INCIDENT POLICY

All Souls Unitarian Universalist Congregation
60 Huntington Street
New London CT 06320

Purpose:
The purpose of this policy is to provide guidance in case an employee, volunteer, member, or guest has an accident or becomes injured on All Souls property or at an All Souls function.

Policy/Procedure:

When a person is injured and requires emergency medical attention:

- Staff or congregational members should call 911. Personal cars for transporting for emergencies should not be used. Make the person comfortable. Do not attempt to move the person unless necessary for safety reasons.
- If the injured person is a minor, the family should be contacted, immediately.
- A staff or congregational member and the person injured will each follow up with an incident report. The incident reports should be filled out immediately, if possible, but should be completed no later than 24 hours from the time of injury, and filed in the administrator's office. Witnesses to the incident may also fill out reports.
- The Minister should be notified immediately of any serious injury to staff, member, or visitor.

When an employee, volunteer, member or guest gets injured but does not require emergency medical attention:

- If the injured person does not require emergency medical care, but would like to go to a medical facility, a taxi or ambulance may be called for transport.
- An incident report must be completed and filed in the church office within 24 hours.
- If the injured person is a minor, the family should be contacted immediately.

Incident report forms are located on the community bulletin board, DRE office, and main office.

All Souls Unitarian Universalist Congregation

Incident Report

Completed report to be returned to All Souls office within 24 hours of incident. PLEASE PRINT.

Type of incident _____
Accident, injury, theft, break-in, vandalism, other (describe)

Date/time of incident _____ Date of this report _____

Person filling out report:
Name _____
Home address _____
Town _____ State_____ Zip_____
Phone(s): _____

Your status with respect to this incident (check all that apply):

Injured person ____ Victim ____ Witness ____ Volunteer _____
All Souls Staff _____ All Souls Member _____ All Souls Friend/Visitor _____

If a relative of an injured person/victim, what is your relationship? _____

Specific location (room, etc.) of incident _____
Address where incident occurred _____
Weather conditions (if outdoors) _____

Describe incident fully (attach additional sheets, if required):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Names of witnesses _____

(Turn this sheet over for second half of report)

Fill this section out if injuries occurred:

What medical treatment or first aid was received? _____
_____

Was injured treated as an outpatient, receive emergency treatment or ambulance service?
_____

Name of hospital and Doctor _____
Address _____
_____

Did the injured refuse medical treatment (give details)? _____
_____

Personal data of injured people (use additional sheets for multiple injuries):

Name _____

Home address _____
_____

Phone(s) _____

Male/female

Date of birth_____

Occupation_____

Employment status_____
(Full/part time/temporary, etc.) (Number of hours per week)

Name of health care provider _____

Signature of person filling out this report _____

Date signed _____