



# Drowning Prevention Pilot Project

## *Public Pool and Spa Injury Incident Report Form*

# Instructions for Local Health Districts & Aquatics Staff

**Need more help completing the Report Form?**

Contact Amanda Zabala at (614) 752-4489 or [Amanda.Zabala@odh.ohio.gov](mailto:Amanda.Zabala@odh.ohio.gov)



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## Table of Contents

|   |   |
|---|---|
| Facility Information .....              | 2 |
| Description of the Injured Person ..... | 2 |
| Description of the Incident .....       | 3 |
| Description of the Injury .....         | 4 |
| Form Completion .....                   | 5 |
| Form Submission .....                   | 6 |

## List of Acronyms

**LHD:** Local Health District

**ODH:** Ohio Department of Health

## Introduction

Drowning is rarely the result of a single cause, nor is there a single prevention solution. In fact, circumstances surrounding these and other pool-related events can vary widely by age, aquatic setting, and activity, but these circumstances cannot be known without local surveillance. Until now, the state of Ohio has not collected detailed information on public swimming pool-related injuries or deaths. With the help of public pools and local health districts, the Ohio Department of Health is hoping to change that. Understanding where, how, and why a pool-related incident occurs will be pivotal to future drowning prevention efforts.

A report form, known as the Public Pool and Spa Injury Incident Report Form (hereby referred to as “report form”), was created with the intention of capturing this incident information. To facilitate data collection, ODH developed this guidance document to serve as a reference manual for the local health districts and aquatics staff that have been entrusted to report these public swimming pool-related incidents.

The guidance document provides an overview of how to complete and submit the report form, including descriptions of each of the five (5) sections: Facility Information, Description of the Injured Person, Description of the Incident, Description of the Injury, and Form Completion. It should be noted that absolutely no personally identifiable information (e.g., name, parents’ name, address, phone number, etc.) is to be collected within the report form. If you have any questions after reading through this document, please contact Amanda Zabala at (614) 752-4489 or [Amanda.Zabala@odh.ohio.gov](mailto:Amanda.Zabala@odh.ohio.gov).

ODH appreciates everything you do to keep Ohio’s swimmers healthy and safe.



*“Optimal health for all Ohioans.”*

## Facility Information

In the Facility Information section, general information about the facility in which an injury occurred is collected. Risk factors for pool-related incidents, as well as the outcomes of those incidents, can vary widely depending on location (e.g., urban, suburban, rural) and facility type.

### GENERAL FACILITY INFORMATION

|                             |        |                   |                 |
|-----------------------------|--------|-------------------|-----------------|
| <b>FACILITY INFORMATION</b> |        |                   |                 |
| Facility Name:              |        | Facility Address: |                 |
| City:                       | State: | ZIP:              | Facility Phone: |

- **Facility Name** – Write in the full name of the facility. You may include the name of a specific pool in this space as well, if that applies to your facility.
- **Facility Address** – Include the full address of the facility, including the street name and number, city, state, and zip code (e.g., 123 Main St., City, OH 43000).
- **Facility Phone** – Provide the phone number of the facility, including the area code. Phone numbers should be entered as 10-digit numbers (e.g., (XXX) XXX-XXXX).

### FACILITY TYPE

When completing this section of the report form, only one facility type should be indicated. If none of these apply, select the “Other” option and write in the facility type on the blank line provided.

Facility Type:  Govt/City Pool    Apartment/Condo    Hotel/Motel    Manufactured/Mobile Home Park    School    Camp    Other: \_\_\_\_\_

*If you have questions about the given facility options, please contact Amanda Zabala at (614) 752-4489 or [Amanda.Zabala@odh.ohio.gov](mailto:Amanda.Zabala@odh.ohio.gov).*

## Description of Injured Person

In the Description of the Injured Person section, information about the age, sex, race/ethnicity, and county of residence is collected. For the purposes of privacy and confidentiality, absolutely no personally identifiable information (e.g., name, parent’s name, address, or phone number) is collected about the injured person.

|  |  |   |   |  |
|--|--|---|---|--|
| <b>DESCRIPTION OF INJURED PERSON</b>   |  |   |   |  |
| Age (years):   | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Resident County:  |   |  |
| <b>Race (check all that apply):</b><br><input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ |  | <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Non-Hispanic/Latino | <b>Was injured party:</b><br><input type="checkbox"/> Employee <input type="checkbox"/> Patron<br><input type="checkbox"/> Other: _____ |  |

- **Age** – In years only, indicate the age of the injured person.
- **Sex** – Indicate the sex of the injured person by checking either “M” for male or “F” for female.
- **Resident County** – Write in the county in which the injured person lives.
- **Race** – Indicate the race of the injured person by checking all applicable boxes. Only use the “Other” option if the injured person feels none of the indicated options adequately represents their race.
- **Ethnicity** – Indicate whether or not the injured person is of Hispanic or Latino descent.
- **Patron vs. Employee** – Identify whether the injured person was considered a patron (i.e., visitor) or employee of the pool. If neither of these apply, select the “Other” option and fill in the blank space.

## Description of the Incident

In the Description of the Incident section, specific, detailed information about an incident is collected, including its timing, how it happened, and what actions were taken after the incident occurred. This information provides an understanding of the risk factors for pool-related injury and allows for each of us to be better prepared to prevent these incidents in the future.

### **INCIDENT TIMING**

It is important to understand the timing of a pool-related injury or death to formulate trends and be able to estimate for future outdoor swim seasons the days and times that people might be more vulnerable to injury.

| DESCRIPTION OF INCIDENT   |  |   |
|---------------------------|--|---|
| Incident Date (mm/dd/yy): | Time of day:<br>__ : __ __ <input type="checkbox"/> AM <input type="checkbox"/> PM | Day of week incident occurred:<br><input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat |

- **Date** – Write in the date the incident occurs. This date should be written in the format MM/DD/YY.
- **Time** – The time the incident occurs should be recorded in standard time (2:30 instead of 14:30), with either AM or PM checked to indicate morning or afternoon/evening, respectively.
- **Day of the Week** – Check the appropriate box to indicate the day of the week the incident occurred. Only one box should be checked here.

### **DESCRIPTION OF THE INCIDENT**

Collecting detailed information about a pool-related injury or death can provide a better understanding of the circumstances leading up to these incidents, as well as how they may be prevented in the future. In this section, provide as much detail as possible, and attach additional sheets, if needed.

|  |  |   |   |
|--|--|---|---|
| What happened? (attach additional sheets, if needed):  | <b>Location of Incident (check all that apply):</b><br><input type="checkbox"/> Outdoor Facility <input type="checkbox"/> Indoor Facility<br><input type="checkbox"/> Main Pool <input type="checkbox"/> Wading Pool<br><input type="checkbox"/> Zero Entry Pool <input type="checkbox"/> Therapy Pool<br><input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Diving Board<br><input type="checkbox"/> Slide <input type="checkbox"/> Spray Ground/Splash Pad<br><input type="checkbox"/> Other Water Feature: _____ |   |   |
| Was the pool/spa open at time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was the enclosure secured? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were lifeguards present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br># Lifeguards present: _____   | Water depth of incident:<br>_____ (ft.) _____ (in.) | Number of swimmers/witnesses present during the incident: _____ |

- **Location of the Incident** – Indicate where within the facility the incident occurred. Multiple boxes may be checked, if applicable. If an incident occurs on or in an unnamed water feature, check the box marked “Other Water Feature” and indicate the location on the blank line provided.
- **Pool Open/Secure** – Indicate whether or not the pool was open at the time of the incident and whether the pool enclosure was secure by checking “Yes” or “No” for each question.
- **Lifeguards** – Indicate whether lifeguards were present by checking either “Yes” or “No.” If one or more lifeguards was present, write in the actual number present on the line provided. If your pool does not require lifeguard supervision, check the box marked “N/A.”
- **Water Depth** – Indicate the depth of the water where the incident occurred. Water depth should be written in feet and inches (e.g., 5.5 feet should be written as 5 feet, 6 inches). If an incident occurs at a spray ground or outside of a pool, write in the number zero (0) on these lines.
- **Number of Other Swimmers** – Write in the number of other swimmers that were present at the time of the incident. This number can be a general estimate if there are more than 10 swimmers.

**RESULTS OF THE INCIDENT**

Collecting information about the actions taken during and after a pool-related incident can help us understand current life-saving measures and ways we can prevent serious injuries in the future.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Result of Incident:</b>                   |  |   |  | <b>Rescue Equipment Used:</b>                       |  |
| Was there a water rescue?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was EMS called?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Rescue Can                 |  |
| Was rescue breathing/resuscitation required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did staff provide care or first-aid?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Rescue Tube                |  |
| Was the Heimlich Maneuver required?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did injured person refuse care or first-aid?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Ring Buoy                  |  |
| Was the person immobilized?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did injured person return to water activity?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Life Hook/Shepherd’s Crook |  |
| Was an AED Device used?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was injured person transported to a medical facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: _____               |  |
| Was oxygen supplied?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  | <input type="checkbox"/> N/A                        |  |

- **Yes/No Questions** – Provide information about actions taken during or after a pool-related incident by checking “Yes” or “No” for each question.
- **Rescue Equipment** – Indicate the type of rescue equipment used by checking all applicable options. If the equipment used is not listed, select the “Other” option and write it in on the blank line provided. If rescue equipment was not used or required, check the box marked “N/A.”

**Description of the Injury**

In the Description of the Injury section, specific, detailed information about any injuries an individual may have sustained is collected.

**TYPE OF INJURY**

Describing the type of injury that an individual sustains helps to identify risk factors for drowning and other pool-related incidents. Though the form does not explicitly state these instructions, you may select all that apply. If none of these apply, select the “Other” option and indicate the injury type on the blank line provided.

| DESCRIPTION OF INJURY  |                                       |  |   |
|------------------------|---------------------------------------|--|---|
| <b>Type of Injury:</b> | <input type="checkbox"/> Burn         | <input type="checkbox"/> Bump/Bruise   | <input type="checkbox"/> Cut                  |
|                        | <input type="checkbox"/> Scrape       | <input type="checkbox"/> Dislocation   | <input type="checkbox"/> Sprain               |
|                        | <input type="checkbox"/> Spinal       | <input type="checkbox"/> Near Drowning | <input type="checkbox"/> Suffocation/Drowning |
|                        | <input type="checkbox"/> Other: _____ |  |   |

- **Burn** – An injury to the skin caused by such things as heat, chemicals, friction or electricity.
- **Bump/Bruise** – A wound resulting in a raised area of the skin and/or skin discoloration.
- **Cut** – A break in the surface of the skin that may extend into the muscle tissue below.
- **Puncture** – A wound caused by an object piercing the skin and creating a small hole.
- **Scrape** – A skin wound that rubs or tears off skin.
- **Dislocation** – An injury in which the bones in a joint are forced out of their usual positions.
- **Sprain** – An injury to a ligament (tissue that connects two or more bones at a joint).
- **Fracture** – A medical term for a broken bone.
- **Spinal** – An injury to the spinal cord that results in lost or impaired functioning.

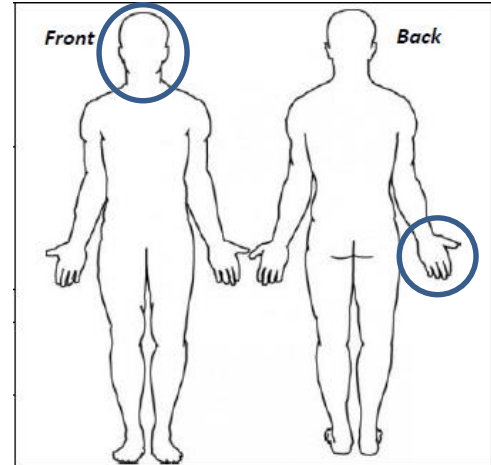
*Note that “Near Drowning” and “Suffocation/Drowning” are specific events that can lead to serious injury or death. In the event that someone is submerged in or under water and requires a water rescue, please indicate that as an injury in this area of the report form.*

- **Near Drowning** – A person is submersed in water, but manages to survive due to rescue.
- **Suffocation/Drowning** – A person is submersed in water and dies due to suffocation.

**AREA INJURED**

When someone is injured, the report form offers a space to identify which areas of the body were impacted. Though the form does not explicitly state these instructions, you may select all applicable options. If you feel that none of the answer choices reflect the area of the body that was injured, select the “Other” option and write in the appropriate response on the blank line provided.

|  |
|--|
| <p><b>Area Injured:</b>   <input type="checkbox"/> Head/Neck      <input type="checkbox"/> Arm/Shoulder      <input type="checkbox"/> Leg/Hip/Knee      <input type="checkbox"/> Trunk/Torso<br/> <input type="checkbox"/> Face/Eyes      <input type="checkbox"/> Hand/Wrist      <input type="checkbox"/> Foot/Ankle      <input type="checkbox"/> Back<br/> <input type="checkbox"/> Other: _____</p> |
|--|



Additionally, the report form also allows you the option of circling on a diagram the corresponding part of the body that was injured during the pool-related incident (see diagram on the right). Circling a part of the body is not necessarily required for form completion, but is an included feature to make the reporting process as simple as possible.

***NOTE – Incidents Including a Submersion in/under Water:***

Again, submersion in or under water is a specific type of pool-related injury. If this type of incident occurs, you may select the “Other” option in this section (Area Injured) and write in either “Near Drowning” or “Suffocation/Drowning” on the blank line provided. Make sure that this injury type is indicated in the previous section (Type of Injury) as well.

**Form Completion**

**Aquatics Staff:** Before sending forms to your designated LHD, check that each of the previous sections has been completed. Also be sure to complete the following section, located at the bottom of each report form. Your contact information should all be included so that in the event clarification is needed, you might be easily contacted. The date the form is completed should also be included.

| FORM COMPLETED BY                                      |                       |
|--|-----------------------|
| <b>Name (print):</b>                                   | <b>Contact Phone:</b> |
| <b>Position (e.g. pool operator, lifeguard, etc.):</b> | <b>Date:</b>          |

- **Name** – Write the first and last name of the person completing the report form. This name should be printed, not signed. The name of the injured person (nor their parents’) is not to be included here.
- **Position** – Include the professional position of the person completing the report form. This could vary from lifeguards to pool owners, managers, or other aquatics staff.
- **Contact Phone** – Include the contact phone number of the person completing the report form. Phone numbers should include an area code and entered as 10-digit numbers (e.g., (XXX) XXX-XXXX).
- **Date** – Write the date the report form is completed. This date should be written in the format MM/DD/YY.

**Local Health Districts:** When you receive these forms from your pools, examine them to ensure that they are completed in their entirety. Follow up with pools that may be missing information.

## Form Submission

To ensure that information about pool-related injuries and deaths is received in a timely fashion, pools should submit completed forms via **mail**, **fax**, or **email** to their designated LHD according to the following schedule:

- **Within 24 hours** of an incident that results in death, resuscitation (including the provision of oxygen), or transfer to a hospital.
- **Within 72 hours** of a pool owner's/operator's knowledge of an incident, including the serious injuries listed above, as well as the other less-severe injuries listed in the "Type of Injury" section.
- **Every 3 months** during pool operation or at the **end of the outdoor swim season** for water rescues not resulting in death, resuscitation, or transfer to a hospital.

Aquatics Staff: When submitting completed forms to LHDs –

- Identify within which timeframe your report form(s) need to be submitted to your designated LHD (i.e., 24 hours, 72 hours, or every 3 months).
- Make sure that only one form has been completed for each injured person.
- Check to make sure personally identifying information of the injured person has been omitted.
- Double check to make sure that the form has been completed in its entirety.
- Attach all necessary documentation (including extra pages used to describe the incident).

Local Health Districts: When submitting completed forms to ODH –

- Ensure that each form has been completed in its entirety.
- Check to make sure personally identifying information of the injured has been omitted.
- Include the name of your district in the box in the top, right corner under "LHD Name."
- Submit completed forms by **mail** to Ohio Department of Health, Bureau of Environmental Health and Radiation Protection, 246 N. High St., Columbus, OH 43215; by **fax** to (614) 466-4556; or by **email** to [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov).

**NOTE:** As a reference, the submission instructions, as listed at the top of each report form, are provided below.



Ohio Department of Health  
Bureau of Environmental Health and Radiation Protection  
246 N. High St., Columbus, OH 43215  
Phone (614) 644-7438, Fax (614) 466-4556, Email [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov)

LHD Name: \_\_\_\_\_

### PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

**Please use one form for each injured person. DO NOT include their personal information (e.g., name, address, phone number, etc.).** Should a reportable incident occur, complete the form, attach all required documentation, and submit to the local health district as stipulated.

- Within 24 hours of an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation transfer/admission to a hospital;
- Within 72 hours of the owner's/operator's knowledge of the incident; and
- Every 3 months during operation or at the facility's season closure, a water rescue by aquatic safety personnel.

**ATTN: Local Health Districts:** Submit reports via mail, fax, or email to the address, fax number, or email indicated at the top of this form. Please direct questions to **(614) 644-7438**.