



Hands On Bay Area - Incident Procedure and Form

Project Emergency Procedure

1. Take care of **immediate emergency needs** first. Assess project safety and continue or end project as appropriate. Never send an injured volunteer to the hospital unattended. See additional tips below.
2. **Contact the Hands On staff** by phone or e-mail the next business day to provide further details and discuss necessary follow up. Direct any media questions to your Hands On staff contact.
3. Complete the attached **Incident Report Form**. Fax directly to Denise Billings, the Hands On insurance broker: 415-898-3922. Fax a copy to the Hands On office in San Francisco, Attn: Hans: 415-541-7716. Note: Do not send fax to the number listed on the top of the Incident Report form; Denise will contact NIAC.

Complete the attached form if:

- **There has been an accident**
- **Someone has been hurt**
- **Property has been damaged**
- **You think someone ought to know just in case**

Additional safety tips:

- Appoint someone to call 911 for appropriate help immediately. (Ambulance, Police, Fire)
- If someone has been injured or is sick, do what is necessary to stabilize the individual. Use your first aid knowledge only if you are absolutely confident in your abilities. Many injuries are made worse by “helpful” bystanders.
- Do not move an injured or sick person unless you have no other choice.
- Make sure the rest of the group is cared for. While you handle the medical emergency, make sure someone else is attending to the other volunteers. They should be moved away from the injured party.
- **Remember:** Cooperate fully with any uniformed or official assistance on the scene (Police, Fire Department, Ambulance, Agency Representative). For everyone’s protection, do not discuss the situation with any outsiders. The Hands On staff will make all necessary comments.

135 Bluxome St. San Francisco, CA 94107
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**Nonprofits' Insurance
Alliance of California**
A HEAD FOR INSURANCE . . . A HEART FOR NONPROFITS

Incident Report Form

General Information

Name of Nonprofit Organization		NIAC Policy Number
Name of Contact	Title	
Address - Street	City, State, Zip	
Business Phone	Business Fax	

Claimant Information

1. Name of Injured Party	Age	Relation to Insured
Address - Street	City, State, Zip	
Home Phone	Business Phone	
Description of Injury		
Name of Doctor or Hospital, if applicable	Phone Number of Doctor or Hospital, if applicable	

Nonprofit Member's Observations

Claimant's Attire / Description of Clothing (<i>i.e. shorts, T-shirt</i>)	Type of Shoes	Claimant carrying anything?
Please describe claimant's demeanor when making report (<i>i.e. agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.</i>)		

Claimant Information

2. Name of Injured Party	Age	Relation to Insured
Address - Street	City, State, Zip	
Home Phone	Business Phone	
Description of Injury		
Name of Doctor or Hospital, if applicable	Phone Number of Doctor or Hospital, if applicable	

Nonprofit Member's Observations

Claimant's Attire / Description of Clothing (<i>i.e. shorts, T-shirt</i>)	Type of Shoes	Claimant carrying anything?
Please describe claimant's demeanor when making report (<i>i.e. agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.</i>)		

Incident Information

Date of Incident	Time of Incident AM OR PM	Did the incident occur on organization's premise?
Location of Incident		
Description of Incident:		

Witness Information

1. Name	Phone	Age
2. Name	Phone	Age
3. Name	Phone	Age
4. Name	Phone	Age