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

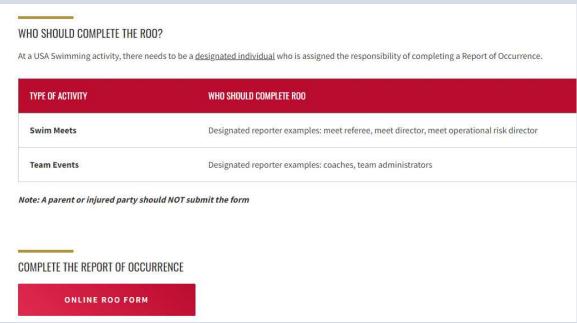
INSTRUCTIONS

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.

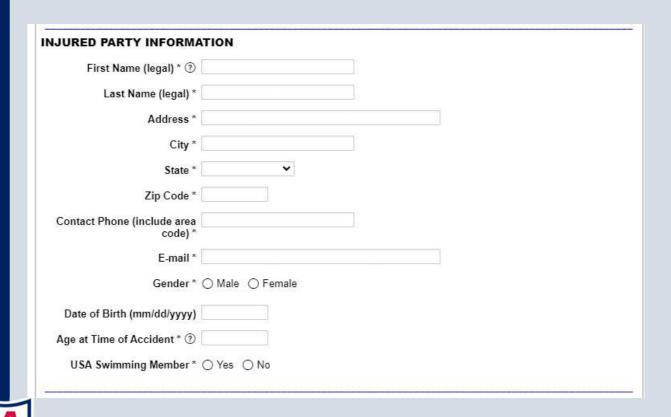
If the occurrence involves serious injury (example: fatality, multiple individuals, life-threatening event), please notify your <u>Team Services member</u> or USA Swimming at 719-217-4796.

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



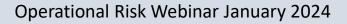
- New form should be easier and quicker to fill out.
- Organized in a more logical way.
- Updates most common USA Swimming activities.
- Removes a lot of the "OTHERS."

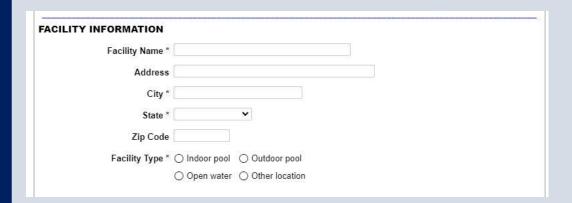




INJURED PARTY

(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

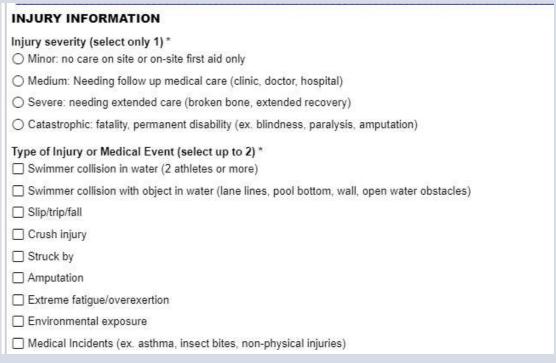




ACCIDENT INFORMATION – 1

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

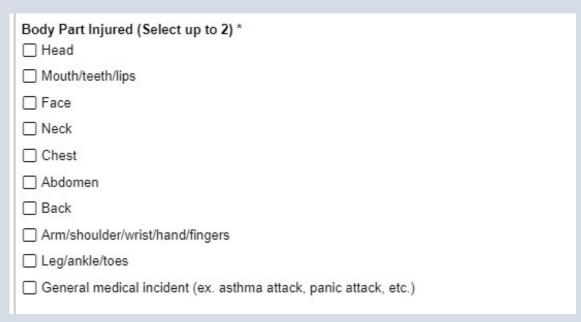




ACCIDENT INFORMATION – 2

- 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....

