### Safer facilities – by accident

#### Lower your risks by analyzing accident reports

by R.C. Wendling, Ph.D., and K.L. Wuensch, Ph.D. Special to Aquatics International

Prownings dominate news of waterrelated accidents, and waterborne diseases have received a fair amount of attention lately. Aquatics professionals should not discount, however, aquatic-related injuries, from abrasions to spinal cord injuries.

Every aquatic accident, regardless of its severity, has the potential to detract from the recreational experiences of guests, damage the facility or owner's reputation, and result in legal action (Baley & Matthews 1984; Kaiser 1986; Miller & Jentz 1991).

Aquatics directors can take a proactive approach to reducing the likelihood of these negative consequences by collecting, studying and interpreting coident data at their facilities. When directors discover specific accident trends, they can implement strategies and rules aimed at lessening potentially harmful situations.

#### Accident investigations

In 1998, we collected data from accident investigation reports at 15 outdoor, seasonal pools at country clubs, recreation clubs, racquet and swim clubs, and similar facilities in eastern North Carolina. Each facility contained a large recreational pool ranging from 125,000 to 165,000 gallons and a wading pool ranging from 1,000 to 1,500 gallons.

Because of the limited geographical scope of the study, our results may not necessarily represent national trends. The important point is not the comprehensiveness of this study, but how swimming pool accident data can be—and should be—used to improve pool safety.

The following are some of our indings:

· Males suffered more injuries than

females (57 percent to 43 percent).

- Children 12 and under were involved in 62 percent of all injuries.
- Feet and legs were the most frequently injured body parts (40 percent), followed by the head and face (27 percent).
- Cuts were the predominant type of injury (48 percent).
- More than 75 percent of the injuries occurred between 2-5 pm.
- The beginning of the season (May

to younger guests (generally age 12 and under). Running along the pool deck is characteristic of this age group.

- Control the type of behavior running, roughhousing, etc. that results in injuries to feet, legs, faces and heads. Keep the pool bottom and walls free of objects that might result in cuts or bruises. Regularly inspect deck equipment and pool furniture for sharp edges.
- Consider assigning a staff member to supervise areas adjacent to the pool, especially during busy periods.-These areas include decks, concessions areas, restrooms and dressing rooms.
- Increase pool staffing between noon and 7 p.m., when the majority of injuries occur.

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through June) accounted for 63 percent of the season's injuries.

- Although more than 41 percent of all injuries occurred in the pool, 34 percent occurred in areas adjacent to the pool, including the pool deck, restrooms, concessions areas and on or around diving boards.
- Activities most frequently engaged in when injuries occurred included swimming (22 percent), playing in the water (19 percent), walking on the deck (16 percent), running on the deck and horseplay in the water (12 percent), and use of the diving board (10 percent).

#### Taking action

By studying the accident data above, an astute manager could reduce risks of injuries by taking some or all of the following steps:

- Closely monitor males 8 years of age and older, the age group shown most likely to be injured.
- Strictly apply all rules and regulations

 Try to control behavior that results in shallow-water injuries. Such behavior includes jumping into crowded pools, pushing and shoving, and horseplay.

R.C. Wendling, Ph.D., is an associate professor in the Department of Recreation and Leisure Studies, and K.L. Wuensch, Ph.D., is a professor in the Department of Psychology at East Carolina University in Greenville, N.C.

For a copy of the full report, contact Wendling at wendlingr@mail.ecu.edu.

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## Reporting for duty

The value of accident-report training

by Judith Sperling
Special to Aquatics International

n litigation, the "accident report" or "incident report" often takes center stage. At the beginning of an investigation, it's one of the first documents attorneys ask for. Depending on how the staff completed the report, it can either validate and protect an organization, or it can make a case against an organization.

While it's essential that an accident form is well organized and asks the right questions, the most important aspect is how supervisors train staffers to fill out the form.

Every lifeguard in-service training program should include accident-report training. Thorough training emphasizes to each employee the importance of the report as a legal record and as a source of information on a facility's risks and hazards. In some cases, a report is required by local code.

Supervisors can test personnel on how well they understand accident report forms by presenting different accident or injury scenarios during training sessions, and having people complete report forms for each scenario. Scenarios should include both typical and worst-case incidents.

All reports should be reviewed promptly by supervisors. When supervisors begin seeing incomplete reports, they know it's time for a refresher on accident report training.

Staff training on accident-report forms can include the following topics:

- Thorough reporting. Whether filling in a blank, checking a box or circling a choice of items, the preparer must complete the entire form. Never leave an information request empty. Stressed or hurried staffers can easily overlook basic information such as the date and time of day.
- Be specific. Describe exactly where the injury or incident occurred. If your report form doesn't include a diagram of the facility, people can use the back of

the form to draw a diagram and mark the specific location.

• Describe the injury in detail. Use terminology from first-aid training, and remember that many body parts have a left and a right side. There's a professional difference between "a cut on the pinky" and "a 1/2-inch laceration to the palm side of the smallest last finger on the right hand." Such detail can make the difference if a patron tries to make a false claim for an injury that occurred at another time or location.

If you have space on your report forms, include a diagram of a human

- Seek out witnesses. Many reports include space for information from witnesses, but often the preparers erroneously assume that if they didn't observe an incident, no one else did either. They then make limited attempts to seek out witnesses. Supervisors should stress the importance of making contact with other guests to find witnesses.
- Exposure incidents. All accident report forms should include questions regarding bloodborne pathogen exposure incidents, and lifeguards should understand exactly what constitutes an exposure incident. Pathogen exposure often confuses lifeguards, and many have reported an exposure incident when there really wasn't one. Supervisors should regularly review this topic and present scenarios during training to test the knowledge and understanding of lifeguards.
  - Inappropriate elements. Staffers

# 6 6 Thorough training emphasizes to each employee the importance of the accident report as a legal record.

body, so the preparer can pinpoint the exact location of an injury. If the injury isn't visible, state exactly what the victim reports, for example, "Victim complains of pain on the left side of the chest."

• Include source of information. If employees don't witness the incident, they must state the source of information. Providing a source can protect a facility from appearing inefficient or, even worse, purposely concealing the truth if the information is later found to be inaccurate.

For example, "She was running on the pool deck to catch up to her brother" can have a different interpretation than "The victim stated that she was running on the pool deck to catch up with her brother." If the information comes from a witness, write: "A witness, Mrs. Jones, stated that the injured party was running on the pool deck." To help remind staffers of this important point, add a line that reads: "State source of information" on your form.

must understand that certain things don't belong in a report, such as assumptions, diagnoses, opinions, stated or implied fault, statements about how the accident could have been prevented, and statements about how the facility's staff could have acted differently.

• Sign the report. Many reports don't include the name of the person who completed the form. This can present difficulties during defense if clarification is necessary and no one knows or remembers who filled out the report.

Judith Sperling is the safety training/risk manager for the University of California at Los Angeles Recreation Department. Sperling has more than 30 years of experience in aquatics and can be reached at jsperlin@saonet.ucla.edu.

For sample accident report forms; visit