

Incident Descriptions and Reporting Instructions

INCIDENT TYPE	PERSONAL INJURY/ILLNESS	VEHICLE, PROPERTY, OR PROGRAM INCIDENT	REPORTING REQUIREMENTS
CATASTROPHIC	<ul style="list-style-type: none"> Fatality or hospitalization for a life-threatening or critical condition Allegation of suspected sexual abuse Victimization of Scout 	<ul style="list-style-type: none"> Vehicle accident, theft, or damage with a greater than \$1 million loss Litigation anticipated National publicity or media attention 	<p>IMMEDIATELY do the following:</p> <ol style="list-style-type: none"> Get help for injured parties (e.g., call 911). Notify the council Scout executive. Complete an Incident Information Report, No. 680-016. Forward the incident report to your local council enterprise risk management contact. Ask the council contact to enter the incident into the RiskConsole incident reporting system. The incident should be marked as catastrophic.
SERIOUS/ CRITICAL	<ul style="list-style-type: none"> Hospitalization for less than a life-threatening or critical condition Transport to the ER in an emergency vehicle Allegation of suspected non-sexual child abuse Communicable disease outbreak or mass foodborne illness 	<ul style="list-style-type: none"> Vehicle accident, theft, or damage with a \$100,000 to \$1 million loss Building or camp shut down for more than a day Bomb threat Local publicity or media attention 	<p>Within 24 hours, do the following:</p> <ol style="list-style-type: none"> Get help for injured parties (e.g., call 911). Notify the council Scout executive. Complete an Incident Information Report, No. 680-016. Forward the incident report to your local council enterprise risk management contact. Ask the council contact to enter the incident into the RiskConsole incident reporting system.
MARGINAL	<ul style="list-style-type: none"> First aid Transport to the ER in a personal vehicle and released Serious near miss Emergency response initiated 	<ul style="list-style-type: none"> Vehicle accident, theft, or damage with a \$100,000 loss or less Program area closed down for safety concerns Emergency response initiated 	<p>In no later than five days, do the following:</p> <ol style="list-style-type: none"> Attend to any injured parties. Complete an Incident Information Report, No. 680-016. Forward the incident report to your local council enterprise risk management contact. Ask the council contact to enter the incident into the RiskConsole incident reporting system.
NEGLIGIBLE	<ul style="list-style-type: none"> Near miss Injury/illness not requiring first aid 		<p>By the end of the unit recharter year, do the following:</p> <ol style="list-style-type: none"> Complete a Near Miss Incident Information Report, No. 680-017. Keep the report in your unit or forward to the enterprise risk management contact. Evaluate near misses in your unit or council each year for any lessons learned and/or program enhancements.

NOTE: This matrix does not supersede reporting requirements for specific program activities (e.g., pilot programs or climbing near misses), reporting required by law, BSA Youth Protection reporting requirements, or BSA employee death or multiple injury reporting requirements to OSHA.



Incident Definitions



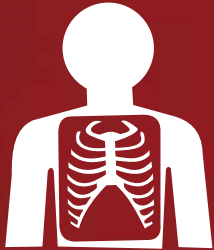
First Aid

An injury or illness treated by Scout-rendered first aid but does not include treatment that has to be done by a medical professional such as a nurse, EMT, or doctor. Scout-rendered includes a Scout or Scouter.



Near Miss

An unplanned event that DID NOT result in injury, illness, or damage by definition, but had the potential to cause less than serious damage or injury.



Serious Near Miss

An unplanned event that did not result in injury, illness, or damage by definition (e.g., emergency response was called to find a lost Scout), but had the potential to cause serious damage or injury.



Vehicle Accident

An unintentional damaging event involving one or more vehicles that causes damage to the vehicle, damage to property, or physical harm. Vehicles include automobiles and other motorized equipment (e.g., four-wheelers, farm equipment, industrial equipment, or motorcycles).



Victimization of Scout

An intentional incident in which a Scout is physically or psychologically harmed.

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Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ Leader Parent Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _____

Did the incident occur while transporting to/from an activity? Yes No

Comments:

Individuals Involved (Duplicate if Needed)

Name: _____
First Middle Last

Address: _____
City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age: _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ Injured body part: _____

Was medical treatment given at scene? Yes No Type: _____

Medical disposition (transported to hospital, etc.): _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.



BOY SCOUTS OF AMERICA®

Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Witnesses

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Others

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Property Damage (if applicable)

Property or vehicle make/model/year: _____

Color: _____ License plate No.: _____

Driver Contact Information (if applicable)

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Passengers: _____ Contact information: _____

Additional information:

Information gathered at scene by: _____

Contact information: _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.

Near Miss Incident Information Report

(A near miss does not result in injury, illness, or damage by definition, but it had the potential to do so.)

Near miss incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____

Reporting person: _____ Leader Parent Other: _____

Contact information: _____

Location of near miss: _____

Specific area where near miss occurred:

.....
.....
.....

Cause of near miss: _____

.....

Activity at time of near miss: _____

Program/event/adventure code: _____

Description of the near miss (detailed):

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.....
.....

Did the near miss occur while transporting to/from an activity? Yes No

Potential severity: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown (See the back of this sheet for definitions.)

Lessons learned (what could be done to prevent future occurrences):

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.....
.....

Witnesses (See the back of this sheet to enter.)

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Near Miss Incident Information Report

(A near miss does not result in injury, illness, or damage by definition, but it had the potential to do so.)

Probability/Severity Definitions

Catastrophic-I

Examples: Fatal or lifetime impairment, loss of sight or limb or permanent facility loss or events with multiple critical incidents or > \$1 million in financial impact.

Critical-II

Examples: Temporary impairment requiring rehabilitation and/or lifetime partial impairment, loss of use of but not loss of a limb or facility not a total loss but must be rebuilt or events with multiple marginal incidents or < \$1 million and > \$100,000 in financial impact.

Marginal-III

Examples: Injury requires a physician to treat a temporary impairment with complete rehabilitation possible or sutures, clean fractures, injuries requiring transport to off-site medical facilities or events with multiple negligible incidents or < \$100,000 and > \$1,000 in financial impact.

Negligible-IV

Examples: First-aid injuries not requiring medical professional intervention or < \$1,000 in financial impact.

Witnesses

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____

Others

Adult leader's name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____

Information gathered at scene by: _____

Contact information: _____

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