

Document ID PR-07-03	Title Injured Person	Effective Date 5 Jan 2015
Revision 0	Prepared By Policy Committee	Date Prepared 27 Dec 2014
	Approved By Board of Directors	Date Approved 5 Jan 2015

Purpose: Walden Cross Country Fitness Club strives to provide a safe environment for cross country skiing and will respond to all injuries in a responsible manner.

Definitions: Club: Walden Cross Country Fitness Club

Procedures:

- Skiers will be cautioned to ski under control and at a speed within their ability.
- When an injury comes to the attention of the Chalet Attendant or the staff member/volunteer in charge of an activity, that person will err on the side of caution in contacting 911. An injury can occur anywhere at the facility: on the trails, in the parking lot, and in the Chalet.
- The Chalet Attendant or person in charge will:
 - Complete an Injury Check List (Appendix A) and collect relevant information - name, severity, type of injury, location of injured party. Note on a trail map the location of the injured person.
 - Determine if evacuation is required. If necessary, call for snowmobile operator. The Chalet Attendant should not leave the Chalet unattended. A responsible club member may be recruited to assist with Chalet or other duties.
 - Perform or arrange for First Aid treatment for the injured person if necessary and call for medical assistance (911) if required.
 - If evacuation from the trails is required, the Chalet Attendant is to contact a snow machine operator (PR-07-. Prepare the rescue sled with the bag of emergency response supplies. Remove the snow machine and rescue sled from the storage buildings. Note that the ambulance paramedics are not obligated to ride to the accident site to attend to the Patient. The Patient may need to be brought to the Chalet to be treated by the paramedic and transferred to the ambulance.
 - If a concussion is suspected, inform the first aid attendant or medical providers. Refer to the Concussion Management Policy PL-08.
 - In the event of serious incidents/accidents notify the Chalet Manager and Club President when practical to do so.

- Restock any first aid supplies or emergency equipment that was used in response to the incident.
- Clean-up and properly dispose of any contaminated material (eg. biohazard)
- Complete the Canadian Snow Sport Association Accident Report (Appendix C) and submit to Chalet Manager.
- This procedure will be reviewed annually to ensure information remains current.

Other Club Policies and Procedures that Relate to this Procedure:

- PL-07 Health & Safety Policy
- PR-07-01 Emergency Response Plans
- PL-08 Concussion Management

Revision History:

Revision	Date	Description of Changes	Requested By
0	5 Jan 2015	Approval by Board	Policy Committee

APPENDIX A: Injured Person Form

WCCFC - INJURED PERSON	
PATIENT & INCIDENT INFORMATION	
Name of Injured:	
Phone Number:	
Club Member Day-Fee User Employee - Circle One	
Date of Injury:	Time of Injury:
Reporting Date:	Time of Reporting:
Weather Conditions:	
Trail Conditions:	
First Aid Rep. Name:	
Witness Name:	
DESCRIPTION OF INJURY/TREATMENT	
Describe the Injury:	
How did the injury occur?	
On what trail did the injury occur? Mark on Trail Map & Attach.	
What first aid treatment was given?	
NOTIFICATION	
Was 911 called?	Time of Call:
Time of emergency personnel arrival:	
Was a Snow Machine Operator called?	Yes No
Time of Snow Machine Operator arrival:	
Was the Patient sent home?	Yes No
Was the Patient transported to hospital?	Yes No
Mode of transportation:	
Parent Notified:	
Form completed by:	

APPENDIX B: Not Used

APPENDIX C: Incident Report Form**APPENDIX C**
ANNEXE C**SPECIAL INSTRUCTIONS*****Instructions spéciales pour la sauvegarde des rapports d'incidents***

Report all incidents promptly, regardless of how trivial they may seem.

Treat the injured person with courtesy and sympathy, but do not admit liability or make any commitments.

Do not attempt to render first aid, except to make the injured person as comfortable as possible.

If the person is rendered unconscious, call the police or emergency hospital. If the person is conscious and the injury requires immediate medical attention, let the injured person name the doctor to be called. Never engage the service of a doctor without the consent of the injured person.

Get the names and addresses of all witnesses. Do this in a way that will not magnify the seriousness of the accident.

Inspect the place of the accident and the cause and conditions surrounding it. If possible, remove or have the cause removed immediately to prevent further accidents. Screen off or otherwise protect the area while clean-up is made. If there is no apparent reason for the accident, try to get the witnesses to inspect the scene.

Do not discuss the accident with anyone outside the company except representatives of Jardine Lloyd Thompson after they have identified themselves. Co-operate with them in every possible manner. Caution any employees who may have witnessed the accident that that are likewise not to discuss it with outsiders.

Vous devez rapporter tous les accidents sans délai, peu importe leur gravité.

Le blessé doit être traité avec courtoisie et compassion, mais vous ne devez engager à rien, ni admettre votre responsabilité.

Il ne faut pas essayer d'administrer les premiers soins, uniquement réconforter le blessé.

Si le blessé est inconscient, appeler la police ou l'ambulance. S'il est conscient et que des soins médicaux sont nécessaires, laissez le blessé choisir le médecin à prévenir. Ne pas avoir recours aux services d'un médecin sans le consentement du blessé.

Il est important de noter les noms et adresses de tous les témoins, mais il faut éviter d'utiliser une attitude qui pourrait amplifier la gravité de l'accident.

Vous devez inspecter les lieux et examiner les causes et les circonstances de l'accident. Au cas où d'autres accidents risqueraient de se produire, il faut tenter d'éliminer toute cause de danger. Vous devez baliser ou protéger l'accès de la zone de l'accident pendant qu'on la nettoie. Au cas où l'accident n'aurait pas de cause évidente, il peut être utile de demander aux témoins d'inspecter les lieux.

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MUST BE COMPLETED BY THE TD OR PERSON IN CHARGE
DOIT ETRE COMPLÉTÉ PAR LE DT OU LA PERSONNE EN CHARGE

Insurance Assurance	Policy Holder Titulaire de police	CANADIAN SNOWSPORTS ASSOCIATION POLICY NO: No DE POLICE DE L'ASSOCIATION CANADIENNE DES SPORTS D'HIVER:
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Location of Accident SKI AREA
 STATION DE SKI _____

Lieu de L'accident OWNER OF PREMISES
 PROPRIÉTAIRE DES LIEUX _____

OCCUPANT IN CONTROL
 OCCUPANT EN CHARGE _____

CONTACT PERSON
 NOM DE LA PERSONNE À
 CONTACTER _____
 NAME/NOM

ADDRESS/ADRESSE _____

ADDRESS/ADRESSE _____

() _____
 TEL

DOES OCCUPANT LEASE DIRECT FROM OWNER OR ANOTHER (ATTACH COPY OF LEASE)? L'OCCUPANT DÉTIENT-IL SON
 BAIL DIRECTEMENT DU PROPRIÉTAIRE OU D'UNE TIERSE PERSONNE (JOINDRE UNE COPIE DU BAIL)? _____

Accident or Occurrence DATE ____ / ____ / ____ TIME ____ TRAIL ____
 Accident ou Evénement DD MM YEAR HEURE PISTE

SKI CLUB
 CLUB DE SKI _____

NAME OF THE COMPETITION OR
TRAINING ACTIVITY _____
NOM DE LA COMPÉTITION OU ACTIVITÉ _____

NAME OF THE RACE CHAIRMAN OR
PERSON IN CHARGE _____
NOM DU DIRECTEUR DE L'ÉPREUVE OU DE LA PERSONNE RESPONSABLE _____

ADDRESS/ADRESSE

ADDRESS/ADRESSE

() _____
TEL.

DATE INSURANCE COMPANY NOTIFIED _____ BY WHOM/ _____
PREMIER AVIS À LA COMPAGNIE D'ASSURANCE AVISÉ PAR

Injured Person
Personne Blessée

NAME/NOM _____ AGE _____ SEX/SEXE _____

ADDRESS/ADRESSE _____

() _____
TEL

STATUS: COMPETITOR _____ OFFICIAL _____ SPECTATOR _____
COMPÉTITEUR OFFICIEL SPECTATEUR

CLUB/AFFILIATION _____ DIVISION _____

COUNTRY/PAYS _____

Nature of injury
Description de la
Blessure

Description of
Accident or
Occurrence:
Description de
L'accident/événement:

Weather condition at
time of accident:
Conditions
Météorologiques au
moment de l'accident:

Probable cause of
Accident:
Raison probable de
l'accident ou de
l'événement:

First Aid Given:
Premiers soins

NATURE OF TREATMENT/NATURE DU TRAITEMENT

MEDICATION GIVEN/MÉDICAMENTS DONNÉS

BY WHOM/ADMINISTRÉ PAR

HOSPITAL:
HOPITAL:

NAME OF HOSPITAL/NOM DE L'HOPITAL

METHOD OF TRANSPORTATION/MÉTHODE DE TRANSPORT

Doctor in attendance/Médecin traitant: _____

Witness:
Témoïn:

NAME/NOM

ADDRESS/ADRESSE

() _____
TEL.

2nd Witness:
2ième Témoin:

NAME/NOM

ADDRESS/ADRESSE

()
TEL.

Report of the TD:
Rapport de DT:

NAME/NOM

ADDRESS/ADRESSE

()
TEL.

Property Damage:
Dommages Matériels

OWNER/PROPRIÉTAIRE

ADDRESS/ADRESSE

DESCRIPTION OF PROPERTY/DESCRIPTION DES BIENS

ESTIMATED COST OF REPAIR OR REPLACEMENT/COÛT ESTIMÉ DE LA RÉPARATION/REPLACEMENT

Other Insurance:
HOPITAL:

INSURER/ASSUREUR

POLICY NO.

TYPE OF POLICY

**COMPLETE THIS FORM WHEN A MAJOR ACCIDENT OCCURS
REPLISSEZ CE FORMULAIRE POUR TOUT ACCIDENT GRAVE**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>FULL COURSE/ PISTE COMPLÈTE</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>SHOW WHERE ACCIDENT HAPPENED / INDIQUEZ À QUEL ENDROIT A EU LIEU L'ACCIDENT</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>SHOW HOW ACCIDENT HAPPENED/ INDIQUEZ DE QUELLE FAÇON L'ACCIDENT EST SURVENU</p> </div> <p>INDIQUEZ OÙ SE TROUVENT LES PORTES</p>		
	<p>PROFILE / PROFIL</p>		
	<p>STEEP/ABRUPT</p>	<p>MEDIUM/MOYEN</p>	<p>FLAT/PLAT</p>