



Community One Staff Response to an Emergency or Accident (Injury) Situation

An accident is an adverse event that is unintended, unplanned, or unexpected; it may lead to an injury or an emergency situation. But just because something happens that is unplanned, does not mean that it is unplanned for! In responding to accidents and emergencies, planning is essential.

Call 9-1-1: If an emergency or major accident (injury) occurs at a project or program site, immediately call emergency services (9-1-1).

Respond to the incident: Try to **STAY CALM**. If you have emergency training (i.e.: first aid, CPR, etc.), use your training. Follow the instructions and protocols provided by the 9-1-1 operator until a medical responder arrives.

- Be sure that the scene is safe, and check for danger before helping or allowing others to help the injured party.
- When medical personnel arrive, transition from providing care to documenting the situation:
 - What happened? Time? Location? Equipment or tool involved? Etc.
 - How many injured, condition of the injury or injuries?
 - Was first aid provided?
 - Take photos of the scene and injury (if possible).
- Control potential secondary accidents. This includes denying access to people who don't need to be at the scene (example: if there is a spill, you don't want others slipping on something).
- Preserve physical evidence, as it shouldn't be altered or removed (again, secure the scene/control who has access).

Documentation: It is imperative that you identify the people and conditions of the scene and document the incident (see reverse). People are potential witnesses to what happened (either collect yourself, or have someone gather names and contact information of those present during incident).

BE AS DETAILED AS POSSIBLE!

Inform C1 Leadership: Make appropriate notifications.

- The first contact should always be to your direct supervisor.
Next, the Operations Director and Executive Director should be notified of any incident that has occurred within the day it happened.
- Be prepared for follow up discussions with leadership regarding evaluating the incident and identifying what additional investigations resources that may be required.

**** Prevention is always better than a cure. If you see something that looks unsafe, speak up! ****



Community One
Love Your Neighbor

Incident Report Form

Use of this form includes: accidents, injuries, medical situations, and other incidents. If possible, this report should be completed within 24 hours of the event.

Date: _____ Time: _____ Location of Incident: _____

Incident Reported By: _____ Relationship to Community One: _____

Contact Information of ALL People Involved:

1 Full Name: _____ Address: _____

Phone Number: _____ Email: _____

2 Full Name: _____ Address: _____

Phone Number: _____ Email: _____

3 Full Name: _____ Address: _____

Phone Number: _____ Email: _____

Detailed Description of Incident: _____

Was Anyone Injured: ☐ Yes ☐ No

If Yes, Describe the Injuries: _____

Were Medical Services Required: ☐ Yes ☐ No ☐ Refused

If Yes, where was Medical Treatment Provided: ☐ On site ☐ Hospital ☐ Other: _____

Contact Information of First-Hand Accounts (Witnesses):

1 Full Name: _____ Address: _____
Phone Number: _____ Email: _____

2 Full Name: _____ Address: _____
Phone Number: _____ Email: _____

3 Full Name: _____ Address: _____
Phone Number: _____ Email: _____

4 Full Name: _____ Address: _____
Phone Number: _____ Email: _____

Signature of Person Filing Report: _____

Print Name: _____ Date: _____

OFFICE USE ONLY

Report Received By: _____ Title: _____ Date: _____

Follow-up Action Taken: _____
