

Welcome!

Operational Risk Webinar

January 2024



Topics

- New Report of Occurrence form
- Website Materials



Report of Occurrence

- 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 & REPORTING FORM

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.



Report of Occurrence

WHO SHOULD COMPLETE THE ROO?

At a USA Swimming activity, there needs to be a designated individual who is assigned the responsibility of completing a Report of Occurrence.

TYPE OF ACTIVITY	WHO SHOULD COMPLETE ROO
Swim Meets	Designated reporter examples: meet referee, meet director, meet operational risk director
Team Events	Designated reporter examples: coaches, team administrators

Note: A parent or injured party should NOT submit the form

COMPLETE THE REPORT OF OCCURRENCE

[ONLINE ROO FORM](#)

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



Report of Occurrence

CLAIM PROCESS AND ADDITIONAL REPORTING

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.



Report of Occurrence

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.



Report of Occurrence

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



Report of Occurrence

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 USA Swimming members and non-members 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 [Team Services member](#) or USA Swimming at 719-217-4796.

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



Report of Occurrence

- 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.”



Report of Occurrence

INJURED PARTY INFORMATION

First Name (legal) *

Last Name (legal) *

Address *

City *

State *

Zip Code *

Contact Phone (include area code) *

E-mail *

Gender * Male Female

Date of Birth (mm/dd/yyyy)

Age at Time of Accident *

USA Swimming Member * Yes No

INJURED PARTY

(WHO)



Report of Occurrence

FACILITY INFORMATION

Facility Name *

Address

City *

State *

Zip Code

Facility Type * Indoor pool Outdoor pool
 Open water Other location

FACILITY
INFORMATION

(WHERE)



Report of Occurrence

OUTCOME

Were parents / guardians notified? * Yes No N/A

Was care declined? * Yes No

Was 911 or emergency service called? * Yes No

Taken by ambulance? * Yes No

TOP LINE BASICS



Report of Occurrence

ACCIDENT INFORMATION

Date of Accident * 

Type of Event *

- Pool Meet
- Practice/Camp
- Open Water
- Travel (with team)
- Social Activity
- Fundraising Activity
- Swim Tryouts (30 day trial period)
- USA Swimming Member Coach Training
- Other (if other please email riskmanagement@usaswimming.org to explain)

ACCIDENT INFORMATION – 1

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



Report of Occurrence

INJURY INFORMATION

Injury severity (select only 1) *

- Minor: no care on site or on-site first aid only
- Medium: Needing follow up medical care (clinic, doctor, hospital)
- Severe: needing extended care (broken bone, extended recovery)
- Catastrophic: fatality, permanent disability (ex. blindness, paralysis, amputation)

Type of Injury or Medical Event (select up to 2) *

- Swimmer collision in water (2 athletes or more)
- Swimmer collision with object in water (lane lines, pool bottom, wall, open water obstacles)
- Slip/trip/fall
- Crush injury
- Struck by
- Amputation
- Extreme fatigue/overexertion
- Environmental exposure
- Medical Incidents (ex. asthma, insect bites, non-physical injuries)

ACCIDENT INFORMATION – 2

- Injury information:
 - “Ranking”
 - Types of Injury



Report of Occurrence

Body Part Injured (Select up to 2) *

- Head
- Mouth/teeth/lips
- Face
- Neck
- Chest
- Abdomen
- Back
- Arm/shoulder/wrist/hand/fingers
- Leg/ankle/toes
- General medical incident (ex. asthma attack, panic attack, etc.)

ACCIDENT INFORMATION – 3

- Injury information:
 - Body part injured



Report of Occurrence

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.)*

ACCIDENT INFORMATION – 4

- 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.



Report of Occurrence

CONTACT INFORMATION FOR TWO WITNESSES

Name (witness one)

Address

City

State

Zip Code

Phone

Name (witness two)

Address

City

State

Zip Code

Phone Number

Activity / Meet Supervisor

Contact Phone

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



Report of Occurrence

REPORT SUBMITTED BY

Name (submitted by) *

Contact Phone *

Email Address *

Click the SUBMIT button when you have completed the form. You will receive an e-mail copy of your submission. Please forward it to the appropriate Safety Chair for your LSC.

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

