

ATT: Row



Parks, Forestry & Recreation

# Major Emergency Report

### Category of Emergency

- Medical Emergency**
- Critical Injury** (as defined under OH&SA for patrons only)
- On-premise Incident** (E.g. Police Arrest, Bomb Threat)
- Other:** \_\_\_\_\_

### Have you remembered to:

- Complete all components of the form?
- Initial and date each page?
- Ask each staff member to complete a detailed statement and include in this report?
- Call the Supervisor or Supervisor On-Call?
- Call PFR Media Line 416 560-8726?
- Total number of attachment documents \_\_\_\_\_

### Participant Information

Name of Participant (First, Last):		Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address:		Unit #:	City:	
Postal Code:	Tel:	E-mail:		

### Nature of Incident and Staff Response

Centre/Facility:		Facility Address:		District:	
Detailed location of emergency:					
Date of Incident (yyyy/mm/dd):		Time of Incident:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Permit #:	
Activity participant was engaged in (program name):					
Description of situation and action taken by staff (e.g. lockdown or evacuation):					
911 called: <input type="checkbox"/> no <input type="checkbox"/> yes		Police Response: <input type="checkbox"/> no <input type="checkbox"/> yes Badge #:		Fire Response: <input type="checkbox"/> no <input type="checkbox"/> yes	
EMS Response: <input type="checkbox"/> no <input type="checkbox"/> yes		Ambulance Dispatch #:		Participant taken in Ambulance: <input type="checkbox"/> no <input type="checkbox"/> yes	
Recommended Medical Care by EMS:		<input type="checkbox"/> no <input type="checkbox"/> yes		Details:	
Describe First Aid and Care Given:					
Name of Staff/ Person(s) Providing Care and Direction to Participant: (Please gather personal telephone numbers of staff)					
Name (First, Last):		Tel:		Employee #	
Name (First, Last):		Tel:		Employee #	
Name (First, Last):		Tel:		Employee #	

### Incident Reporting

Date of Report (yyyy/mm/dd):		Time Reported:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Situation reported by:		<input type="checkbox"/> participant <input type="checkbox"/> witness <input type="checkbox"/> staff person <input type="checkbox"/> other			
Situation reported to:		<input type="checkbox"/> staff <input type="checkbox"/> other		Name (First, Last):	
Name of person completing report (First, Last):				Employee #:	
Supervisor or Supervisor On-Call Notified :		<input type="checkbox"/> no <input type="checkbox"/> yes		Name (First, Last):	

# Major Emergency Report

**Witness Information**

**Note: All non-staff witnesses must be read or have the Notice of Collection Statement (see bottom of Page 4) made available to them prior to recording their information on this form.**

Did staff person witness situation:		<input type="checkbox"/> no	<input type="checkbox"/> yes	if yes, name of staff person (First, Last):	
Witness #1	Name (First, Last):			Tel:	Email:
Witness #2	Name (First, Last):			Tel:	Email:

**Facility Conditions (complete where applicable)**

Temperature:	Water	Air	Pool Chemistry:	Cl	pH	Room Conditions:
Weather Conditions:		<input type="checkbox"/> N/A	Number of people in program or room at the time of incident:			
Equipment Conditions:						
Additional Notes/Comments:						

**List All Staff on Duty Including Position and Employee Numbers (if more staff on duty, attach separate list)**

Name (First, Last):	Position:	Employee #:

**Follow-up**

Other key staff informed concerning this situation:		
Name (First, Last):	Position:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name (First, Last):	Position:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Others notified: (Parents, Poison Control, etc.) Name:		Tel:
Comments:		
Other follow-up action taken:		

Report completed by:(print name)	Signature:	Date:
Full-time staff reviewing the report:	Signature:	Date:

Attach additional pages, information, or reports to this form as required. Completed package must be sent to the Management staff for review.

Supervisor's Name:	Signature:	Date:
Manager's Name:	Signature:	Date:
Director's Name:	Signature:	Date:

# Major Emergency Report

## Facility Specifics

Please draw an outline of the floor plan of area of the facility where the incident occurred on the grid below.

- **Pool Locations:**

Please indicate the following details on the drawing: location of ladders, guard chairs, buoy lines, staff office, diving board, slide, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each aquatic staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.

- **Other Locations:**

Please indicate the following details on the drawing: location of trees, playground equipment, gym equipment, staff office, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.

### Notice of Collection Statement

The personal information on this form is collected under the authority of The City of Toronto Act, 2006, s.136 (c), Health Protection and Promotion Act, R.R.O. 1990, Regulation 565, s. 8 (e) and Occupiers' Liability Act, R.S.O. 1990, Chp 2, s. 3. The information is used to document event details and report incidents that occur at a Parks, Forestry, and Recreation facility. Questions about this collection can be directed to the Director of Community Recreation, Toronto City Hall, 100 Queen Street West, 4<sup>th</sup> Floor, Toronto, Ontario, M5H 2N2 or by telephone at (416) 392-7252.





Parks, Forestry &amp; Recreation

# Minor Injury / Incident Report

<input type="checkbox"/> Participant Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Aggressive Behaviour	<input type="checkbox"/> Other:
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Centre/Facility:	District:	Date of Report (yyyy/mm/dd):			
Name of Participant (First, Last):			Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address:		Unit #:	City:		
Postal Code:	Tel:	E-mail:			

## Nature of Situation and Staff Actions

Date of Situation (yyyy/mm/dd):	Time of Situation:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location/Room:
Activity participant was engaged in (program name):			
Weather Conditions:			<input type="checkbox"/> N/A
Situation reported by:	<input type="checkbox"/> participant <input type="checkbox"/> witness <input type="checkbox"/> staff person <input type="checkbox"/> other	Time Reported: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Situation reported to:	<input type="checkbox"/> staff <input type="checkbox"/> other	Name (First, Last):	
Description of situation and action taken by staff:			
Describe First Aid and care given:			
Name of staff/ person(s) providing care and direction to participant (staff, please provide personal telephone numbers):			
Name (First, Last):		Tel:	Employee #:

## Witness Information

**Note: All non-staff witnesses must be read or have the Notice of Collection Statement (see bottom of Page 2) made available to them prior to recording their information on this form.**

Did staff person witness situation:	<input type="checkbox"/> no <input type="checkbox"/> yes	if yes, name of staff person (First, Last):	
Witness #1	Name (First, Last):	Tel:	Email:
Witness #2	Name (First, Last):	Tel:	Email:

## Follow-up

Other key staff informed concerning this situation:			
Name (First, Last):	Position:	Time:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name (First, Last):	Position:	Time:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Follow up action taken (parents notified, medical attention recommended, repairs requested):			

## Print names of staff using first, last name format in this section.

Report completed by:	Signature:	Date (yyyy/mm/dd):
Full-time staff reviewing the report:	Signature:	Date (yyyy/mm/dd):
Supervisor:	Signature:	Date (yyyy/mm/dd):

**Attach additional pages, information, or reports to this form as required. Please forward the signed and completed form to the Supervisor and Manager for review and processing.**

