INSTRUCTIONS FOR REPORTING PUBLIC SWIMMING POOL AND SPA INJURIES IN OHIO

COMPLETING THE OHIO PUBLIC SWIMMING POOL AND SPA INJURY REPORT FORM

Introduction

Outlined in this document are instructions to public swimming pool operators and other aquatic personnel for reporting public swimming pool and spa injuries to the applicable local health district.

This document is organized by section of the Ohio Public Swimming Pool and Spa Injury Report Form and should be used as a reference when completing the form. For further clarifications, please contact BEH@odh.ohio.gov.

General Guidance

- The Ohio Public Swimming Pool and Spa Injury Report Form used by pool operators and other aquatic personnel for reporting injuries to the applicable local health district can be found at the Ohio Department of Health's Public Swimming Pool site: http://www.odh.ohio.gov/odhprograms/eh/swim/swim1.aspx
- Use one (1) form for each injured person.
- Do not include personal or otherwise identifying information of the injured person, including but not limited to:
  - Name;
  - Address; or
  - Phone number.
- Do not write on the back of the form.
- Injuries required to be reported include any incident associated with the facility that results in:
  - Serious injury (i.e., an injury that does not require immediate hospital admission but does require medical treatment, other than first aid);
  - Assistance from emergency medical personnel; or
  - Death.
- Voluntary reporting of other injuries is highly encouraged.

Completing the Ohio Public Pool and Spa Injury Report Form

Begin with a new, blank copy of the Ohio Public Pool and Spa Injury Report Form.

Description of the Injured Person

In this section, information about the age, sex, race/ethnicity, and county or state of residence of the injured person is collected. This information is used to characterize those that may be at increased risk of injury.

- **Age**
  - Record as a whole number the age in years of the injured person.
  - For age less than 1 year, record 0.
- **Sex**
  - Select the sex of the injured person.
- **Ohio County of Residence**
  - Record the Ohio county in which the injured person lives.
  - If not an Ohio resident, record the state in which the injured person lives.
- **Race/Ethnicity**
  - Select the option the injured person self-identifies as.
  - If the injured person self-identifies as more than one of the options listed, select all that apply.
  - If the injured person's response is not listed, select **Other** and record in the space provided the injured person's response.
- **The injured person was a**
  - Select the category that best matches the injured person.
  - A patron is defined as a customer of the facility (e.g., a swimmer at a public pool); a resident is defined as someone that lives where the facility is located (i.e., a resident of an apartment complex swimming in the apartment complex pool).
  - If the category that best matches the injured person is not listed, select **Other** and record in the space provided for that category.

Description of the Incident

In this section, detailed information about an incident is collected, including its timing, how it happened, and what actions were taken after the incident occurred. This information is used to understand the circumstances of the incident, and how it may be prevented in the future.

- **Date**
  - Record the date the incident occurred.
  - Record date in the format MM/DD/YY.
- **Time**
  - Record the time of day the incident occurred.
  - Record the time in standard format, (i.e., 2:30 instead of 14:30), indicating AM or PM.
- **Was pool/spa open at time of incident?**
  - Select yes or no to indicate whether the incident occurred during the posted operating hours of the facility.
- **If no, was enclosure secured?**

- o If the pool or spa was open at the time of the incident, select N/A.
- o If the pool or spa was closed at the time of the incident, select yes or no to indicate whether the enclosure was secured when the incident occurred.
- **Were lifeguards present**?
  - o Select N/A if the facility is unguarded.
  - o Select yes or no to indicate whether lifeguards were present when the incident occurred.
- **If yes, how many lifeguards were present?**
  - o If lifeguards were present, enter the number of lifeguards present when the incident occurred; otherwise leave blank.
- **Were witnesses present?**
  - o Select yes or no to indicate whether witnesses were present when the incident occurred.
- **If yes, how many witnesses were present?**
  - o If witnesses were present, enter the number of witnesses present when the incident occurred; otherwise leave blank.
- **Water depth of incident**
  - o Record the depth, in feet and inches, of the water in which the incident occurred.
  - o If the incident did not occur in water, or occurred at a spray ground or splash pad, select N/A.
- **Incident setting**
  - o Select indoor or outdoor to indicate the setting in which the incident occurred (i.e., if the facility has an outdoor main pool and the incident occurred at the indoor spa, select indoor).
- **Location of incident**
  - o Select the option that best matches the location or water feature where the incident occurred;
  - o If more than one, select all that apply.
  - o If the incident occurred in, at, or on a location or water feature not listed, select **Other** and enter the location or water feature where the incident occurred.
- **Rescue equipment used**
  - o Select the option that best matches the rescue equipment used when the incident occurred.
  - o If more than one, select all that apply.
  - o If the rescue equipment used when the incident occurred is not listed, select **Other** and enter in the space provided the rescue equipment used.
  - o If rescue equipment was not used, select N/A.
- **Describe the incident**
  - o Describe the incident with specific details, especially those not otherwise captured on the report form.
  - o The incident description should provide as much as detail as possible, for example: "The injured person slipped along the edge of the pool, hit head, fell in, and struggled to get to the surface. The lifeguard performed a water rescue to bring the injured person back to the surface." An example that needs more detail is: "Hit head, performed water rescue."
  - o Attach additional sheets as necessary.

Description of the Injury

In this section, detailed information about the injury is collected to identify risk factors for drowning and other pool-related incidents. Describing the area of the body injured helps to characterize injuries sustained.

- **Type of injury**
    - Select the option that best describes the injury sustained.
    - If more than one, select all that apply.
    - The following standardized definitions are provided for guidance.
        - **Bump/Bruise**: a wound resulting in a raised area of the skin or skin discoloration.
        - **Burn**: an injury to the skin caused by heat, chemicals, friction or electricity.
        - **Cut**: a break in the surface of the skin that may extend into the muscle tissue below.
        - **Dislocation**: an injury in which the bones in a joint are forced out of their usual positions.
        - **Drowning (Fatal)**: respiratory impairment from submersion in liquid followed by rapid death or death within 24 hours of the incident.
        - **Drowning (Non-fatal)**: respiratory impairment from submersion in liquid with permanent or nonpermanent injury.
        - **Fracture**: a broken bone.
        - **Puncture**: a wound caused by an object piercing the skin.
        - **Scrape**: a skin wound that rubs or tears off skin.
        - **Spinal**: an injury to the spinal cord that results in lost or impaired functioning.
        - **Sprain**: an injury to a ligament (tissue that connects two or more bones at a joint).
    - If the injury sustained is not listed, select **Other** and record in the space provided the injury.
- **Area injured**
    - Select the option that best describes the area of the body injured.
    - If more than one, select all that apply.
    - If the area of the body injured is not listed, select **Other** and record in the space provided the area injured.

Results of the Incident

In this section, information regarding the outcome of the incident is collected. Collecting information about the actions taken during and after a pool-related incident can be used to characterize life saving measures and ways to prevent serious injuries in the future.

- **Was EMS called?**
    - Select yes or no to indicate whether emergency medical services were called.
- **Was injured person transported to a medical facility?**
    - Select yes or no to indicate whether the injured person was transported to a medical facility.
- **Was the injured person immobilized?**

  o Select yes or no to indicate whether the injured person was immobilized.
- **Was oxygen supplied to the injured person?**
  o Select yes or no to indicate whether the injured person was supplied oxygen.
- **Was an AED Device used?**
  o Select yes or no to indicate whether an automated external defibrillator device was used on the injured person.
- **Was a water rescue performed?**
  o Select yes or no to indicate whether a water rescue was performed for the injured person.
- **Was rescue breathing/resuscitation required?**
  o Select yes or no to indicate whether rescue breathing or resuscitation was performed on the injured person.
- **Did staff offer or provide care or first-aid?**
  o Select yes or no to indicate whether facility staff offered or provided care or first-aid to the injured person.
- **Did injured person/guardian refuse care or first-aid?**
  o Select yes or no to indicate whether the injured person or their guardian refused care or first-aid.
- **Did injured person return to water activity?**
  o Select yes or no to indicate whether the injured person returned to water activity.

Facility Identification

In this section, general information about the facility where the incident occurred is collected.

- **Facility name**
  o Record the full name of the facility where the injury occurred.
  o Provide the specific name of the pool, if applicable.
- **Facility address**
  o Record the full address, including street name and number where the incident occurred.
- **City**
  o Record the city where the facility is located.
- **Zip**
  o Record the zip code where is located the facility.
- **Phone**
  o Record the phone number, including area code, for the facility.
- **Facility type**
  o Select the facility type that best describes the facility at which the injury occurred.
  o If the facility type that best describes the facility is not listed, select **Other** and enter the facility type.

Form Completed By

In this section, contact information for the public swimming pool operator or other aquatic personnel completing the form is collected should clarification or follow up be required.

- **Name**

- o Record the full – first and last – name of the person completing the form.
- o Print the name; do not sign.
- **Title/Position**
  - o Record the professional position held by the person completing the form (e.g., lifeguard, manager, administrator).
- **Phone**
  - o Record the phone number, including area code, for the person completing the form.
- **Date**
  - o Record the date the form is completed in the format MM/DD/YY.

Document Review and Submission

Review the document for completeness and accuracy prior to submission. Specifically, ensure that:

- Only one (1) form was completed for each injured person;
- No personal or otherwise identifying information of the injured person was included;
- All entries are complete and available data is not missing from report;
- All entries are legible; and
- All supporting documentation is attached, as necessary.

Submit completed forms for reportable injuries directly to the local health district within 72 hours.
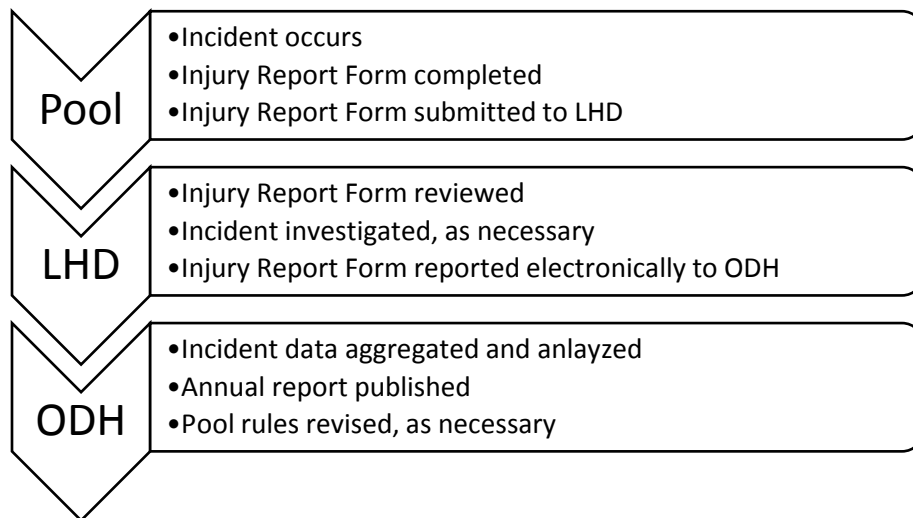
Submit completed forms for other injuries directly to the local health district by the end of the month in which the injury occurred.

Submit completed forms directly to the local health district via email, fax, or mail.

A local health district directory and search tool can be found at:
http://www.odh.ohio.gov/localhealthdistricts/lhddirectory

Generalized workflow for reporting public pool and spa injuries in Ohio

Pool
- Incident occurs
- Injury Report Form completed
- Injury Report Form submitted to LHD

LHD
- Injury Report Form reviewed
- Incident investigated, as necessary
- Injury Report Form reported electronically to ODH

ODH
- Incident data aggregated and anlayzed
- Annual report published
- Pool rules revised, as necessary

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