vulnerable Adults policy – this can be found by going to our [Safeguarding Policy](https://docs.google.com/document/d/1i4VO2pSp64VDMqjxyssguYnRCOYxKzh2Cr6-p0YdGdE/edit?usp=sharing)
* Serious incidents may need to be reported to [HSE](http://www.hse.gov.uk/)

**What happens next?**

Once your form is received at central office it will be reviewed. An acknowledgement will be sent and appropriate support made available.

# Version

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Name | Notes |
| 0.0 | 1/1/19 | L Donohue | based on the Ramblers Association |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Sign off by each participating Club

To confirm Guidance/Policy has been understood and circulated to their committee and membership.

|  |  |
| --- | --- |
| **EBASC**Date | **ERC**Date |
|  **ECC** Date |  **ExeDBC** Date: |