

Incident Plans & Report Form



NEW ZEALAND ALPINE CLUB

An incident is anything that causes or could have caused harm or damage.

In the event of an incident:

- Assess using the Incident Severity Scale provided below
- Respond using NZAC Incident Response Guidelines
- Fill in an Incident Report & contact NZAC as directed below.

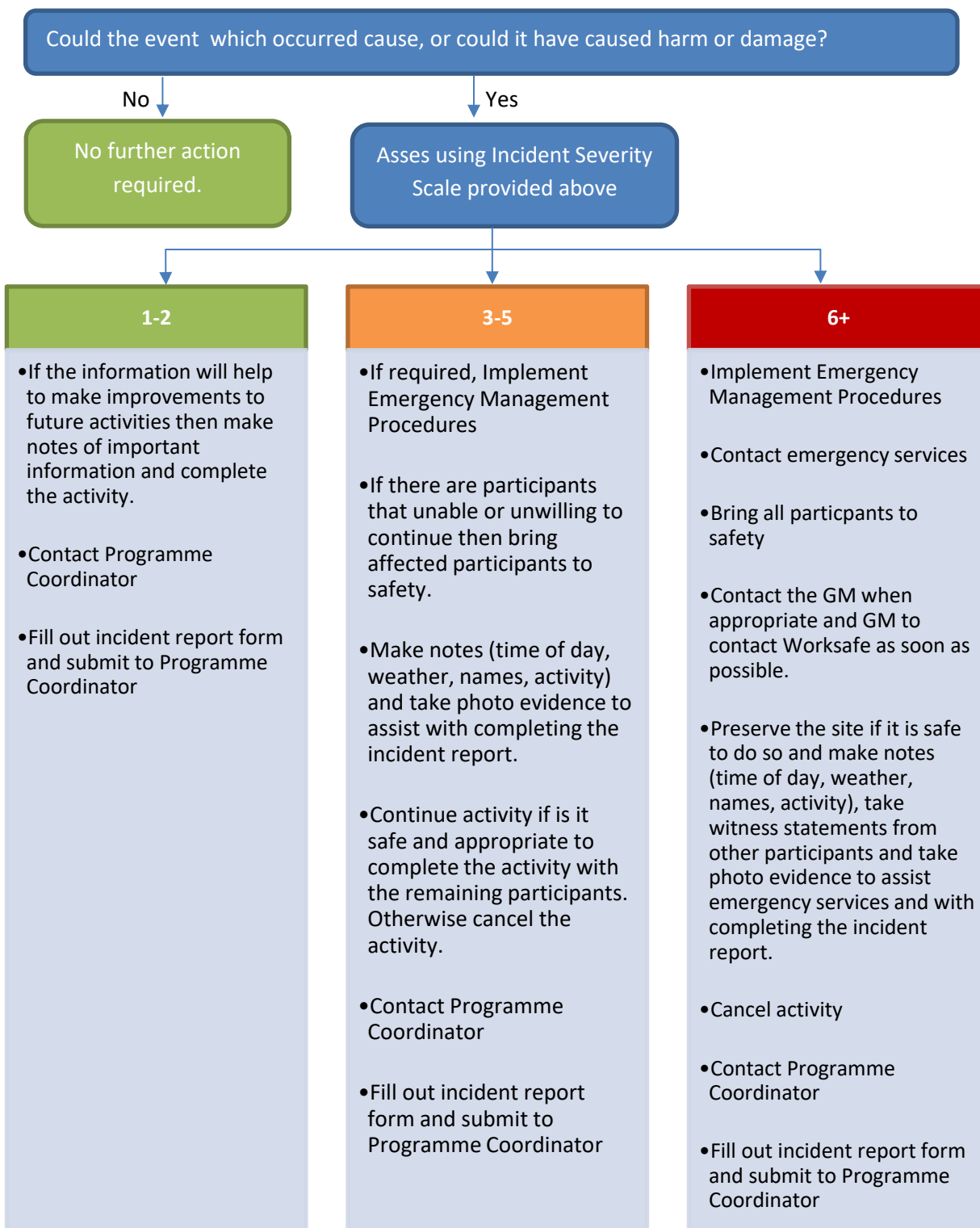
Incident Severity Scale

Severity Ranking	Impact on Participation	Injury	Illness	Social or Psychological Damage	Severity Ranking	Equipment Damage	Environmental Damage
1	MINOR/SHORT TERM IMPACT on individual(s) that doesn't have large effect on participation in activity or programme	Splinters, insect bites, stings	Minor irritant	Temporary stress or embarrassment	1	Minor cost	Littering
2		Sunburn, scrapes, bruises, minor cuts	Minor cold, infection, mild allergy	Temporary stress or embarrassment with peers	2	Greater than \$50	Minor damage to environment that will quickly recover
3		Blisters, minor sprain, minor dislocation, cold/heat stress	Minor asthma, cold, upset stomach	Stressed beyond comfort level. Shown up in front of group.	3	Greater than \$100	Scorched campsite, plant damage
4	MEDIUM IMPACT on individual(s) that may prevent participation in the activity or programme for a day or two.	Lacerations, frost-nip, minor burns, mild concussion mild hypothermia, mild heat stroke	Mild flu, migraine	Stressed, wants to leave activity, a lot of work to bring back in.	4	Greater than \$500	Burnt shrubs, cut live branches, washed group dishes in stream
5		Sprains & hyper-extensions, minor fracture	Flu, food or hygiene related diarrhoea or vomiting	Distressed, freezes on activity, requires 'emotional rescue', and does not want to participate again	5	Greater than \$2,000	Walked through sensitive ecological area destroying some plant life, toileting close to water course

Any incident ranked 6 or above needs to be reported to the Department of Labour

6	MAJOR IMPACT on individual(s) that means they cannot continue with large parts of the activity or programme.	Hospital stay less than 12 hours e.g. frostbite, major burn, fractures, dislocations, concussion, surgery, breathing difficulties, moderate heat stroke or hypothermia	Hospital stay less than 12 hours e.g. serious asthma attack, serious infection, or anaphylactic reaction	Very distressed, leaves activity and requires on site counselling, unwilling to participate in activity ever again.	6	Greater than \$8,000	Destroyed or killed flora or fauna
7		Hospital stay greater than 12 hours e.g. arterial bleeding, severe hypothermia or heat stroke, loss of consciousness	Hospital stay greater than 12 hours e.g. infection or illness causing loss of consciousness, serious medical emergency	Therapy or counselling required by professional	7	Greater than \$20,000	Killed, destroyed or polluted small area of environment
8	LIFE CHANGING 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	Greater than \$50,000	Killed example of protected species
9		Single death	Single death	Post-traumatic stress disorder, changed profession because of incident	9	Greater than \$250,000	Fire or pollution resulting in area of wilderness being destroyed
10		Multiple fatality	Multiple fatality	Suicide because of incident	10	Greater than \$1,000,000	Major fire or pollution causing serious loss to environment

NZAC Incident Response Guidelines:



NZAC Incident Contacts:

Name	Role	Mobile	Email
Karen Tait	General Manager	+64 27 545 7404	karen@alpineclub.org.nz
John Palmer	President	+64 21 650 355	spitalfield@xtra.co.nz
Ashlee Peeters	Programme Coordinator	+64 22 105 6193	ashlee@alpineclub.org.nz

NZAC Incident Report Form

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):
Incident type* <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	Weather at time of incident* 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 No. of people involved* _____	Communications used <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 _____ Is this a lost day case?* <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 * Illness type* <input type="checkbox"/> Burn <input type="checkbox"/> Abdominal problem <input type="checkbox"/> Blister <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Bruise <input type="checkbox"/> Altitude illness <input type="checkbox"/> Concussion <input type="checkbox"/> Asthma <input type="checkbox"/> Eye injury <input type="checkbox"/> Chest pain <input type="checkbox"/> Dislocation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Dental <input type="checkbox"/> Eye infection <input type="checkbox"/> Frostbite <input type="checkbox"/> Food poisoning <input type="checkbox"/> Fracture <input type="checkbox"/> Hypothermia <input type="checkbox"/> Head injury <input type="checkbox"/> Heat stroke <input type="checkbox"/> Laceration/cuts <input type="checkbox"/> Menstrual <input type="checkbox"/> Muscle strain <input type="checkbox"/> Non-specific fever <input type="checkbox"/> Near drowning <input type="checkbox"/> Skin infection <input type="checkbox"/> Punctures <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin abrasions <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Sprain <input type="checkbox"/> Other _____ <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 * Illness type* <input type="checkbox"/> Burn <input type="checkbox"/> Abdominal problem <input type="checkbox"/> Blister <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Bruise <input type="checkbox"/> Altitude illness <input type="checkbox"/> Concussion <input type="checkbox"/> Asthma <input type="checkbox"/> Eye injury <input type="checkbox"/> Chest pain <input type="checkbox"/> Dislocation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Dental <input type="checkbox"/> Eye infection <input type="checkbox"/> Frostbite <input type="checkbox"/> Food poisoning <input type="checkbox"/> Fracture 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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 _____		

Activity Duration* _____ Hours e.g. 3 1/2 days = 84 hours	Number of people involved* _____ 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)

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

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*
Activity Leader/s <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	Participant/s <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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Hand form into your organisation's administrator for input to the National Incident Database – Thank you.
 For further copies go to www.incidentreport.org.nz

Please complete and return to NZAC Programme Coordinator as soon as is practicable.