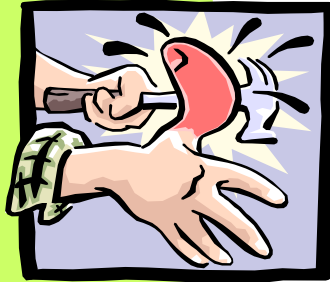
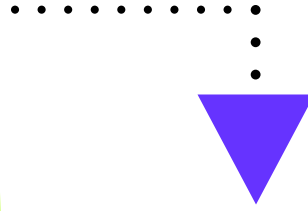


# WHAT IF ONE OF MY CREW MEMBERS GETS INJURED?



## Supervisor/Crew Leader Incident Procedures

### IF A CREW MEMBER IS INJURED:

- ◆ Assess what medical attention might be needed. If you or the injured person believes the injury is a life-threatening emergency, call 911 immediately.
- ◆ If the injury is not life-threatening, provide basic first aid from the provided on-site first aid kit.
- ◆ If an ambulance is not needed or requested, but if more medical attention is required, Town employees and crew leaders are not responsible for transportation to a medical facility. Please call the injured person's emergency contact to provide transportation.
- ◆ Fill out an incident report. Give the injured person a copy and turn the rest into the site supervisor.
- ◆ Call either Lisa Sorbo, POST Partners volunteer coordinator at 303-435-9232 or Karla McCrimmon, Teen Court coordinator at 303-475-5128 to inform them of the incident.





# Volunteer Incident Report



Name of Organization:	Name of Group Leader:
Name of Injured:	Group Leader Phone #:
Date of Incident:	Time of Incident:
Location:	

**Type of Incident:**

- Injury  Property Damage  Vehicle Accident  Fire/Explosion

**Injury:**

Body part injured:
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Describe treatment:  First Aid  Medical

Ambulance called:  Yes  No

Police notified:  Yes  No

Transportation:	Treatment facility:
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**Emergency contact information:**  Yes  No

Name of person notified:	Emergency contact phone:
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**Incident Details:**

Where & how did incident occur?	
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Causes (tools, vehicles, environment, etc.)?	
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Personal Factors (altitude, lack of knowledge, fatigue, etc.)?	
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Name of injured:	Witness name:
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Address:	Address:
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City, state, zip:	City, state, zip:
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Phone (home):	Phone (home):
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Phone (cell):	Phone (cell):
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E-mail:	E-mail:
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Date of birth:	
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Sex:	
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**Signatures:**

Injured \_\_\_\_\_ Date \_\_\_\_\_

Group Leader \_\_\_\_\_ Date \_\_\_\_\_

Received by (Town employee) \_\_\_\_\_ Date \_\_\_\_\_