



LONG DISTANCE WALKERS ASSOCIATION

ACCIDENT/INCIDENT REPORTING

PART 1 GUIDANCE

Why should we report accidents or incidents?

There are two main reasons. The first relates to insurance. The LDWA insurers require that we report details of all incidents of a serious nature to them as soon as possible after they happen. This enables them to respond to and investigate any claim. Secondly, **and most importantly**, if we are an organisation that cares about our members and our standing in the walking world we have a duty to treat any accident and incident seriously to ensure that where possible it is not repeated. Without proper information on accidents and incidents it is very difficult to do this.

What should be reported?

Any accident or incident or a near miss¹ that occurs during a walk/event can (and should) be reported if it is considered to be of concern. It is not confined to accident/incidents that occur that involve the emergency services or trips to the hospital but covers all incidents and accidents that occur during a walk or event that seem **serious at the time or could be in the future**.

Our insurers confirm that the following types of accidents or incidents **MUST** be reported²:

- ✓ a fatal accident,
- ✓ an injury involving either referral to or actual hospital treatment,
- ✓ any allegations of libel/slander,
- ✓ any allegations of Professional Negligence which could lead to an insurance claim,
- ✓ any investigation under any child protection legislation,
- ✓ any circumstance involving damage to third party property.

¹ A **near miss** is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near. Other familiar terms for these events are: close call, or in the case of moving objects, near collision or a near hit. Reporting near misses is very useful since this can enable measures and procedures to be put in place to prevent recurrences.

² Extracted from the Certificate of Insurance, available on line in the LDWA web site library.

PLUS the insurers define an injury as:

- ✓ any head injury that requires medical treatment (Doctor or Hospital),
- ✓ any fracture other than to fingers, thumbs or toes,
- ✓ any amputation, dislocation of the shoulder, hip, knees or spine,
- ✓ loss of sight (whether temporary or permanent),
- ✓ any injury resulting from electrical shock or burn, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours,
- ✓ loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

The insurers also remind us that that in NO circumstance should liability be admitted or agreement made to pay for damages as this prejudices the position of the insurers.

How should it be reported?

The accident does not have to be reported in any particular way but to ensure that no key details are omitted we suggest you use the attached form. On completion it needs to be sent to the LDWA Treasurer who will then submit it to the insurers and copy to others within the organization who may need to take further action (e.g. Local Groups Secretary, 100s Co-ordinator, Secretary of the Local Group).

Who should fill out the form?

It is usually best if the person who has been involved in dealing with the accident or incident completes the form. In the case of a Social Walk this would normally be the Walk Leader. In the case of a Challenge Event or similar it would be appropriate for the Organiser of the Event to complete it in discussion with people who witnessed the event or incident. The main aim is that it should be as comprehensive as possible.



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PART 2 REPORTING FORM

Date and Location of Event

Name of Group(s) involved	Location of event
Activity involved, e.g. social walk, challenge event, meeting, etc.	
No of participants on event	Date of event

Who was in charge of the event?

Forename	Surname
Position/role	
Address	
Phone no	Mobile no
Email address	LDWA membership no

About the affected person(s). Please ensure all persons affected are listed, if necessary complete a separate form for each

Forename	Surname
Gender	Date of birth or approx. age
Address	
Phone no	Mobile no
Email address	

LDWA member? Yes/No	LDWA membership no.										
About the accident/incident											
Time and date of accident /incident											
Location of accident / incident as accurately as possible. (A grid reference should be given wherever practicable).											
Comments on weather, terrain and physical environment, when and where accident /incident occurred.											
What happened? Give as much information as possible. If photographs were taken of the scene then these should be referred to.											
<table border="1"> <tr> <td>Forename</td> <td>Surname</td> </tr> <tr> <td>Position/role</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Phone no</td> <td>Mobile no</td> </tr> <tr> <td>Email address</td> <td>LDWA membership no</td> </tr> </table>		Forename	Surname	Position/role		Address		Phone no	Mobile no	Email address	LDWA membership no
Forename	Surname										
Position/role											
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Forename	Surname										
Phone no	Mobile no										
Email address											
Were the emergency services called? Yes/No											
Was the person injured? Give details of treatment given and who administered it.											
<table border="1"> <tr> <td>Phone no</td> <td>Mobile no</td> </tr> <tr> <td>Email address</td> <td></td> </tr> </table>		Phone no	Mobile no	Email address							
Phone no	Mobile no										
Email address											

What further action was taken following the accident /incident?	
Forename	Surname

Did anyone witness the accident /incident? Please list all, if necessary use a separate sheet

Forename	Surname
Gender	Date of birth
Address	
Phone no	Mobile no
Email address	
LDWA member? Yes/No	LDWA Membership no

Further information following the accident/incident

Further information on the affected person(s) following the accident/incident. Remember indications of injury or ill health may only manifest themselves after the event.

Further action needed as result of accident/ incident.

Details of person making the report (if different from the person in charge of event listed above). However please ensure the form is signed and dated by the person making the report

Forename	Surname
Position/role	
Address	
Phone no	Mobile no
Email address	LDWA membership no.
Signed	Date

PLEASE SEND THE COMPLETED FORM TO THE LDWA TREASURER:

treasurer@ldwa.org.uk (postal address in Strider)

If sent by e mail a signed (hard) copy should also be supplied.