



Scottish Orienteering Injuries, Incidents and Learning Events reporting form

Complete one form for each injury, incident or learning event.

General Information

Injury - when someone has been harmed from a single or multiple occurrence,

Incident - when there is not an injury but damage occurs including reputational damage; it includes complaints,

Learning Event - when there is no harm or damage but it nearly happened or was likely to happen.

Name of person entering the report	
Involvement with the injury, incident, learning event	<input type="checkbox"/> Event official <input type="checkbox"/> Witness <input type="checkbox"/> First Aider <input type="checkbox"/> Person injured or involved with incident <input type="checkbox"/> Friend/relative of person injured/involved with incident <input type="checkbox"/> Other
Location of event/activity	
Host club	
Date when injury, incident or learning event occurred (dd/mm/yyyy)	

Type of event/activity (tick one or more)	<input type="checkbox"/> Long/middle <input type="checkbox"/> Sprint <input type="checkbox"/> Urban <input type="checkbox"/> Trail <input type="checkbox"/> Indoor <input type="checkbox"/> Score <input type="checkbox"/> Coaching
Type of terrain where injury/incident/learning event occurred (tick one or more)	<input type="checkbox"/> Forest <input type="checkbox"/> Parkland <input type="checkbox"/> Dunes <input type="checkbox"/> Open area <input type="checkbox"/> Urban



What happened?	
Type of report (tick one)	<input type="checkbox"/> Injury – continue to Section 1 <input type="checkbox"/> Incident only – go to Section 2 <input type="checkbox"/> Learning Event – go to Section 3

Section 1 Injuries

Name of person injured	
Age class of person injured. Enter Unknown if not known	
Club of person Injured. Enter IND if not a club member or Unknown if not known	
What initial treatment was provided?	
RIDDOR (Accident book) injury category – for insurance requirement (tick one or more)	<input type="checkbox"/> Fatality from an injury <input type="checkbox"/> Amputation <input type="checkbox"/> Permanent loss or reduction in sight <input type="checkbox"/> Fracture(s) other than to fingers, thumb or toes <input type="checkbox"/> Crush injury to head or torso causing damage to the brain or internal bleeding <input type="checkbox"/> Serious burns (> 10% of body) <input type="checkbox"/> Loss of consciousness caused by head injury <input type="checkbox"/> Injury to member(s) of the public where they are taken directly to hospital for treatment (not as a precaution) <input type="checkbox"/> None of these
Injury classification (for British Orienteering (tick one or more)	<input type="checkbox"/> Fatality from illness arising at/from the event/activity

	<input type="checkbox"/> Dislocation requiring medical procedure to rectify <input type="checkbox"/> Sprain requiring immobilisation for more than 24 hours <input type="checkbox"/> Tendon/ligament/muscle damage requiring surgery <input type="checkbox"/> Eye damage requiring hospital treatment <input type="checkbox"/> Cuts requiring multiple sutures <input type="checkbox"/> Medically diagnosed concussion <input type="checkbox"/> Allergic reaction requiring visit to hospital (e.g. following epi pen use) <input type="checkbox"/> Internal bleeding requiring hospital treatment <input type="checkbox"/> None of these
How complete is your knowledge of the injury and treatment provided (tick one)	<input type="checkbox"/> High certainty – information provided following report after hospital visit or know that no hospital visit will happen <input type="checkbox"/> Lower certainty – report based on information provided at the event prior to treatment
Is there an incident to report as well as the injury(ies)? (tick one)	<input type="checkbox"/> Yes – continue to Section 2 <input type="checkbox"/> No – go to Section 3

Section 2 Incidents

Name of person involved with the incident	
Age class of person involved with the incident? Enter Unknown if not known	
Club of person involved with the incident. Enter IND if not a club member or Unknown if not known	
What initial response was made to the incident?	
Incident classification (tick boxes)	<input type="checkbox"/> Environmental pollution <input type="checkbox"/> Environmental other e.g. damage to SSSI <input type="checkbox"/> Complaint from resident(s) or landowner <input type="checkbox"/> Complaint from the public <input type="checkbox"/> Access dispute <input type="checkbox"/> Damage to event area <input type="checkbox"/> Missing competitor(s) – search plan initiated



	<ul style="list-style-type: none"><input type="checkbox"/> Emergency services involved (including Mountain Rescue)<input type="checkbox"/> Anything event officials believe might lead to a claim being made<input type="checkbox"/> Close call avoiding possible severe injury<input type="checkbox"/> Other
Continue to Section 3.	

Section 3 Learning

What specific learning arises from this injury, incident or learning event?

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