



**WEST BAY
NIPPERS**
西子灣兒童衝浪救生

Health-Safety-Welfare Incident/Accident Report Log

Details of the Incident

Date:

Time:

Duration of First-Aid/Service:

Number of Casualties/Patients:

(Use Separate Forms if Applicable)

Alerted to Incident/Accident By: 1. Lifeguard 2. Lifesaver (volunteer) 3. Police 4. Coast Guard
5. Member(s) of the Public 6. Other/Notes:

Initial Incident/Accident Response Undertaken By: 1. Lifeguard 2. Lifesaver (volunteer) 3. Police 4. Coast
Guard 5. Member(s) of the Public Equipment 6. Other/Notes:

Equipment Used: 1. Inflatable Rescue Boat 2. Rescue Water Craft (Jet Ski) 3. 4X4 Vehicle
4. All Terrain Vehicle (ATV) 5. Canoe/Surf Ski/Kayak 6. Stand Up Paddle Board (SUP) 7. Rescue Board
8. Rescue Tube 9. Swim Fins 10. Throw Line 11. First Aid Kit 12. Member(s) of the Public equipment
13. Other/Notes:

Name of Patient:

Tel:

Address:

Age:

Location of Incident/accident: Kaohsiung City, Xizihwan 高雄市 西子灣海水浴場 No. 70, Lianhai Road,
Gushan District (Boathouse B, Xiziwan Sea Area Center) 鼓山區蓮海路70號 (西子灣海域中心B艇庫)

Notes:



Venue Conditions at Time of Incident/Accident: (if relevant)

Wind conditions:

Weather conditions:

Sea conditions:

Water surface:

Wave type:

Rip Type:

Tide:

Other/Notes:

Operational State of The Environment: 1. Busy and Crowded 2. Quiet 3. Out of Hours (Early or Late)
4. Other/Notes:

Type of Incident/Accident: 1. Major First Aid 2. Minor First Aid 3. Major Rescue 4. Search and Rescue
5. Major Sting 6. Minor Sting 7. Drowning 8. Complaint 9. Other/Notes:

Type of Activity at Time of Incident: 1. Swimming/Wading 2. Bodyboarding 3. Walking/Playing Near
Water 4. Surfing 5. Riding Other Craft 6. Rock Fishing 7. Other Fishing 8. Using a Motorised Water Craft
(Rec)9. SCUBA/Skin Diving 10. Wind/Kite Surfing 11. Sailing 12. Rock walking 13. Beach/Coastal Running
14. Suspected Suicide 15. Other/Notes:

Experience in activity: A. 3 years or greater B. 1-3 Years C. 1 year or less D. Unknown
E. Other/Notes:

Other contributing factors: 1. Negotiating the break 2. Returning to shore 3. Dumped by wave
4. Shore break 5. Lost control of own craft 6. Other person lost control of craft 7. Freak wave
8. Hit the sandbank 9. Stepped into a pot hole/uneven ground 10. Slippery rocks 11. Suspected Alcohol Use
12. Suspect Drugs Use 13. Rip type: _____ 14. Shark 15. Other Marine Creature(s): _____
16. Slip/Trip/ Fall 17. Assault 18. Collision with: _____ 19. Offshore Winds 20. Surging Waves 21.
Undertow 22. High Seas/Heavy Surf 23. Water Quality 24. Equipment Failure 25. Inappropriate Equipment
26. Misuse of Equipment 27. Inexperienced User of Equipment 28. Violent/Threatening Behavior
29. Apparent Act of Daring 30. Caused by Another Person 31. Self Harm
32. Other/Notes:

Description of Incident and Cause:

Nature of Injury: 1. Marine Sting, type: _____ 2. Abrasion / Graze 3. Blisters 4. Bruise / Contusion
5. Open Wound /Laceration / Cut 6. Inflammation / Swelling 7. Fracture (including suspected)
8. Dislocation/Subluxation 9. Sprain 10. Strain 11. Overuse Injury 12. Concussion 13. Cardiac Problem
14. Respiratory Problem 15. Asthma 16. Loss of Consciousness 17. Heat Stroke / Heat Exhaustion
18. Hypothermia 19. Sunburn 20. Dehydration 21. Suspected Spinal 22. Other/Notes:

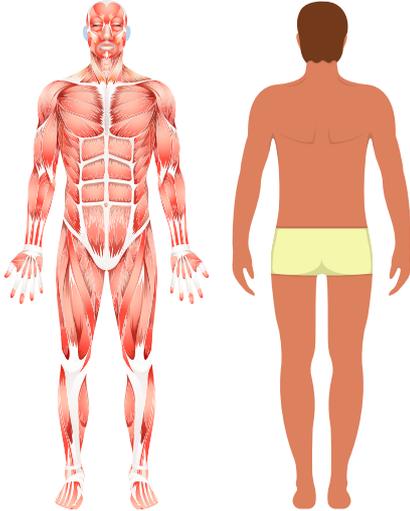


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Body Area Injured

(Please Circle)

Notes:



Description of Initial Treatment: 1. None given – not required 2. None given – patient refused 3. None given – referred elsewhere 4. RICE /ICE 5. Cleaned 6. Dressed (incl. Bandage) 7. Sling / Splint 8. Spinal Collar 9. Massage / Stretching 10. Strapping/Taping only 11. CPR 12. Oxygen Therapy 13. Oxygen Airbag 14. Defibrillation (Defib/AED) 15. Other/Notes:

Location of Incident/Accident: 1. In Water 2. On Beach 3. On Rocks/Sea Wall/Groyne 4. Between the Patrol Flags 5. Near the Patrol Flags (within 50m) 6. <1km from Patrolled Area 7. 1 to 5 km from Patrolled Area 8. > 5 km from Patrolled Area

Who first sighted the rescue/ incident?
Who conducted the rescue/ incident?
Main language spoken:

Referral: 1. No Referral 2. Medical Practitioner 3. Physiotherapist 4. Ambulance transport to:

5. Other/Notes:

Qualified Emergency Service Treating Person (Chain of Command) at the time that they took over emergency services from you: 1. Medical Practitioner 2. Nurse 3. Ambulance 4. Lifeguard 5. First Aid Officer 6. Police 7. Coast Guard. 8. Fire Department 9. Other Emergency Services/Notes:

What condition was the patient in when transported? 1. Conscious 2. Unconscious 3. Deceased 4. Unknown 5. Notes:

Response Outcomes:

1. The Response Saved a Life
2. The Intervention Prevented a Life Threatening Incident (Near Miss)
3. The Actions Taken Avoided a Probable Escalation (Advisory)

Person Completing this Incident/Accident Report:

Name:

Position:

Tel:

I have provided information as accurately as possible.

Signature:



Notes:



**This was last reviewed on:
2022/12/27**

West Bay Nippers Season: 2023/04/02 - 2023/10/22

We are committed to reviewing our Incident/Accident Report Log before, during, and after the West Bay Nippers season.

Signed: *Graeme*
West Bay Nippers Club Child Welfare Officer



**NSPCC
Learning**

**Certificate of
achievement**

This is to certify that

Graeme Charles

has successfully completed

Child Protection in sport and physical activity

Given on

20/10/2022

Accredited by



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