

County of Elgin

Section: **8**

Human Resources Policy Manual

Subject: **Patron/Visitor/Volunteer
Accident**

Code - **A**

Policy Number: **8.350**

Date Approved: **Sept. 13/05**

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Date Last Revision:

Patron / Visitor / Volunteer Accident Procedure

1. Immediately secure any required first aid / health care / medical treatment (provided by registered staff where applicable) for the injured patron/visitor or volunteer. The employer will arrange and pay for any transportation that may be required.
2. Once the injured patron/visitor/volunteer has been removed from the area, cordon off the accident area and ensure no further access to the area until the hazard has been cleared.
3. Identify potential witnesses. Ask them to write down a detailed report – individually. This should occur as soon as possible following the incident. Create a list of witnesses approached – names, addresses and phone numbers. Ask all witnesses to remain at the location until you have had a chance to receive and review their written report.
4. Complete the Patron/Visitor/Volunteer Accident Form with as much information as possible.
5. Should the injured patron/visitor/volunteer refuse first aid or medical treatments ask them to sign our form. Should they refuse to sign, note exactly what was stated by the patron/visitor/volunteer on our form.
6. Contact your Supervisor or Department Manager as soon as possible.
7. Fax the completed Patron/Visitor/Volunteer Accident Form to your Department Manager as soon as possible.
8. Send the original document to your Department Manager as soon as possible.
9. Human Resources will follow up with the patron/visitor/volunteer to see how he/she is feeling. Should there be any reason to believe that further legal action will be sought by the patron/visitor/volunteer the Director of Human Resources will be contacted immediately.
10. The Director of Human Resources will review all information and contact the Chief Administrative Officer as required. Any further action will be determined at this level.



Patron/Visitor/Volunteer Accident Form

Date: _____ Location: _____

Time: _____ a.m. _____ p.m.

Time EMS activated: _____ a.m. _____ p.m.

Time EMS arrived: _____ a.m. _____ p.m.

Ambulance Name: _____ Badge #: _____

Police Name: _____ Badge #: _____

Fire Name: _____ Badge #: _____

Destination (Hospital): _____ (Home): _____

Name: _____ Age: _____ Sex: M F

Address: _____ City: _____

Postal Code: _____ Telephone: () _____

Family Contact: _____ Relationship: _____

Is this person a (check one): Patron: ____ Visitor: ____ Volunteer: ____

Medical Aid (Check one)	Accepted _____	Refused _____
	Signature if refused (Guardian if under 18 years of age) _____	

Witness Name: _____ Sex: _____

Address: _____ City: _____

Postal Code: _____ Telephone: () _____

Witness Name: _____ Sex: _____

Address: _____ City: _____

Postal Code: _____ Telephone: () _____

Description of Injury (location, appearance, etc.):

Details of Accident:

Observed condition of the patron/visitor/volunteer when you arrived on the scene:

Cause of Injury:

Treatment Provided:

Personal Belongings Collected? Yes No Surrendered to: _____

Person Completing Form:

Telephone: _____

Signature: _____ Date: _____

Notified:

Supervisor Yes No _____ Time: _____ a.m./p.m.

Manager Yes No _____ Time: _____ a.m./p.m.

Property Manager (if not County owned) Yes No _____ Time: _____ a.m./p.m.

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All Follow-up Calls to be Completed by Human Resources

Follow-up Phone Calls:

1st Attempt Date: _____ Contact's Name: _____

Subject's Condition: _____

Completed By: _____

2nd Attempt Date: _____ Contact's Name: _____

Subject's Condition: _____

Completed By: _____

3rd Attempt Date: _____ Contact's Name: _____

Subject's Condition: _____

Completed By: _____