#### Welcome!

Operational Risk Webinar

January 2024



## **Topics**

- New Report of Occurrence form
- Website Materials



- Supports injured USA Swimming members and volunteers receiving prompt access to Participant Accident/Excess Medical insurance for covered injuries.
- Allows USA Swimming and LSCs to monitor incidents and assess trends then consider the potential for response, support, or programming.



## REPORT OF OCCURRENCE

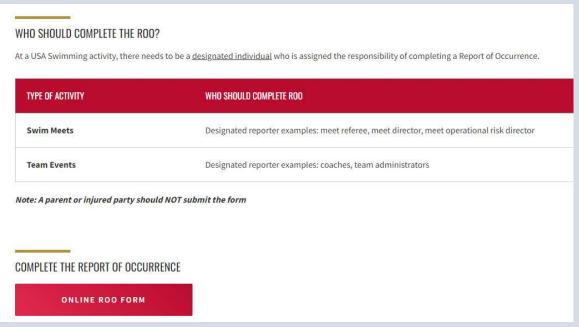
#### INSTRUCTIONS

When there is an injury or medical incident at a USA Swimming activity, a Report of Occurrence (ROO) must be completed. This applies to incidents involving USA Swimming members and non-members. The report should be completed as soon as possible, at least within 24 hours after the occurrence.

If the occurrence involves serious injury (example: fatality, multiple individuals, life-threatening event), please notify your Team Services member or USA Swimming at 719-217-4796.

- Report incidents occurring at any USA Swimming, LSC, or club related activity, including:
  - Meets
  - Practices (including dryland)
  - USA Swimming/LSC/club authorized or arranged travel
  - Social/fundraising events.
- Should be done within 24 hours.
- SERIOUS EVENTS should be reported ASAP by phone.





- Teams/events should have designated reporter (safety coordinator, meet director, lifeguard, administrative person).
- Should **NOT** be the parent.



#### CLAIM PROCESS AND ADDITIONAL REPORING

Upon submission, you will receive an automated email indicating that USA Swimming has received the form. This email can be printed or saved to a file for record keeping. PLEASE FORWARD A COPY OF THIS EMAILED REPORT TO the Operational Risk Chair for your LSC.

If a USA Swimming member was injured and received medical care, they will receive a follow up email regarding the process for submitting a claim to USA Swimming's Participant Accident insurance. For information on this coverage, please click here for USA Swimming's insurance site.

- Forms should be automatically sent to registered LSC Op Risk contact, but send them along to your LSC OpRisk contact to be certain.
- The ROO is automatically sent to USA Swimming's Participant Accident/Excess medical insurer who reviews for potential insurance coverage.



#### SWIM MEET REPORTING

If you are a swim meet designated reporter and unable to report online during the competition, you may print a draft paper copy. During the swim meet, document the incident detail on paper. You must then submit the information to the online link above within 24 hours of the incident.

• A downloadable PDF with instructions is available.



#### CONTACT

If you have questions about completing the Report of Occurrence, please email riskmanagement@usaswimming.org.

- Questions can go to this email
- Not for use for **SERIOUS** events



#### **USA Swimming Report of Occurrence**

#### INSTRUCTIONS

To be completed by USA Swimming:

- Coach
- Official
- · Club designated personnel

Complete a Report of Occurrence for injuries or medical incidents involving <u>USA Swimming members and non-members</u> occurring during a USA Swimming activity. The report should be completed as soon as possible, at least within 24 hours after the occurrence.

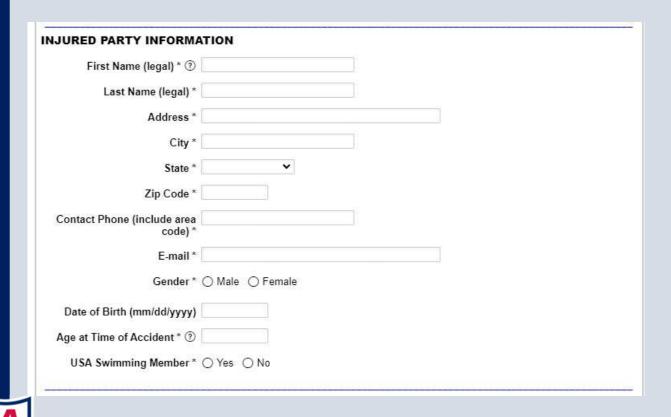
If the occurrence involves serious injury (example: fatality, multiple individuals, life-threatening event), please notify your <u>Team Services member</u> or USA Swimming at 719-217-4796.

- Same instructions as on the webpage
- SERIOUS EVENTS should lead to a phone call ASAP



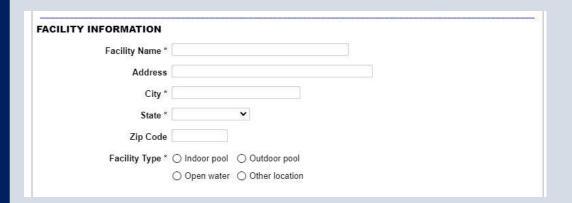
- New form should be easier and quicker to fill out.
- Organized in a more logical way.
- Updates most common USA Swimming activities.
- Removes a lot of the "OTHERS."





**INJURED PARTY** 

(WHO)





(WHERE)



# Were parents / guardians Yes No N/A Was care declined? Yes No Was 911 or emergency service Yes No Called? Taken by ambulance? Yes No

**TOP LINE BASICS** 

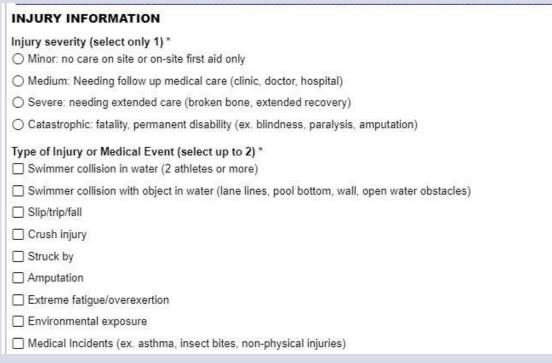




#### ACCIDENT INFORMATION – 1

• This is asking for the type of event at which the injury occurred

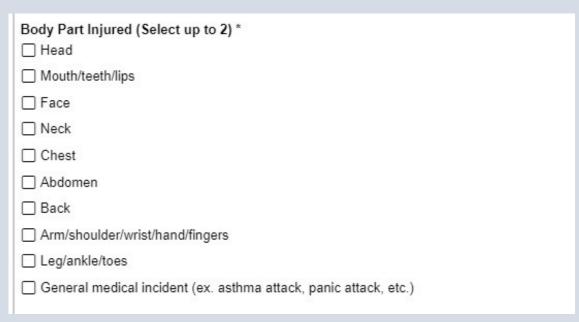




#### ACCIDENT INFORMATION – 2

- Injury information:
  - "Ranking"
  - Types of Injury





#### ACCIDENT INFORMATION – 3

- Injury information:
  - Body part injured



Symptom/Type of Injury (Select up to 2) *  Suspected concussion
Cut
□ Bruise
Sprain/strain
Fracture
Burn
☐ Shortness of breath
Seizure
Swelling
☐ Nausea/Vomiting
Unconsciousness
□ Bleeding
☐ Non-injury Medical Event (ex. difficulty breathing, asthma attack, chest pain, etc.)
Description: Provide a description of 1) how the injury or medical event occurred and 2) the type of injury or medical event. *Please refrain from using personal names in this field. Use Athlete, Coach, Official, etc.) *

#### <u>ACCIDENT INFORMATION – 4</u>

- Symptoms
- AVAILABLE FORM:
  - Provide information about injury and accident
  - Should be written in without names
  - Can use this location to indicated information not available in the form choices.





#### **WITNESSES**

- Provide full information
- If more than two –provide "best" two
- You can supplement with an email if multiple witnesses.
- Name supervisor even if not a witness



- Should go automatically to the LSC contact.
- If your LSC contact is not receiving them.....

