first community church

IN CASE OF AN INCIDENT/ACCIDENT/ INJURY ON SITE

1.FOR MINOR INJURIES USE FIRST AID KIT

North Campus	First Aid Kit, is located inside the kitchen. AED is located beside the doorway to the kitchen from Unity Hall.
South Campus	First Aid Kit and AED ÁÒÅ located in Galloway Court, the area between Brownlee Hall and the Weist room by the phone near the hallway to the kitchen.
Camp Akita	First Aid Kit is located in the Nurse's office during summer camp sessions and in the manager's office during the camp off-season. AED is located in the dining hall year-round.

- **If the injured party requests / if severe injury, call 9-1-1**

North Campus	3777 Dublin Rd, Columbus OH 43221
South Campus	1320 Cambridge Blvd, Columbus OH 43212
Akita Camp	29746 Logan Hornsmill Rd, Logan OH 43138

When calling 911 from church land line provide location address

2. NOTIFY IMMEDIATELY

North Campus	Bobbi at ext. 101 or (614) 832.4579
South Campus	Pam at ext. 232 or (614) 638.3701
Camp Akita	Danita at (740) 808.1458

Please do not share these personal cell phone numbers with public.
<u>For FCC Staff use only</u>

3. FACILITIES/ADDITIONAL CONTACT INFO

North Campus	(614) 361.6530
South Campus	(614) 395.9059
Camp Akita	(740) 385.3827

4. COLLECT THE FACTS

- **Fill out the Report of Injury Form**

Provide as much information as possible and submit to Director of Facilities Ministry, Pam Jameson. Copies to HR Liaison, Operations Head of the Department.

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INCIDENT REPORT

Name of person involved in incident/accident: _____
Last *First* *MI*

Gender: ☐ Male ☐ Female Check all that apply: ☐ FCC Staff ☐ Volunteer ☐ Visitor

Age: _____ Address: _____ Phone: _____

Name / Address / Phone # of Witness(es):

1. _____

2. _____

3. _____

Type of incident: ☐ Behavioral ☐ Accident ☐ Other (specify) _____

Date of Incident/Accident/Injury: _____ Time: _____ ☐ AM ☐ PM

Location Incident/Accident Occurred: _____

Duties Being Performed: _____

Describe the circumstances causing the injury: _____

_____

_____

Personal Protection Equipment Used: ☐ Foot Protection ☐ Head Protection ☐ Face/eye protection ☐ Apron/Chaps ☐ Back Belt ☐ Respiratory Protection ☐ Hand Protection ☐ None ☐ Other: _____

Choose factor(s), which directly or indirectly caused the accident to occur:

☐ Struck by Flying/Thrown Object	☐ Caught in/under/between Objects	☐ Temperature Extremes
☐ A Fall	☐ Struck by and Object/Person	☐ Rubbed or Abraded by Object
☐ Bodily Reaction	☐ Electric Shock	☐ Struck Against Object
☐ Blood/Fluid Exposure	☐ Other Disease Exposure	☐ Noise Exposure
☐ Vehicle/Equipment Accident	☐ Toxic Material Exposure	☐ Repetitive Motion
☐ Client Caused	☐ Client Assault	☐ Other-Describe

Nature of Injury:

☐ Head	☐ Neck	☐ Chest	☐ Back	☐ Trunk	☐ Abdomen
☐ Groin	☐ Skin	☐ Digestive	☐Respiratory	☐Circulatory	☐Hand (s) R L B
☐Eye (s) R L B	☐ Shoulder(s) R L B	☐ Arm (s) R L B	☐ Wrist(s) R L B	☐ Finger(s) T I M R P	
☐ Hip (s) R L B	☐ Ankle(s) R L B	☐ Foot/Feet R L B	☐ Toe(s) B I M F L	☐ Other-Describe:	

_____

Medical Treatment: ☐ No Treatment ☐ First Aid ☐ Hospitalization ☐ Other:_____

FCC Employee/Volunteer Signature: _____ Title: _____ Date:_____

Supervisor's Signature: _____ Title: _____ Date: _____