

INSTRUCTIONS: Report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fracture or dislocations and camper lacerations requiring sutures. Additional types of injuries may also be reported using this form.

A. FACILITY INFORMATION

Camp Name: _____ Facility Code: _____
 Camp Address: _____ Date Reported _____

eHIPS Incident Number: _____
 (LHD use only)

B. EVENT INFORMATION

Date of Incident _____ Time of Occurrence _____ (Military Time) Location where injury occurred: _____ a. In-Camp b. Out-of-Camp

Where did injury occur? _____ Specify locations marked with an asterisk: _____

a. Amusement park	e. Arts & crafts	i. Classroom	m. Horseback area/trail	q. Outdoor sports area	u. Recreational hall	y. Tenting/campsite area
b. Aquatic area*	f. Assembly area	j. Cookout area	n. Indoor sports area	r. Parking lot	v. Riflery area	z. Other*
c. Aquatic theme park	g. Bathroom/shower	k. Dining area	o. Kitchen area	s. Playground	w. Ropes/challenge course	
d. Archery area	h. Camp/trail/road	l. Drama/stage area	p. Open field/lawn*	t. Public highway/road	x. Sleeping area	

C. VICTIM INFORMATION - For an incident with more than one victim, utilize this form for the incident and initial victim information and attach form DOH-61h for the additional victims.

eHIPS Victim ID Number: _____
 (LHD use only)

1. Single or Initial Victim Information

Name of Victim (Last, First, MI): _____ Name of Parent or Guardian (Last, First, MI): _____
 Home Address: _____ Home Phone Number: _____

The box above contains confidential information that must be collected by the LHD for follow-up, and will be protected against unauthorized disclosure.

Age: _____ **Gender:** Female Male Gender X Other **Status:** Camper Developmentally Disabled Camper CIT/Jr. Counselor Counselor Other Staff* Other*

*Specify status types marked with an asterisk: _____

What was the victim doing?

a. Amusement park rides	h. Classroom instruction	o. Games-organized*	v. Playground equipment activity	dd. Swimming
b. Aquatic theme park rides	i. Cooking	p. Gymnastics	w. Playing	ee. Transportation
c. Archery	j. Dancing/Acting	q. High adventure activity	x. Riflery	ff. Travel between activities
d. Arts & crafts	k. Diving	r. Hiking	y. Rollerskating/rollerblading	gg. Walking/Running
e. Bicycling	l. Eating	s. Horseback riding	aa. Ropes/Challenge course	hh. Woodcarving/Wood working
f. Boating/Canoeing	m. Fighting	t. Martial arts	bb. Sleeping	ii. Woodcutting/chopping
g. Chores	n. Free period	u. Nature study/walk	cc. Sports*	z. Other *

* Specify _____

2. Number of Victims

Single Victim Multiple Victims (DOH-61h attached)

D. INJURY INFORMATION - Enter the information for the most severe injury in questions D1 – D3. When multiple injuries occur, list up to three additional injuries in the table in question D4. To report injuries for additional victims of this incident, use form DOH-61h (Multiple Victim).

1. Type of Injury:

a. Bite	c. Concussion	e. Dislocation	g. Internal (organ damage)	i. Puncture	k. Suffocation/drowning
b. Burn	d. Cut	f. Fracture	h. Near drowning	j. Strain/Sprain	z. Other*(specify)

2. Area Injured:

a. Abdomen	d. Back	g. Eyes	j. Hand/finger	m. Knee	p. Respiratory System	s. Wrist
b. Ankle	e. Chest	h. Face	k. Head	n. Leg	q. Shoulder	z. Other *
c. Arm	f. Clavicle (collar bone)	i. Foot	l. Hip	o. Neck	r. Spine	

3. Cause of Injury:

- a. Bite from *
- b. Collision with *
- c. Contact with heat or flame
- d. Contact with sharp object
- e. Falling/Stumbling
- f. Motor vehicle accident
- g. Poisoned by *
- h. Struck by *
- i. Submersion
- z. Other *

	Type of Injury (question D1)	*Specify (when required)	Area of Injury (question D2)	*Specify (when required)	Cause of Injury (question D3)	*Specify (when required)
Second Injury						
Third Injury						
Fourth Injury						

E. TREATMENT - For each person providing treatment, indicate in the below table the location and type of treatment that person provided. Up to FOUR treatment providers may be indicated. To report treatments for additional victims of this incident, use form DOH-61h.

1. Who Provided Treatment?

- a. Dentist
- b. Emergency Medical Technician
- c. First Aider*
- d. Licensed Practical Nurse
- e. Nurse Practitioner
- f. Physician
- g. Physician's Assistant
- h. Registered Nurse
- i. Victim
- z. Other*

2. Where was treatment provided?

- a. Camp infirmary
- b. Admitted to Hospital
- c. At site
- d. Dentist's Office
- e. Doctor's Office
- f. Emergency Clinic
- g. Emergency Room
- z. Other*

3. What Treatment was provided? (Indicate the primary treatment provided)

- a. Antibiotic
- b. Antihistamine/Decongestant
- c. Anti-inflammatory/analgesic
- d. Antiseptic
- e. Cast/Splint
- f. Diagnostic
- g. Epinephrine Administration
- h. Gastrointestinal (antacid, laxative)
- i. Psychotropics
- j. Resuscitation
- k. Supportive (bedrest, observation, physical therapy)
- l. Sutures,* Staples*, medical glue (indicate how many below)*
- z. Other*

	Who (question E1)	*Specify (when required)	Where (question E2)	*Specify (when required)	What (question E3)	*Specify (when required)
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

F. SUPERVISION AND CONTRIBUTING FACTORS

1. Supervision during incident (indicate as many as apply) _____ Specify when marked with an asterisk _____
- a. Activity inadequately addressed in the written plan
 - b. Activity not addressed in the written plan
 - c. Camper orientation for activity not documented/received
 - d. No staff present
 - e. Quality of supervision adequate
 - f. Quality of supervision inadequate
 - g. Staff not trained/knowledgeable as per the written plan
 - h. Staff orientation/training for activity not documented/received
 - i. Supervision ratio inadequate
 - j. Supervision ratio correct
 - k. Written plan not followed
 - z. Other *

2. Contributing Factors: (Indicate as many as apply) _____ Specify contributing factors marked with an asterisk: _____
- a. Alcohol/Drug use
 - b. Area/Equipment not safe
 - c. Area/Equipment not maintained
 - d. Area not approved for use
 - e. Developmental disability
 - f. Equipment not approved
 - g. Horseplay
 - h. Physical disability
 - i. Pre-existing medical condition
 - j. Required safety equipment not used/defective
 - k. Topography
 - l. Victim lacked necessary skill/ability
 - m. Weather*
 - n. None
 - z. Other*

G. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: _____

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: _____

H. NARRATIVE- When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Attach a description of the incident. Provide a description of the incident (use additional sheets if necessary). Pertinent victim and environment information should be discussed for the time period leading up to, during and after the incident. When applicable, describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp written safety plan.

LHD use only. (Note: eHIPS will assign the incident and victim ID numbers when entered into the system.)

Information received by: _____ Title: _____ Report reviewed by: _____ Title: _____

Investigation/Follow-up Service:

Inspector's Name: _____ Date of Service: _____ Hours: _____ Service: On-site Investigation Telephone Follow-up

Inspector's Name: _____ Date of Service: _____ Hours: _____ Service: On-site Investigation Telephone Follow-up