WLEE Incident Report

Reported by: _____ **Incident #:** _____ **Date:** _____

Subject name:	**Age:**	□ **Male** □ **Female** □ **Student** □ **Staff** □ **Visitor**
Date of incident:		**Time of incident:** □ AM □ PM
Location of incident:		

Incident severity □ Green □ Yellow □ Red

Incident type

□ Injury
□ Illness
□ Motivational: Expulsion/subject chose to leave the Trip
□ Behavioral: Expulsion/subject was asked to leave the Trip
□ Near miss: Significant consequences narrowly avoided
□ Vehicle
□ Other:

Incident outcomes (check all that apply) Date

□ Subject did not leave the Trip _____
□ Subject left the Trip _____
□ Subject visited a medical provider/facility _____
□ Subject received non-medical assistance _____
□ Subject returned to the Trip _____
□ Subject dropped from course / program _____
□ Other: _____

Did the subject miss a full day of the Trip, following the date of the incident, due to injury or illness? □ Yes □ No
How many Trip days, following the date of the incident, did the subject miss due any incident type? # days _____

Behavioral / Motivational incidents only (check all that apply) or □ N/A

□ Physical harm/ self □ Threatening behavior □ Drug/ alcohol use □ Sexual behavior
□ Physical harm/ others □ Failure to follow instructions □ Verbal abuse □ Refusal to participate
□ Low motivation □ Suicidal behaviors/ ideation □ Other :

Communications (check all that apply) or □ N/A

□ Medical consultation □ Runners
□ Evacuation support □ SPOT device / Sat phone
□ Cell phone □ HF Radio
□ Land line □ Other:

Evacuation method (check all that apply) or □ N/A

□ Ambulatory / self □ Aircraft
□ Assisted / litter □ Boat
□ Brevard College vehicle □ EMS ground vehicle
□ Private ground vehicle □ Other:

Type of environment (check all that apply) or □ N/A

□ River □ Mountain □ Cold
□ Lake □ Cliff □ Road
□ Ocean □ Glacier □ Camp facility
□ Forest □ Snow / ice □ Urban
□ Desert □ Canyon □ Other:

Surface condition (check all that apply) or □ N/A

□ Wet □ Trail Other:
□ Dry □ Rock
□ Snow □ Flat
□ Loose □ Sloped
□ Ice Class: _____

Temp (^{0}F) Precipitation type Wind (mph) Visibility (mi) Altitude (ft) Lat/long/UTM

Type of Illness or injury (number primary illness or injury #1, number secondary factors #2, #3, etc.) or □ N/A

□ Abrasion □ Concussion □ Fracture □ Immersion foot □ Sprain
□ Anaphylaxis □ Contusion □ Frostbite □ Infection □ Strain
□ Allergy, other □ Dehydration □ Gastrointestinal □ Laceration □ Tendonitis
□ Altitude □ Dental □ Gynecological □ Pre-existing □ Tick / insect bite □ Asthma □ Dislocation □ Head injury – no LOC □ Psychological □ UTI
□ Blister □ Exhaustion □ Head injury – LOC □ Puncture □ Other:
□ Burn □ Fever □ Hyperthermia □ Respiratory
□ Cardiac □ Flu / cold symptoms □ Hypothermia □ Skin problem

Location of injury (number primary location #1, number secondary locations #2, #3, etc.) or □ N/A

□ Head □ Chest □ Genitals □ Finger □ Toe
□ Face □ Upper back □ Upper arm □ Upper leg □ Other:
□ Eyes □ Lower back □ Elbow □ Knee
□ Mouth □ Pelvis □ Forearm □ Lower leg
□ Neck □ Abdomen □ Wrist □ Ankle
□ Shoulder □ Buttocks □ Hand □ Foot

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Activity at time of incident (number primary activity #1, number secondary activities #2, #3, etc.) or □ N/A				
□ Backpacking	□ Challenge course	□ Mountaineering	□ Running	□ Swimming/dipping
□ Bouldering	□ Cooking	□ Mountain biking	□ Sailing	□ Unaccompanied
□ Camping	□ Cycling	□ Portaging	□ Service	□ Urban activity
□ Canoeing – WW	□ Hiking	□ Rafting	□ Snow/ice climbing	□ Vehicle
□ Canoeing – flat water	□ Initiatives	□ Rappelling	□ Solo	□ Other:
□ Canyoneering	□ Kayaking – WW	□ River crossing	□ SUPs	
□ Caving	□ Kayaking – sea/lake	□ Rock climbing	□ Surfing	

Contributing objective factors (number primary factor #1, number secondary factors #2, #3, etc.) or □ N/A

□ Altitude □ Loose rock (not rock fall) □ Missing / lost □ Weather
□ Avalanche □ Fast water □ Overuse injury □ Pre-existing condition (disclosed)
□ Clothing □ Animal / insect □ Person overboard
□ Darkness □ Hostile bystander □ Poor visibility □ Pre-existing condition (undisclosed) □ Dehydration □ Hygiene □ Psychological (diagnosed) □ Drugs / alcohol □ H_2O Immersion □ Technical system failure
Other:

□ Equipment	□ Infection	□ Improper technique	
□ Fall / slip	□ Lightning	□ Unclipped	
□ Rock fall	□ Medication	□ Unidentified hazard	

Contributing subjective factors (number primary factor #1, number secondary factors #2, #3, etc.) or □ N/A

□ Administrative support □ Hazard / Risk assessment □ Motivation □ Staff positioning
□ Exceeded ability / unfit □ Inattention □ Participant assessment □ Staff training □ Exhaustion / fatigue
□ Instruction □ Safety policy violation □ Supervision □ Failure to follow inst. □ Logistics support
□ Schedule / itinerary □ Other:

□ Group dynamics	□ Misbehavior	□ Site reconnaissance	

Were body fluids spilled? □ Yes □ No **If yes, were universal precautions taken?** □ Yes □ No
Were medications administered? □ Yes □ No

Date	Drug name / quantity	Problem	Administered by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Narrative: Summarize the entire incident, including the outcome. Attach additional documentation.

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Program Coordinator cause analysis:

_____

_____

_____

_____

INSTRUCTOR(s):_____ **DATE:** _____

_____ **DATE:** _____

PROGRAM COORDINATOR: _____ **DATE:**_____

Attach written statements of witnesses and other relevant documentation.