

**AQUATIC MANAGEMENT SERVICES
ACCIDENT/REPORT FORM
(MUST Be Completed for ANY Accident or Rescue)**

Pool Name: _____ Accident Date: _____ Accident Time: _____
Injured Person/Victim: _____ Address: _____
City: _____ Zip: _____ Phone No. _____ Age: _____ Male/Female: _____ Lifeguard on Duty: _____
Name of Family Member Notified: _____ Relationship to Victim: _____ Phone No. _____

Weather Conditions: Air Temperature: _____ Water Temperature: _____ Visibility: _____
() Sunny and clear () Sunny with partial cloud coverage () Cloudy () Rain, no lightening () Rain with Lightening () Electrical Storm

Warnings in Use: () Verbal () Whistle Blows Other: _____

Type of Injury/Rescue: () Tired Swimmer () Distressed Swimmer () Submersion () Diver () Spinal
() Abrasion/Cut () Burn () Insect Bite () Bleeding () Excessive Bleeding () Contusion(s)
() Puncture () Laceration(s) () Allergy Related () Previous Condition () Strain
() Choking () Sprain () Possible Fracture/Dislocation/Broken Bone(s) () Possible

Internal Injuries
Other: _____

Victim Identification and Location: () Conscious Top () Unconscious Top () Unconscious Bottom Other Location: _____

Area of Injury: () Head () Neck () Arm () Hand () Trunk () Leg () Foot Other: _____

Number of Victims: _____ Other: _____

Equipment Used for Rescue: () Rescue Tube () Resuscitation Device Other: _____

Cause of Injury:
() Participating in Unsafe Behavior (i.e. chicken fighting, running, drinking, drug use, etc.)
Specify Behavior if not listed: _____
() Defective Equipment (i.e. floats, inner tubes, rafts, etc.)
Specify Defective Equipment if not listed: _____
() Personal Factors (i.e. over-aggressiveness, panicky, nervous, shy, etc.)
Specify Personal Factors if not listed: _____
() Lack of Knowledge or Skill (i.e. non-swimmer, not knowing depth, etc.)
Specify Lack of Knowledge or Skill if not listed: _____
() Water-Entry Injury (i.e. diving into shallow water, striking bottom of pool, jumping off side, etc.)
Specify Injury if not listed: _____
() Pool Deck/Facility Related Injury (i.e. slipping on deck/coping, slippery walking surface in facility, etc.)
Specify Injury if not listed: _____
() Other: _____

Medical Emergency: () Drowning () Near-drowning () Assist Swimmer () Spinal Injury () Cardiac Related
() Respiratory () Seizure () Heat Exhaustion () Heat Stroke () Diabetic Emergency
() Drug/Alcohol Use/Overdose () Hypothermia () Mental

Other: _____

Patient Assessment Level of Consciousness: () Alert & Oriented () Conscious but disoriented () Responsive to verbal stimuli
() Unconscious but responsive to painful stimuli () Unconscious and unresponsive to painful and verbal stimuli
Other: _____

Pupils: () Normal () Unequal () Constricted () Dilated Other: _____

Skin: () Normal () Cyanotic (bluish in color) () Hot () Cool () Dry () Moist () Pale () Flushed Other: _____

Sensation and Motor Function: () Left Upper Extremities () Right Upper Extremities () Left Lower Extremities () Right Lower Extremities

Respirations: () Normal () Shallow () Labored () No respirations **Pulse:** () Normal () Weak () Pounding
() Irregular () No Pulse

Chest Movement: () Rising fully () Rising slightly () Not rising

Time 1: _____ Time 2: _____ Time 3: _____

Pulse: _____ Pulse: _____ Pulse: _____

Respirations: _____ Respirations: _____ Respirations: _____

Type of Action Taken/First Aid Given/Emergency Care Given:

- Disinfectant Insect Ointment Band-Aid Bleeding Control Bandage with Gauze Ice Packs
- Treatment of Heat Stroke/Exhaustion Treatment of Hypothermia Treatment of Shock Heimlich Maneuver Rescue Breathing
- Pocket Mask Bag-Valve Mask CPR Spinal Immobilization Fracture/Dislocation/Broken Bone(s) Management

EMS Information:

Was EMS called? Yes No Time Called: _____ am / pm Time EMS arrived: _____ am / pm

Name and Phone No. of Person Accompanying Injured Person: _____

Patient Disposition: _____

PARAMEDIC WAIVER

I refused to have the paramedics called for myself or my minor child/ward and hereby for myself, my minor child/ward heirs, executor and administrator fully release and discharge USA Pools, Inc. and its officers, agents, servants and employees from any and all claims for damages I or my minor child/ward may have

Print Name: _____

Signature: _____

Date: _____

Release: Released Released to Parent Other: _____

Parents/Relatives Notified: Yes No By Whom: _____ Day Phone: _____
Who was specifically notified and what were their comments/reactions? _____

Mechanism of Injury:

- Rules Violation Contact with Guest Contact with Object Slip/Trip/Fall Intoxication Running Diving Other

Follow-Up Care:

- Treated on Site Backboard Referred off site Transported off site

Special Conditions:

- Blood Present Vomit Present Gloves Worn Multiple Injuries Employee Injury Other: _____

Additional Comments: _____

Witnesses Information: Please provide the name, address, and phone numbers of THREE Witnesses (must be adults)

Name: _____ Address: _____ Phone No. _____

Name: _____ Address: _____ Phone No. _____

Name: _____ Address: _____ Phone No. _____

Name(s) of Rescue Care Giver(s):

Name: _____ Name: _____ Name: _____

Lifeguard(s) Present:

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name of Employee Care Giver/Employee Completing Report: _____

Signature: _____ **Date:** _____

Supervisor's Review: _____ **Date:** _____