

## VOLUNTEER RESOURCES

Volunteer Resource Center  
6100a North Central Ave / Chicago, IL 60646  
p 773.631.1790 / f 773.792.0539



## INCIDENT REPORTING GUIDELINES FOR VOLUNTEERS

The Forest Preserves of Cook County (FPCC) strives to provide safe volunteer opportunities and to support volunteer supervisors in the event of an injury, illness, or other incident. Please think about your emergency plan in advance. Know your location, cross-streets, and nearest medical treatment facility.

### IN THE EVENT OF AN EMERGENCY, PLEASE TAKE THE FOLLOWING STEPS:

- Call 911 immediately
- Do not move the person unless they are in danger
- Avoid leaving the person except to summon help. Be sure to send someone to guide the emergency vehicle to the location of the injured
- Render first aid or CPR if you are trained and qualified

### INCIDENT REPORTING PROCEDURE

After addressing the incident, please follow the Incident Reporting Procedure below when a volunteer is injured, becomes ill, or is involved in an incident while volunteering for the FPCC. Submit all forms in person, by email ([volunteer.fpd@cookcountyil.gov](mailto:volunteer.fpd@cookcountyil.gov)) or mail (6100a N. Central Ave., Chicago, IL 60646) to Volunteer Resources as soon as possible.

1. **Volunteer's Supervisor** - (Steward, Volunteer Project Leader, Workday Leader, FPCC staff) fills out the *Volunteer Supervisor's Incident Report Form*
2. **Injured Volunteer** - completes the *Volunteer Incident Report Form* and gives it back to the volunteer supervisor as soon as possible. If the injured volunteer cannot complete the form at the time of the incident, they can bring it to the volunteer supervisor or email ([volunteer.fpd@cookcountyil.gov](mailto:volunteer.fpd@cookcountyil.gov)) or mail (6100a N. Central Ave., Chicago, IL 60646) to Volunteer Resources as soon as possible.
3. **Witness** – all individuals (Ex. volunteer, staff) who witness the incident complete the *Witness Statement Report Form*
4. **Volunteer's Supervisor** - within one week of collecting the paperwork:
  - Provides originals of all forms (*Volunteer Supervisor's Incident Report Form*, *Volunteer Incident Report Form*, and *Witness Statement Report*) to Volunteer Resources at 6100a N. Central Ave, Chicago, IL 60646
  - Keeps a copy of all forms for their records
5. **If a volunteer needs emergency medical treatment** (Ex. 911, hospital visit), the volunteer's supervisor should notify Volunteer Resources as soon as possible
  - **Monday-Friday, 8:00am-3:00pm** call Volunteer Resources 773-631-1790
  - **After hours emergency notification** call the program supervisor, if you don't receive a response within 15 minutes, call the next person on the list and/or send an email to all staff listed below:
    - Nicole Pierson, VR Manager: 312-909-8913, [Nicole.Pierson@cookcountyil.gov](mailto:Nicole.Pierson@cookcountyil.gov)
    - Kris DaPra, Stewardship: 847-257-6750, [Kristin.DaPra@cookcountyil.gov](mailto:Kristin.DaPra@cookcountyil.gov)
    - Joe Swano, Stewardship: 708- 906-1774, [Joe.Swano@cookcountyil.gov](mailto:Joe.Swano@cookcountyil.gov)
    - Joanna Huyck, Trail Watch: 312-507-9180, [Joanna.Huyck@cookcountyil.gov](mailto:Joanna.Huyck@cookcountyil.gov)

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### INCIDENTS INVOLVING MINORS

In case of an injury/illness, medical emergency, or other incident, make every reasonable effort to contact the emergency contact. Do not allow the minor to leave the workday without first communicating with the emergency contact, no matter how minor the injury/illness may appear. Youth may downplay or not realize the extent of their injury. Stay with the minor until a parent/legal guardian arrives at the site. If emergency care is required, contact the emergency contact as soon as possible. If you are unable to reach the emergency contact or stay with the minor until the parent/legal guardian arrives, contact the Forest Preserve police for assistance (708.771.1001).

The **Incident Report Form** is the documentation for all incidents; it includes what happened, who was involved and what actions have been made. The FPCC is dedicated to making it possible for every volunteer to have sufficient knowledge about the risks and hazards of the environments, activities, and tools used in order to make appropriate decisions about site and volunteer safety.

Volunteers shall use this form to report all workday related injuries, illnesses, behavioral events, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form should be completed as soon as possible and given to Volunteer Resources staff for further action.

**Incident:** An unplanned situation that threatens or causes personal or organizational loss including but not limited to physical or emotional injury or property damage. An incident can include:

- **Injury:** Any physical injury.
- **Illness:** Illness can include, but is not limited to, an allergic reaction (poison ivy, sting, bite), heat exhaustion, hypothermia.
- **Behavioral:** Any emotional injury. A behavioral incident can include, but is not limited to, drugs, unprofessional conduct, harassment, theft, and reckless behavior. **Harassment** is unwelcome conduct that is based on race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, age, or disability.
- **Near-Miss:** A “near miss” is defined as an incident where there was a mishap that could have resulted in an injury or property damage but did not. It is important to record near misses to identify further training needs, and to educate others to avoid similar incidents that will inevitably result in an incident if left unreported.
- **Injured Volunteer:** the person who suffered harm due to some act or omission done by another person (verbal, physical harassment), physical harm, or illness.

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# VOLUNTEER SUPERVISOR'S INCIDENT REPORT FORM

*This section to be completed by the volunteer's supervisor*

Incident: \_\_\_\_\_ Injury \_\_\_\_\_ Illness \_\_\_\_\_ Behavioral \_\_\_\_\_ Near Miss

Incident Reported By: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Location: \_\_\_\_\_

Person(s) involved in incident:

Names of all witnesses:

Describe the incident:

Why did the incident happen:

What action has been taken:

Recommended preventive action to prevent reoccurrence:

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### Type of Physical Injury:

Abrasion		Blister		Fracture	
Contusion		Bug Bite(s)		Sprain/Strain	
Laceration		Sting(s)		Head (conscious)	
Puncture		Rash (plants)		Head (unconscious)	
Burn		Tick		If Other, describe	

Notes:

### Type of Illness:

Gastrointestinal		Allergy		Dehydration	
Abdominal Pain		COVID-19 Symptoms		Heat Exhaustion	
Respiratory		Fever		Hypothermia	
Alt Mental Status		Nausea		If Other, describe	

Notes:

### Behavioral:

Drugs/Alcohol		Verbal Harassment		Equipment Damage	
Psychological		Physical Harassment		Theft	
Safety/Judgement		Sexual Harassment		Reckless Behavior	
Unprofessional Conduct		Discriminatory Harassment		If Other, describe	

Notes:

### Activity at the time of the incident:

Carrying Equipment		Walking/Hiking		Monitoring	
Tool Maintenance		Brush Pile Burn		Herbicide	
Using Tool		Prescription Burn		If Other, describe	

Notes:

**Submit this form to your supervisor (Site Steward, Project, or Workday Leader, FPCC staff) as soon as possible. If you cannot complete the form at the time of the incident, deliver it to your supervisor, email (volunteer.fpd@cookcountyil.gov), or mail (6100a N. Central Ave., Chicago, IL 60646) it to Volunteer Resources as soon as possible.**

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# VOLUNTEER INCIDENT REPORT FORM

*This section to be completed by the injured volunteer (please print)*

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Name of volunteer supervisor (*Site Steward, Project, or Workday Leader, FPCC staff*) \_\_\_\_\_

Name of group leader (*Ex. teacher, scout, trip, organization leader, etc.*) \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Location where incident occurred \_\_\_\_\_

Describe the incident (*describe, in detail, how and why the incident occurred*)

Describe the part of the body injured or the nature of the injury (*if applicable*)

Name all witnesses (*full name*) \_\_\_\_\_

### Medical Information

Was first aid given? [ ] Yes [ ] No

Did you seek, or plan to seek, medical treatment? [ ] Yes [ ] No

If yes, name of facility and physician who treated you for your injury \_\_\_\_\_

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_

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## WITNESS STATEMENT REPORT FORM

Name of Injured Volunteer \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Relationship to Injured Volunteer (co-volunteer, supervisor, relative, etc.) \_\_\_\_\_

What were you doing at the time of the incident?

Did you observe the incident? If yes, please describe in detail what you observed.

***The above statements are true and correct.***

Witness Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Volunteer/Job Title \_\_\_\_\_

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