

# Outdoor Education/Recreation Incident Report

Notes: Fields marked in **red** with \* are compulsory fields.

Please ✓ as applicable in fields below.

## 1. General Incident Information

Incident report # (from database) \_\_\_\_\_

Severity rating*: actual* ____ potential* ____ (see severity scale)		Region*: Eg. Southland, Taranaki	
Location of incident* (Name of: river, track, rock climb, etc.)			
Grid reference:		Date of incident*:	
		Time* (24 hr, e.g. 2pm = 1400) : .....	
<b>Incident type*</b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Psychological/emotional <input type="checkbox"/> Equipment loss/damage <input type="checkbox"/> Fatality <input type="checkbox"/> Missing/overdue <input type="checkbox"/> Near Miss		<b>Weather at time of incident*</b> Fine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet Hot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold Calm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windy	
		<b>Communications used</b> <input type="checkbox"/> Mountain radio <input type="checkbox"/> Flare <input type="checkbox"/> VHF radio <input type="checkbox"/> Locator beacon <input type="checkbox"/> Mobile phone <input type="checkbox"/> Messenger (person) <input type="checkbox"/> Satellite phone <input type="checkbox"/> n/a <input type="checkbox"/> Avalanche transceiver <input type="checkbox"/> Other _____	
		<b>No. of people involved*</b> _____	
		<b>Is this a lost day case?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No # days lost _____	

## 2. Information on person/s involved in incident. (Complete for each person. More names? Add to a separate sheet)

First name: _____ Last name: _____ Age*: _____ Gender*: M F Ethnicity*: <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Is. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Evacuation Method*: <input type="checkbox"/> Walked out <input type="checkbox"/> Stretcher <input type="checkbox"/> Vehicle <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> n/a Injury type * <input type="checkbox"/> Burn <input type="checkbox"/> Blister <input type="checkbox"/> Bruise <input type="checkbox"/> Concussion <input type="checkbox"/> Eye injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Dental <input type="checkbox"/> Frostbite <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration/cuts <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Punctures <input type="checkbox"/> Skin abrasions <input type="checkbox"/> Sprain <input type="checkbox"/> Sunburn <input type="checkbox"/> Tendonitis <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____	First name: _____ Last name: _____ Age*: _____ Gender*: M F Ethnicity*: <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Is. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Evacuation Method*: <input type="checkbox"/> Walked out <input type="checkbox"/> Stretcher <input type="checkbox"/> Vehicle <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> n/a Injury type * <input type="checkbox"/> Burn <input type="checkbox"/> Blister <input type="checkbox"/> Bruise <input type="checkbox"/> Concussion <input type="checkbox"/> Eye injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Dental <input type="checkbox"/> Frostbite <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration/cuts <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Punctures <input type="checkbox"/> Skin abrasions <input type="checkbox"/> Sprain <input type="checkbox"/> Sunburn <input type="checkbox"/> Tendonitis <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____	First name: _____ Last name: _____ Age*: _____ Gender*: M F Ethnicity*: <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Is. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Evacuation Method*: <input type="checkbox"/> Walked out <input type="checkbox"/> Stretcher <input type="checkbox"/> Vehicle <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> n/a Injury type * <input type="checkbox"/> Burn <input type="checkbox"/> Blister <input type="checkbox"/> Bruise <input type="checkbox"/> Concussion <input type="checkbox"/> Eye injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Dental <input type="checkbox"/> Frostbite <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration/cuts <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Punctures <input type="checkbox"/> Skin abrasions <input type="checkbox"/> Sprain <input type="checkbox"/> Sunburn <input type="checkbox"/> Tendonitis <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____
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## 3. Activity Information

Activity* (Choose the most appropriate activity the person was engaged in at time of incident)			
<input type="checkbox"/> Abseiling <input type="checkbox"/> Bungy Jumping <input type="checkbox"/> Camping <input type="checkbox"/> Canoeing <input type="checkbox"/> Caving <input type="checkbox"/> Community service <input type="checkbox"/> Cooking <input type="checkbox"/> Cycling <input type="checkbox"/> Field trip: (specify) _____ <input type="checkbox"/> Fishing	<input type="checkbox"/> Free time <input type="checkbox"/> Horse riding <input type="checkbox"/> Hunting <input type="checkbox"/> Initiatives <input type="checkbox"/> Kayaking <input type="checkbox"/> Land yachting <input type="checkbox"/> Mountain biking <input type="checkbox"/> Mountaineering <input type="checkbox"/> Multisport/adventure racing <input type="checkbox"/> Orienteering/Rogaining	<input type="checkbox"/> Rafting <input type="checkbox"/> River crossing <input type="checkbox"/> Rock climbing <input type="checkbox"/> Ropes <input type="checkbox"/> Sailing <input type="checkbox"/> Sea kayaking <input type="checkbox"/> Skiing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snow caving <input type="checkbox"/> Snorkelling	<input type="checkbox"/> Solo <input type="checkbox"/> Surfing <input type="checkbox"/> Swimming <input type="checkbox"/> Tramping <input type="checkbox"/> Transportation <input type="checkbox"/> Tubing <input type="checkbox"/> Windsurfing <input type="checkbox"/> Waterskiing <input type="checkbox"/> Other _____

<b>Activity Duration*</b>  _____ Hours e.g. 3 1/2 days = 84 hours	<b>Number of people involved*</b> _____ Participants e.g. students _____ Volunteer helpers e.g. parent help _____ Qualified instructors _____ Supervisors e.g. teachers, youth leaders	Was this an EOTC incident?   YES   NO  Curriculum area (schools only) <input type="checkbox"/> English <input type="checkbox"/> Technology <input type="checkbox"/> Languages <input type="checkbox"/> Social Sciences <input type="checkbox"/> Mathematics <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Health & PE
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4. Activity Leader (Choose leader most in charge of the group that had the incident)

<b>Was there a leader*?</b> YES                      NO                      UNKNOWN                      (If no, or unknown, go to 5.)	
First name: _____	Last name: _____
<b>Age*:</b> _____ UNKNOWN	<b>Gender*:</b> M   F UNKNOWN
<b>Does the activity leader have relevant activity qualifications*?</b> YES                      NO                      UNKNOWN <b>Leader's experience level*:</b> 1   2   3   4   5   6   UNKNOWN (1= Inexperienced,- 6 = Highly experienced)	

5. Equipment involved in incident

Vehicles, property, gear, equipment damaged, equipment lost, etc.

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6. Narrative (general description of incident - what, where, how)

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7. Causal Factors

People*		Equipment*	Environment*
<b>Activity Leader/s</b> <input type="checkbox"/> Inadequate physical condition <input type="checkbox"/> Inadequate mental condition <input type="checkbox"/> Inadequate emotional condition <input type="checkbox"/> Inadequate health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Judgement error <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Failure to follow policies <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<b>Participant/s</b> <input type="checkbox"/> Inadequate physical condition <input type="checkbox"/> Inadequate mental condition <input type="checkbox"/> Inadequate emotional condition <input type="checkbox"/> Inadequate health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Judgement error <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Failure to follow policies <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<input type="checkbox"/> No equipment <input type="checkbox"/> Wrong equipment <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Inadequate design <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<input type="checkbox"/> Adverse weather <input type="checkbox"/> Inadequate visibility/dark <input type="checkbox"/> Terrain <input type="checkbox"/> Water <input type="checkbox"/> Animal/insect/plant <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a

Explain in detail what you think caused the incident. Include any suggestions, observations or recommendations regarding the incident.

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## Incident Severity Scale

SEVERITY RANKING	IMPACT ON PARTICIPATION	INJURY	ILLNESS	SOCIAL/ PSYCHOLOGICAL DAMAGE	SEVERITY RANKING	EQUIPMENT DAMAGE	ENVIRONMENTAL DAMAGE
1	<b>MINOR/SHORT TERM IMPACT</b> on individual/s	Splinters, insect bites, stings	Minor irritant	Temporary stress or embarrassment	1	Minor cost	Littering
2	that doesn't have large effect on	Sunburn, scrapes, bruises, minor cuts	Minor cold, infection, mild allergy	Temporary stress or embarrassment with peers	2	>\$50	Minor damage to environment that will quickly recover
<b>Severity scale 3 &amp; above to be recorded on National Incident Database</b>							
3	participation in activity /programme.	Blisters, minor sprain, minor dislocation Cold/heat stress	Minor asthma, cold, upset stomach, etc	Stressed. Beyond comfort level. Shown up in front of group.	3	>\$100	Scorched campsite, plant damage
4	<b>MEDIUM IMPACT</b> on individual/s that may prevent participation in the activity / programme for a day or two.	Lacerations, frostnip, minor burns, mild concussion mild hypo/ hyperthermia	Mild flu, migraine	Stressed, wants to leave activity, a lot of work to bring back in.	4	>\$500	Burnt shrubs, cut live branches, washed group dishes in stream, etc
5		Sprains & hyper-extensions, minor fracture	Flu, food/hygiene related diarrhoea/ vomiting	Distressed, freezes on activity, requires 'emotional rescue', does not want to participate again.	5	>\$2,000	Walked through sensitive ecological area destroying some plant life, toileting close to water course
<b>Any workplace incidents at grade 6 and above need to be reported to Dept of Labour.</b>							
6	<b>MAJOR IMPACT</b> on individual/s that means they cannot continue with large parts of the activity/ trip/ programme.	Hospital stay < 12 hours fractures, dislocations, frostbite, major burn, concussion, surgery, breathing difficulties moderate hypo/ hyperthermia	Medical treatment required, hospital stay < 12 hours eg., serious asthma attack, serious infection, anaphylactic reaction	Very distressed, leaves activity and requires on site counselling, unwilling to participate in activity ever again.	6	>\$8,000	Destroyed/ killed some example of flora/fauna
7		Hospital stay > 12 hours eg, arterial bleeding, severe hypo/ hyperthermia, loss of consciousness	Hospital stay > 12 hours eg, infection or illness causing loss of consciousness, serious medical emergency	Therapy/ counselling required by professional	7	>\$20,000	Killed, destroyed or polluted small area of environment
8	<b>LIFE CHANGING</b> effect on individual/s or death.	Major injury requiring hospitalisation e.g., Spinal damage, head injury	Major illness requiring hospitalisation e.g., heart attack	Long term counselling/ therapy required after incident	8	>\$50,000	Killed example of protected species
9		Single death	Single death	Post-traumatic stress disorder, changed profession because of incident,	9	>\$250,000	Fire or pollution etc resulting in area of wilderness being destroyed
10		Multiple fatality	Multiple fatality	Suicide because of incident	10	>\$1,000,000	Major fire or pollution causing serious loss of environment or life

Davidson, 2005. Incident Severity Scale. Adapted and expanded from the Accident Frequency Severity Chart (Priest, 1996).