

Policy brief & purpose

Our **accident reporting policy** is designed to outline the purpose and procedure for reporting any on-the-property accidents. Antiqua is committed to enforce all **health and safety guidelines** to avoid such occurrences and expects all to comply. However, accidents sometimes occur. Our provision in this case is to ensure all accidents are reported timely so they can be investigated properly and preventative measures can be reviewed and reinforced.

Scope

This accident report policy affects all employees and independent contractors, owners, guest and renters.

Policy elements

Accidents that must be reported include any incidents that may cause minor or severe injuries. The victims may be employees who were injured while performing their duties or other people that were on premises or vehicles.

Accidents must be reported as soon as possible to expedite investigation and increase likelihood of important findings. The sooner the cause or details of the accident are identified, the sooner the company can establish preventative measures for the future.

What should be reported under the Accident Reporting Policy?

The Board of Directors encourages all employees, owners and guests to report all accidents and injury's occurring on Antiqua property no matter how minor. Th following are obliged to be reported:

- Fatalities
- Falls
- Damage to the head, skull and face
- Damage to any of the senses (e.g., partial or complete loss of hearing, sight etc.)
- Incapacitation or dislocation of limbs that hinder functionality and movement (including paralysis and amputation)

- Damage to the skin (e.g., extensive burns, bruises or cuts)
- Blows or injuries to the spine, back and ribs
- Harm to the nervous system or loss of consciousness through electrocution, hypothermia etc.
- Poisoning
- Contamination from hazardous substances or transmission of diseases
- Any other injury that requires hospitalization or medical care

Especially when an employee needs medical coverage, the accident must be reported immediately since insurance benefits may have to be approved after the investigation.

Procedure

When an employee, guest, owner, officer or director witnesses or is involved in an incident they must report it to, in writing (or by phone if the accident occurred remotely) or through an online system if applicable, within 24 hours.

Depending on the incident, official forms may have to be completed and submitted to the Board of Directors.

The accident and any sustained injuries must be recorded in the accident database or file. A file will be kept in the business office indefinitely for future reference.

The president or the board of directors will initiate an investigation or request an investigation from authorities as may be appropriate.

The employee, owner, guest, officer or director who reported the accident has to cooperate if called in for questioning to provide details needed. As a general rule, the individual must provide information in the incident report as accurately as possible on the following:

- The place of the accident
- The date and time of the accident

- The people involved or injured
- Their position or involvement in the accident
- Their actions immediately after the accident

Disciplinary Consequences

The Antigua places great importance in this policy. All employees are obliged to comply. Any employee who is aware of a serious accident and fails to report it will face appropriate disciplinary consequences. When employees are the cause of an accident, they must report it immediately to minimize legal repercussions.

Policy date 7/2023 R.Whittaker

Incident Report

Name and role of person completing this form:
Signature of person completing this form:
Date:

Incident

Date and time of incident:
Name/s of person/s involved in the incident and their clubs/associations:
Description of incident:

Witnesses (include contact details):

Reporting of the incident to club/association

Incident Reported to:	Date:
How (this form, in person, email, phone):	

Follow Up Action

Description of actions to be taken:



State of Maryland
 Department of Health and Mental Hygiene
 Division of Community Services
 6 St. Paul Street, Suite 1301
 Baltimore MD 21202-1608

Phone (410) 767-8417, Fax (410) 333-8926, Toll Free 1-877-4MD-DHMH ext. 78417

PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital.
- Within 24 hours of the owner's/operator's knowledge of the incident, a waterborne illness contracted at a pool or spa, and
- Every 3 months during operation or at the facility's seasonal closure, a water rescue by aquatic safety personnel.

If a reportable incident occurs, complete the form, attached all required documentation, and submit to the local health department as stipulated.

1. Facility Name _____

2. Facility Address _____ County _____
 _____ Phone _____

3. Owner's Name _____

4. Owner's Address _____ Phone _____

5. Pool Management Company Name NA _____ Phone _____

6. Facility Type (i.e. community pool, school, hotel, condominium, health club) _____

7. Pool or Spa Use (i.e. adult, general, residents or members only) _____

1. Date of Injury or Illness ____/____/____ 2. Time ____ a.m. / p.m. 3. Type of Injury or Illness, Specify below:
 Active Drowning Passive Drowning Near-Drowning Water Rescue Suction Entrapment
 _____ Injury, Specify _____
 _____ Waterborne Illness, Specify _____ Other, Specify _____

4. Describe the Injury or Illness, attach addition page(s) if necessary _____

5. Indicate Incident Location

Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Recreation Feature, Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

✓Check all that apply

6. Was Victim Treated by The Facility's Staff Emergency Response Personnel A Physician

7. Was Resuscitation Required No Yes-Performed by _____; AED Device Used No Yes

8. Was Victim Admitted to the Hospital No Yes-Hospital Name _____

9. Did Injury/Illness Result in Death No Yes-Date/Time of Death _____

10. Identify Each Emergency Response Unit (EMS, Police, or Fire) and Provide Report # _____

11. Was a Certified Pool Operator Present No Yes-Attach Pool Operator's Certification

12. Was a Lifeguard Present No Yes-Indicate Number of Lifeguards Present _____ -Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan, and lifeguard(s) certification.

13. Local and/or State Agencies Notified, Name and Date _____