

Wilderness Risk Managers Committee Incident Report Form

If you have any questions regarding how to complete this form properly, please consult the accompanying instruction sheet.

Organization: Tall Tree Youth Adventures

Program Type: Backpacking

Course Name: Wild Kids Orientation

Name: Rob S. (name optional for WRMC project)

Age: 17 Male Female Staff Student/Client

Incident Date: 6 / 19 / 01 Time 3 : 50 a.m./p.m.

Total Days of Course: 14 Day Incident Occurred: 7

Type of Environment. Check all that apply:

- River Lake Ocean Forest Mountain Cliff
 Glacier Snow/Ice Desert Cold Environment

Surface Condition. Check the two most significant:

- Wet Dry Snow Ice Trail Rock
 Uneven Flat Sloped

Type of Incident. Check most significant:

- Injury Illness Motivation/Behavioral Near Miss

Is this a Lost-Day case? NO YES, Number of days lost 7

Did the patient leave the field? NO YES, Date: 6 / 20 / 02

Evacuation Method: Unassisted Walking Assisted Litter Carry Vehicle Helicopter Other _____

Did the patient visit a medical facility? NO YES

If yes, Outpatient? Admitted?

Victim returned to the course? NO YES, Date ____/____/____

Property Damage NO YES.

Vehicle Equipment Other: _____

Type of Injury. Choose the most significant:

- | | |
|---|---|
| <input type="checkbox"/> Blister(s) | <input type="checkbox"/> Ligament sprain |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Muscle strain |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Near drowning or immersion |
| <input type="checkbox"/> Dislocation | <input checked="" type="checkbox"/> Soft tissue (bruise, wound, abrasion) |
| <input type="checkbox"/> Eye injury | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Frostbite | <input type="checkbox"/> Other (explain) _____ |
| <input checked="" type="checkbox"/> Head injury (change in LOC) | _____ |
| <input type="checkbox"/> Head injury (no change in LOC) | _____ |
| <input type="checkbox"/> Immersion foot | _____ |

Anatomical Location of Injury. Choose most appropriate:

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hand/Fingers | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Ankle | <input checked="" type="checkbox"/> Head | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hip | <input type="checkbox"/> Toe |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Lower back | <input type="checkbox"/> Upper Back |
| <input type="checkbox"/> Face | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Neck | |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Pelvis | |

Type of Illness. Choose most significant:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Heat illness |
| <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Altitude illness | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Apparent food-related illness | <input type="checkbox"/> Nonspecific fever illness |
| <input type="checkbox"/> Chest pain or cardiac condition | <input type="checkbox"/> Skin infection |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Upper respiratory illness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Eye or ear infection | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Flu symptoms/"cold" | _____ |

Over

Type of Activity. Check the activity at the time of the incident

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Backpacking | <input type="checkbox"/> Initiative game | <input type="checkbox"/> Sea kayaking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Service project |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Portage | <input type="checkbox"/> Ski (telemark/downhill) |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Rafting | <input type="checkbox"/> Ski touring |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> River crossing | <input type="checkbox"/> Snow/Ice climbing |
| <input type="checkbox"/> Dog sledding | <input type="checkbox"/> River kayaking | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Glacier travel | <input type="checkbox"/> Rock climbing | <input type="checkbox"/> Solo |
| <input type="checkbox"/> Hiking (no pack) | <input type="checkbox"/> Ropes course | <input type="checkbox"/> Swim/Dip |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Running | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Independent travel | <input type="checkbox"/> Sailing | <input type="checkbox"/> Other (explain) |

Contributing Factors. Rank in order of priority the major categories ①, ②, ③, etc.

- | | |
|--|--|
| <input type="radio"/> Altitude | <input type="radio"/> Loose rock (not rockfall) |
| <input type="radio"/> Avalanche | <input type="radio"/> Misbehavior |
| <input type="radio"/> Animal encounter | <input type="radio"/> Missing/Lost |
| <input type="radio"/> Carelessness | <input type="radio"/> Not following instructions |
| <input type="radio"/> Cold Exposure | <input type="radio"/> Overuse injury |
| <input type="radio"/> Dehydration | <input type="radio"/> Plant poisoning/toxicity/contact |
| <input type="radio"/> Equipment | <input checked="" type="radio"/> Technique (poor communication) |
| <input type="radio"/> Exceeded ability | <input type="radio"/> Preexisting medical condition |
| <input type="radio"/> Exhaustion | <input type="radio"/> Psychological issue |
| <input type="radio"/> Fall on rock | <input checked="" type="radio"/> Rock fall |
| <input type="radio"/> Fall on snow | <input type="radio"/> Screening |
| <input type="radio"/> Fall/Slip on trail | <input type="radio"/> Sunburn |
| <input type="radio"/> Falling tree/branch | <input type="radio"/> Supervision |
| <input type="radio"/> Fitness/ability | <input type="radio"/> Technical systems failure |
| <input type="radio"/> Hygiene | <input type="radio"/> Unknown |
| <input type="radio"/> Immersion/submersion | <input type="radio"/> Visibility |
| <input type="radio"/> Instruction | <input type="radio"/> Weather |
| <input type="radio"/> Inattention | <input checked="" type="radio"/> Other (explain) (poor position) |

Narrative: Describe the incident and provide details: distances, times, sizes, sequence of events, etc., to present a clear picture of the incident.

A group was hiking into camp, traveling across a scree slope, when a subgroup moved directly below the rest of the group. A rock became dislodged, bounced down-slope, and struck one of the participants. The patient was hit with a glancing blow to the left side of his head.

Analysis: Include any suggestions, observations or recommendations regarding the incident. Why did it happen? Follow up care and any diagnosis or other outcome.

The group's communication seemed to break down as they moved through steep, rocky terrain. The front of group moved quickly through a tricky section but they didn't wait for the slower members of the group. As a result, the front of group ended up below the others. The fact that helmets were not worn likely contributed to the severity of the injury.

Prepared by: Sandy Stone Position: Trail Boss

Signature: _____ Date: 6 / 20 / 02

Reviewed by: Adam Inistrator Position: Risk Freak

Signature: _____ Date: 6 / 27 / 02