



UW-MADISON EXTENSION

4-H Volunteer High Risk Injury and Incident Reporting

Approved February 2020

TITLE	AREA	NAME	PHONE NUMBER
Local Extension 4-H Staff	Columbia	Pat Wagner	(608) 742-9685
4-H Assistant Program Manager	Eastern WI	John de Montmollin	(920) 517-4819
4-H Assistant Program Manager	Northern WI	Jennifer Swensen	(608) 215-7395
4-H Assistant Program Manager	Southwest WI	Katie Sepnieski	(608) 571-3533
4-H Program Manager	Statewide	Dondieneita Fleary-Simmons	(608) 265-9788

What are High-Risk Incidents?

- A high-risk incident poses a serious risk to 4-H Program Participant(s), Extension Volunteer(s), or third party.
- High-risk incidents are required to be reported to UW-Madison Risk Management.

Examples of High-Risk Incidents

- Injury of participant, volunteer, participant, or third party that requires professional medical attention.
- A threat of serious harm to self or others.
- Anything requiring intervention by police (e.g. missing child, safety concerns).
- Hazardous materials exposure or spills.
- Termination or withdrawal of a volunteer, participant, or third party with potential intersections with civil rights, e.g. concerns regarding discrimination.
- Critical errors, such an injury caused by lack of safety procedures put in place.
- Concerns for possible claims of negligence or liability.
- Vehicle accidents with personally owned or rental vehicles on official UW business.

Note: There is some gray area within these examples. When in doubt, treat an incident as "high risk."

When to Report an Incident

Is the answer "Yes" for any of these questions?

- Did the injury/incident occur during a 4-H program, event, or activity?
- If the injury/incident happened in a "gray area" - could someone reasonably presume that it was related to a 4-H program, event, or activity?
- Could the injury/incident be construed to be 4-H and Extension's responsibility?

How to Report a High-Risk Incident

1. Quickly intervene to prevent or minimize harm.
2. Contact relevant emergency authorities if necessary.
3. Document relevant details of incident.
4. Call your local Extension 4-H Staff Member via the phone number listed above and provide them with information regarding the incident.
 - If you are unable to reach the local Extension 4-H Staff Member, leave a voice mail and continue calling down the table of contact information provided above until you reach an Extension employee.

Complete the Non-Employee Injury/Incident Report and submit it to the local Extension 4-H Staff Member. Please submit the report to the Extension employee ASAP. The report needs to be submitted to Risk Management by the Extension 4-H Staff Member within 48 hours.

In the case of a Mental Health Emergency contact your county's Department of Health Services (DHS) emergency line.

In the case of reporting suspected Child Abuse or Neglect contact local authorities immediately by phone or in-person. Then contact the UW-Madison Police Department at (608) 264-2677.

UW-Madison
Non-Employee Accident/Incident Report

GENERAL INFORMATION

Date of incident:

Time of incident:

Exact location of incident (e.g. Address, lot #, building name/number, specific location within building, class name/id):

Full description & cause of incident. Include step-by-step descriptions, comments, and observations, contributing factors, etc. (if additional space is needed, use back or attach extra sheets and pictures or other details as needed):

Nature and extent of injury/describe exact injury and body part(s) impacted:

Describe the emergency procedures employed (first aid provided, ambulance/911 called, etc.):

Did injuries require medical care beyond first aid? Yes No Police/911 called? Yes No Police case # : _____

Individual taken to (as applicable):

-Hospital____ provide facility name and location: _____

-University Health Services _____

-Other____(specify): _____

-Refused Treatment (Y/N)_____ Why?

INJURED INDIVIDUAL

Name:

Age:

Address (street, city, state, zip):

Phone number:

Email:

Nature and extent of injuries. State body part(s) affected:

Affiliation with UW-Madison (e.g. Student, parent, visitor, contractor/vendor, etc.)?

Other information:

If no injury reported, check here__

PROPERTY DAMAGED (IF APPLICABLE)

Description & location of the property damaged:

What damage was done to the property & estimate cost?

WITNESSES

Name:

Name:

Address (street, city, state, zip):

Address (street, city, state, zip):

Phone Number:

Phone Number:

Email:

Email:

NAME OF INDIVIDUAL COMPLETING REPORT:

DATE:

SIGNATURE: