

INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.

A. FACILITY INFORMATION

Camp Name: _____ Facility Code: _____

Camp Address: _____ Date Reported ____/____/____

B. EVENT INFORMATION

eHIPS Incident Number: _____ (Note: Assigned by eHIPS)

Date of Incident ____/____/____ Time of Occurrence ____:____ (Military Time) Location where injury occurred: _____ a. In-Camp b. Out-of-Camp

Where did injury occur? _____ Specify locations marked with an asterisk: _____

- | | | | | | | |
|-----------------------|--------------------|---------------------|-------------------------|------------------------|---------------------------|--------------------------|
| a. Amusement park | e. Arts & crafts | i. Classroom | m. Horseback area/trail | q. Outdoor sports area | u. Recreational hall | y. Tenting/campsite area |
| b. Aquatic area* | f. Assembly area | j. Cookout area | n. Indoor sports area | r. Parking lot | v. Riflery area | z. Other* |
| c. Aquatic theme park | g. Bathroom/shower | k. Dining area | o. Kitchen area | s. Playground | w. Ropes/challenge course | |
| d. Archery area | h. Camp/trail/road | l. Drama/stage area | p. Open field/lawn* | t. Public highway/road | x. Sleeping area | |

Note: For incidents with multiple victims, utilize this form for the event information and initial victim, complete section C-2 and attach form DOH-61b.

C. VICTIM INFORMATION: The shaded information is confidential and must be protected against unauthorized disclosure. For an incident with more than one victim, utilize this form for the incident and initial victim information and attach form DOH-61a for the additional victims.

1.

| | |
|---|---|
| Name of Victim (Last, First, MI): _____ | Name of Parent or Guardian (Last, First, MI): _____ |
| Home Address: _____ | Home Phone Number: (____) _____ - _____ |

eHIPS Victim ID Number: _____ (Note: assigned by eHIPS)

Age: _____ Sex: Female Male Status: Camper Developmentally Disabled Camper CIT/Jr. Counselor Counselor Other Staff* Other* Specify* _____

What was the victim doing? _____

- | | | | | |
|-----------------------------|--------------------------|----------------------------|----------------------------------|-------------------------------|
| a. Amusement park rides | h. Classroom instruction | o. Games-organized* | v. Playground equipment activity | dd. Swimming |
| b. Aquatic theme park rides | i. Cooking | p. Gymnastics | w. Playing | ee. Transportation |
| c. Archery | j. Dancing/Acting | q. High adventure activity | x. Riflery | ff. Travel between activities |
| d. Arts & crafts | k. Diving | r. Hiking | y. Rollerskating/rollerblading | gg. Walking/Running |
| e. Bicycling | l. Eating | s. Horseback riding | aa. Ropes/Challenge course | hh. Woodcarving/Wood working |
| f. Boating/Canoeing | m. Fighting | t. Martial arts | bb. Sleeping | ii. Woodcutting/chopping |
| g. Chores | n. Free period | u. Nature study/walk | cc. Sports* | z. Other* |
- * Specify _____

2. Number of Victims

- Single Victim Multiple Victims (DOH-61h attached)

D. INJURY INFORMATION - Report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fracture or dislocations and camper lacerations requiring sutures. Enter the information for questions D-1, D-2 and D-3 in the table below. Up to FOUR injuries can be indicated per victim. To report injuries for additional victims of this incident, use form DOH-61h.

1. Type of Injury:

- | | | | | | |
|---------|---------------|----------------|----------------------------|------------------|-------------------------|
| a. Bite | c. Concussion | e. Dislocation | g. Internal (organ damage) | i. Puncture | k. Suffocation/drowning |
| b. Burn | d. Cut | f. Fracture | h. Near drowning | j. Strain/Sprain | z. Other*(specify) |

2. Area Injured:

- | | | | | | | |
|------------|---------------------------|---------|----------------|---------|-----------------------|-----------|
| a. Abdomen | d. Back | g. Eyes | j. Hand/finger | m. Knee | p. Respiratory System | s. Wrist |
| b. Ankle | e. Chest | h. Face | k. Head | n. Leg | q. Shoulder | z. Other* |
| c. Arm | f. Clavicle (collar bone) | i. Foot | l. Hip | o. Neck | r. Spine | |

3. Cause of Injury:

- a. Bite from *
- b. Collision with *
- c. Contact with heat or flame
- d. Contact with sharp object
- e. Falling/Stumbling
- f. Motor vehicle accident
- g. Poisoned by *
- h. Struck by *
- i. Submersion
- z. Other *

| | Type of Injury (question D1) | *Specify (when required) | Area of Injury (question D2) | *Specify (when required) | Cause of Injury (question D3) | *Specify (when required) |
|---------------|------------------------------|--------------------------|------------------------------|--------------------------|-------------------------------|--------------------------|
| First Injury | | | | | | |
| Second Injury | | | | | | |
| Third Injury | | | | | | |
| Fourth Injury | | | | | | |

E. TREATMENT - For each person providing treatment, indicate in the below table the location and type of treatment that person provided. Up to FOUR treatment providers may be indicated. To report treatments for additional victims of this incident, use form DOH-61h.

1. Who Provided Treatment?

- a. Dentist
- b. Emergency Medical Technician
- c. First Aider*
- d. Licensed Practical Nurse
- e. Nurse Practitioner
- f. Physician
- g. Physician's Assistant
- h. Registered Nurse
- i. Victim
- z. Other*

2. Where was treatment provided?

- a. Camp infirmary
- b. Admitted to Hospital
- c. At site
- d. Dentist's Office
- e. Doctor's Office
- f. Emergency Clinic
- g. Emergency Room
- z. Other*

3. What Treatment was provided? (Indicate the primary treatment provided)

- a. Antibiotic
- b. Antihistamine/Decongestant
- c. Anti-inflammatory/analgesic
- d. Antiseptic
- e. Cast/Splint
- f. Diagnostic
- g. Epinephrine Administration
- h. Gastrointestinal (antacid, laxative)
- i. Psychotropics
- j. Resuscitation
- k. Supportive (bedrest, observation, physical therapy)
- l. Sutures,* Staples*, medical glue (indicate how many below)*
- z. Other*

| | Who (question E1) | *Specify (when required) | Where (question E2) | *Specify (when required) | What (question E3) | *Specify (when required) |
|-----------------------|-------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Treatment Provider #1 | | | | | | |
| Treatment Provider #2 | | | | | | |
| Treatment Provider #3 | | | | | | |
| Treatment Provider #4 | | | | | | |

F. SUPERVISION AND CONTRIBUTING FACTORS

1. Supervision during incident (indicate as many as apply) _____ Specify when marked with an asterisk _____

- a. Activity inadequately addressed in the written plan
- b. Activity not addressed in the written plan
- c. Camper orientation for activity not documented/received
- d. No staff present
- e. Quality of supervision adequate
- f. Quality of supervision inadequate
- g. Staff not trained/knowledgeable as per the written plan
- h. Staff orientation/training for activity not documented/received
- i. Supervision ratio inadequate
- j. Supervision ratio correct
- k. Written plan not followed
- z. Other *

2. Contributing Factors: (Indicate as many as apply) _____ Specify contributing factors marked with an asterisk: _____

- a. Alcohol/Drug use
- b. Area/Equipment not safe
- c. Area/Equipment not maintained
- d. Area not approved for use
- e. Developmental disability
- f. Equipment not approved
- g. Horseplay
- h. Physical disability
- i. Pre-existing medical condition
- j. Required safety equipment not used/defective
- k. Topography
- l. Victim lacked necessary skill/ability
- m. Weather*
- n. None
- z. Other*

G. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: ___/___/___

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: ___/___/___

H. NARRATIVE- When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Attach a description of the incident. Pertinent host, environment and agent factors should be discussed for the pre-event, event and post-event stages of the incident. (See Environmental Health Manual technical reference ADM 3 for guidance on report writing and incident investigation.) When applicable, describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp written plan and recommendations for administrative action against the camp.

Information received by: _____ Title: _____ Report reviewed by: _____ Title: _____