

INCIDENT REPORT

I. POLICY

- A. It is the policy of Crosswinds Wesleyan Church that an Incident Report be filed for any and all incidents that occur at Crosswinds functions and gatherings either on or off the church campus.
- B. Definition: An “Incident” shall be described as an event that has happened that involves an injury, illness, property damage, any allegations of abuse, harassment (verbal, physical, or sexual), chemical spill, bodily fluid contamination, or any other event that occurs that is appropriate and necessary to document.
- C. It is the responsibility of each Crosswinds staff member to complete an Incident Report of an event that they have witnessed and/or have been made aware of. It will also be the responsibility of all Emergency Medical Response Team members to complete an Incident Report for any event in which medical assistance was necessary, whether or not the person received or refused treatment. (NOTE: If one or more staff members or EMRT members were involved in the same event, only one report need be completed.)
- D. Incident Reports will be reviewed by the Executive Pastor, who will assign follow up as necessary. The Executive Pastor will assign the report a number, and will coordinate any and all action that is taken as a result of the incident. All Incident Reports will be filed in the Executive Pastor’s office.

II. INCIDENT REPORT COMPLETION

- A. The following guidelines shall be followed for the completion of all Incident Reports:
 - 1. Time of Incident: Document the month, day, year, and time the incident occurred.
 - 2. Reported: Document the month, day, year, and time the incident was reported.
 - 3. Location of Incident: Document where the incident occurred (the BOX, softball field, address of small group leader, etc.)

crosswinds *wesleyan* church

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4. Incident Type: Check the box that most closely applies to the Incident. If no box applies, check the 'Other' box and describe the incident.
5. Report #: A report number will be assigned by the Executive Pastor upon receipt/review of the report.
6. Page: Document the total number of pages of the report
7. Nature of Illness/Injury: Document any and all complaints of pain, the nature of the illness, and the extent of any injury that becomes known prior to the completion of the report.
8. Person Hospitalized/Treated: Check either yes or no, as well as where treatment or hospitalization occurred.
9. Attending Physician: Document the name of the hospital physician who treated the illness/injury. If the person was not transported to a hospital, document the individual's personal physician.
10. Related IR (Incident Report): If applicable, a report number will be assigned by the Executive Pastor upon receipt/review of the report.
11. Name(s) of Persons Involved Including Witnesses: Document the name/address/contact information of all parties involved in the incident, as well as those who were a witness to the incident.
12. Description of Incident/Medical Treatment Provided: Document a clear, detailed account of the incident as it was observed and/or reported, including statements of all individuals involved as well as witnesses. If medical treatment was administered, document all vital signs, condition, possible causes for illness, ambulance information, etc., as well as any other information that is deemed necessary to document.
13. Follow Up: Document all follow up that is conducted, including any follow up treatment given, police involvement, corrective action taken, etc.
14. Reporting Person: Document the name of the writer of the report.
15. Follow Up By: Document the name of the person who conducted the follow up to the incident.
16. Follow Up Completed: Document the date in which follow up was completed.
17. Type of Tech. (Technician) Work Performed: Document whether photos were taken and/or a diagram was drawn and by whom.
18. Tech. (Technician) Work Performed By: Document the person name(s) that completed any of the above tech. work.
19. Executive Pastor: Name and signature of reviewing person.