



DUTCHESS COUNTY DEPARTMENT OF
 BEHAVIORAL & COMMUNITY HEALTH
 85 Civic Center Plaza, Suite 106
 Poughkeepsie, NY 12601
 845-486-3404/845-486-3545 (fax)

Bathing Facilities Reportable Injury and Illness Reporting Form

A. Facility Information

1. Name: _____

2. Address: _____ Town/City: _____ 3. Facility Permit #: _____

4. Facility Type:

Pool

- municipal
- co-op/condo
- apartment complex
- water park
- private club
- temporary residence
- other

Beach

- municipal
- temporary residence
- other

Spa

- health club
- temporary residence
- other

Supervision Level Required

- I
- IIa
- IIb
- III
- IV
- None Required

B. Type of Incident: (Check applicable items)

1. Check One

- Death
- Required resuscitation
- Required referral to hospital or other facility for medical attention
- Illness associated with bathing water quality

2. Date of incident/onset _____ 3. Time _____ am/pm 4. Date reported _____ 5. Time _____ am/pm

6. Reported by/Title _____ 7. Number of persons ill/injured _____

C. Victim Description:

1. Name: _____ 2. Age _____ 3. Sex: M F
4. Address: _____ 5. Phone #: Day: _____ Evening: _____
6. Parent / Guardian: _____
-

D. Injury Description (Circle all apply for each numbered item)

1. Type of Injury:

- a. Burn
- b. Concussion
- c. Cut/puncture
- d. Dislocation
- e. Fracture
- f. Suffocation/drowning
- g. Other: specify _____

2. Area Injured:

- a. Arm /shoulder
- b. Back
- c. Face/eyes
- d. Foot/ankle
- e. Hand/wrist
- f. Head/neck
- g. Leg/hip/knee
- h. Respiratory system
- i. Trunk
- j. Other: specify _____

3. Where Injury Occurred:

- a. In water
- b. Pool Deck
- c. Pool stairs/ladder
- d. Diving Area
- e. Slide
- f. Water Park Ride
- g. Bath House
- h. Beach Area
- i. Beach float area
- j. Other: specify _____

4. What was victim doing?

- a. Swimming
- b. Enter/leaving water
- c. Diving
- d. On waterpark slide/ride
- e. Leg/hip/knee
- f. Other: specify _____

5. Cause of Injury:

- a. Collision w/ _____
- b. Contact with sharp object
- c. Falling/stumbling
- d. Struck by _____
- e. Submersion
- f. Inhalation of _____
- g. Other: specify _____

6. Supervision during incident:

a. Supervision present:

- Lifeguard present: yes/no
- Responsible person on-site: yes
no
- No supervision required

b. Quality of supervision inadequate

- c. Too few required lifeguards present
- d. Safety plan not followed
- e. No safety plan or inadequate safety plan
- f. Other: specify _____

7. Contributing Factors:

- a. Alcohol/drug abuse
- b. Area/equipment not maintained/safe
- c. Area/equipment poor design/not approved
- d. Horseplay
- e. Physical disability

- f. Pre-existing medical condition
- g. Safety Equipment not used/unavailable
- h. Victim lacked ability
- i. Bather capacity exceeded
- j. Weather

- k. Inattentive supervision
- l. Glare
- m. Water clarity
- n. Other: specify _____

E. Illness (Related to bathing water quality)

Illness suspected of being:

- a. Airborne
- b. Allergic Reaction
- c. Mandated reportable communicable disease
- d. Eye Infection
- e. Gastrointestinal
- f. Seizure Disorder
- g. Other: specify _____

F. Treatment

1. Who provided treatment? (Indicate all that apply)

- a. Physician
- b. Nurse
- c. EMT
- d. Lifeguard
- e. Other First Aider: specify _____
- f. Other: specify _____

2. What treatment was provided? (Indicate as many as apply)

- a. Antibiotic
- b. Antihistamine/decongestant
- c. Anti-inflammatory/analgesic
- d. Antiseptic
- e. Cast/splint
- f. Resuscitation
- g. Supportive (bedrest,physiotherapy)
- h. Sutures
- i. Other: specify _____

3. Where was treatment provided?

- a. At bathing facility
- b. Physician's office
- c. Emergency facility
- d. Admitted to hospital
- e. Other: specify_____

G. On-Site Investigation

1. Was an on-site investigation conducted by the local health department? Yes No

Narrative: (Brief description of event, contributing factors, corrective action - attach additional sheet if necessary.)

Information received by: _____ **Title:** _____ **Date:** _____

Investigated by: _____ **Title:** _____ **Date:** _____

Reviewed by: _____ **Title:** _____ **Date:** _____