



*Mayflower Council*

# INCIDENT REPORTING

WHEN INCIDENTS OCCUR, WE ALL NEED TO  
HELP MITIGATE OTHER POTENTIAL IMPACTS

THE SAFETY OF OUR SCOUTS, VOLUNTEERS,  
EMPLOYEES AND COMMUNITIES  
IS OUR TOP PRIORITY.

Ensure that all unit leaders review and comply with these requirements.



BOY SCOUTS OF AMERICA®  
MAYFLOWER COUNCIL

# BSA Incident Reporting

Timely notification of serious incidents enables scene investigation, evidence collection, and proper notification required under our insurance agreements. It also helps us to make sure mandatory reporting requirements are met. While the safety of our youth is our top concern, when incidents do occur, we all need to help mitigate other potential impacts.

Tools to assist you in setting up and reporting incidents can be found here:

<https://www.scouting.org/health-and-safety/incident-report/>. COVID-19 supplemental instructions are here:  
<https://www.scouting.org/health-and-safety/incident-report/covid-19-incidents-exposures-supplemental-instructions/>.

## COVID-19 Incident Reporting Frequently Asked Questions

### **What should I do if a Scout or leader comes to a meeting with COVID-19 symptoms?**

Scouts or leaders who have [symptoms](#) when they arrive at a meeting or event or become sick during the day/event should immediately be separated from other participants and sent home.

Sick Scouts or leaders should follow [CDC-recommended steps](#) to help prevent the spread of COVID-19. They should not return to future meetings or activities until they have met the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider.

### **What should I do if a Scout or leader is suspected or confirmed to have COVID-19?**

Close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other Scouts or leaders being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.

Follow the [CDC cleaning and disinfection recommendations](#):

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use [products that meet EPA criteria for use against SARS-Cov-2](#), the virus that causes COVID-19, and are appropriate for the surface.
- Be sure to follow the instructions on the product labels to ensure safe and effective use of the product.
- You may need to wear additional personal protective equipment (PPE) depending on the setting and disinfectant product you are using.

In addition to cleaning and disinfecting, unit leadership should determine which meeting/event participants may have been exposed to the virus and need to take additional precautions:

- If a Scout or leader is confirmed to have COVID-19, the unit should inform fellow members of their possible exposure to COVID-19 at the Scout meeting/event but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- Scouts or leaders who test positive for COVID-19 (using a viral test, not an antibody test) should be excluded from Scouting and [remain in home isolation](#) if they do not need to be hospitalized. Scouting units should provide education to members and leaders on [what to do if they are sick](#).
- The unit committee chairperson may need to [work with local health department officials](#) to determine which Scouts and leaders may have had close contact with the Scout or leader with COVID-19 and who may need to take [additional precautions](#), including exclusion from Scouting activities/meetings and remaining at home.
- Unit leadership should follow the [Public Health Recommendations for Community-Related Exposure](#) and instruct potentially exposed Scouts or leaders to stay home for 14 days and self-monitor for [symptoms](#).
- The unit leader or committee chairperson must inform the local council by completing and submitting a [BSA Incident Report](#).

**A Scout or leader have been exposed but aren't showing symptoms, should I allow them to participate in the Scouting event or meeting?**

Scouts or leaders may have been exposed if they are a "close contact" of someone who is infected, which is defined as being within about 6 feet of a person with COVID-19 for a [prolonged period of time](#):

- Potentially exposed employees who have symptoms of COVID-19 should self-isolate and follow [CDC recommended steps](#).
- Potentially exposed Scouts or leaders who do not have symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

All other Scouts and leaders should self-monitor for [symptoms](#) and wear cloth face coverings when in public. If they develop symptoms, they should notify their unit leader, seek medical attention if necessary and stay home.

See [Public Health Recommendations for Community-Related Exposure](#) for more information.

**If we find out several days later, after a Scout meeting or activity that a Scout or leader was diagnosed with COVID-19 what should we do?**

- If it has been less than 7 days since the sick Scout or leader used the facility, clean and disinfect all areas used by the sick Scout or leader following the [CDC cleaning and disinfection recommendations](#).
- If it has been 7 days or more since the sick Scout or leader used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

- Other Scouts or leaders may have been exposed to the virus if they were in “close contact” (within approximately 6 feet) of the sick Scout or leader for a prolonged period of time.
  - If a Scout or leader is confirmed to have COVID-19, unit leadership should inform fellow unit members of their possible exposure to COVID-19 in at the Scouting meeting or activity but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
  - Those who have symptoms should self-isolate and follow [CDC recommended steps](#).
  - Those potentially exposed but with no symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.
- Scouts or leaders not considered exposed should self-monitor for [symptoms](#). If they develop symptoms, they should notify their unit leader, seek medical attention if necessary and stay home.

**When should a Scout or leader suspected or confirmed to have COVID-19 be allowed to return to Scouting meetings or activities?**

Sick Scouts or leaders should follow [steps to prevent the spread of COVID-19](#). Scouts or leaders should not return to Scouting until they meet the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider.

Unit leadership should not require a sick Scout or leader to provide a negative COVID-19 test result or healthcare provider’s note to return to Scouting. Scouts and leaders with COVID-19 who have stayed home can stop home isolation and return to work when they have met one of the sets of criteria found [here](#).

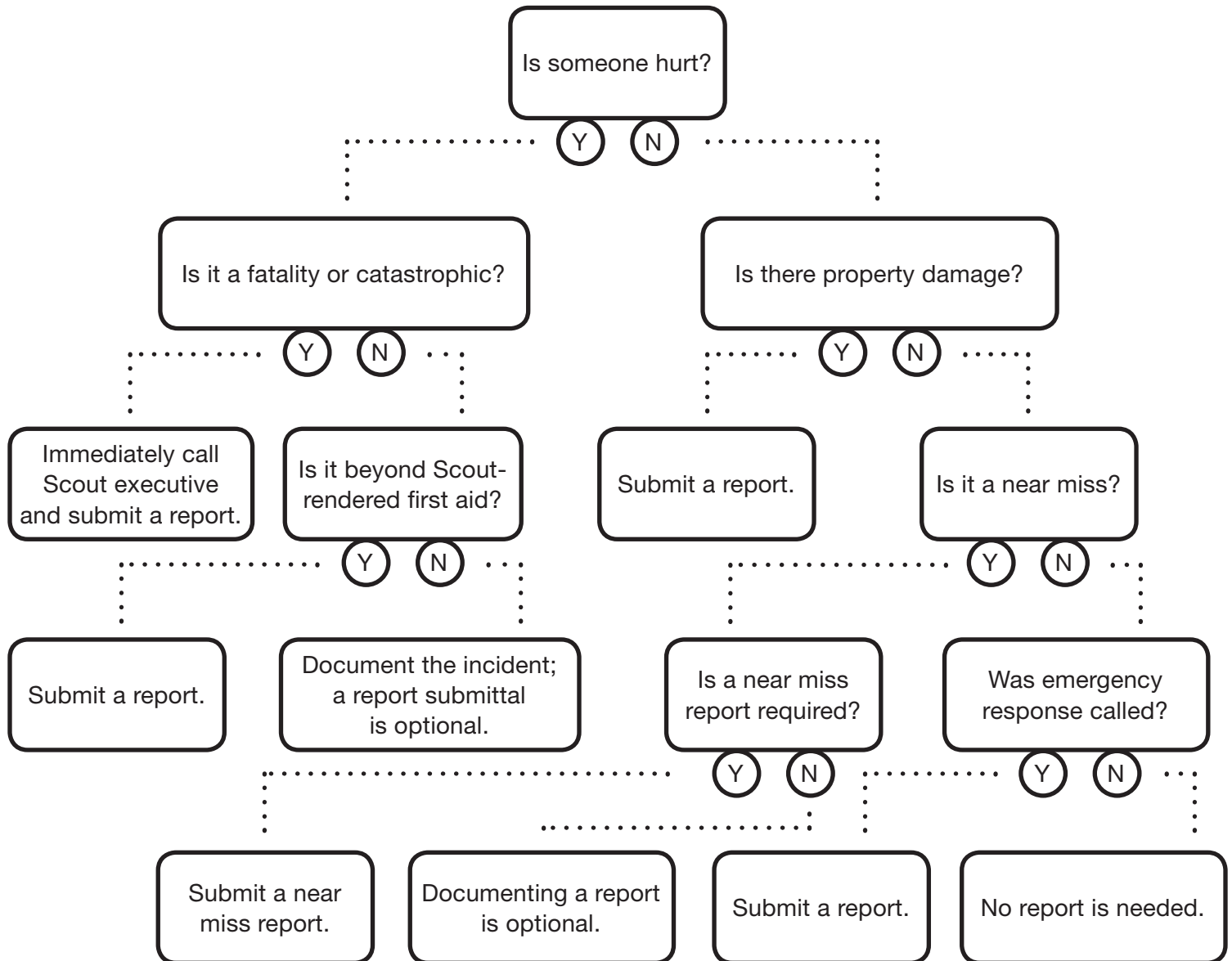
**Incident reports can be submitted to the following email address:  
[incidentreport@mayflowerbsa.org](mailto:incidentreport@mayflowerbsa.org)**



# Incident/Near Miss Reporting

## Incident Reporting Tree

(Follow this chart to determine what type of incident you are or are not reporting.)



Based upon your answers, choose which reporting tool is needed to document your incident. Then submit to your designated user or online.

# Incident Reporting Tool

(Events or allegations of injury, illness, or property damage, including employment and directors and officer's issues)

## General Incident Details

### *\*Required Fields*

\*Incident Date: \_\_\_\_\_ Incident Time (in 24-hour format): \_\_\_\_\_

\*Report Date: \_\_\_\_\_

Date Reported to Council/BSA Location: \_\_\_\_\_

Reported by Name: \_\_\_\_\_

Reported by Primary Phone: \_\_\_\_\_ Reported by Secondary Phone: \_\_\_\_\_

Reported by Email: \_\_\_\_\_

Reported by Address: \_\_\_\_\_

Reported by City: \_\_\_\_\_ Reported by State: \_\_\_\_\_ Reported by Zip Code: \_\_\_\_\_

\*Council/BSA Location: \_\_\_\_\_ \*Location of Incident: \_\_\_\_\_

Specific area where incident occurred: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Incident City: \_\_\_\_\_ \*Incident State: \_\_\_\_\_ Incident Zip Code: \_\_\_\_\_

\*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified?  Yes  No Whom: \_\_\_\_\_

## Injury/Illness/Damage Information

\*Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Claimant City: \_\_\_\_\_ \*Claimant State: \_\_\_\_\_ Claimant Zip Code: \_\_\_\_\_

Claimant Primary Phone: \_\_\_\_\_ Claimant Secondary Phone: \_\_\_\_\_

Claimant Email: \_\_\_\_\_

Claimant Date of Birth: \_\_\_\_\_ Age of Claimant: \_\_\_\_\_

General Classification (Cub Scout/Registered Leader/etc.): \_\_\_\_\_

Chartered Organization: \_\_\_\_\_

Property Damage?  Yes  No Describe: \_\_\_\_\_

Adventure/Program/Event: \_\_\_\_\_

Cause/Nature/Injury Detail: \_\_\_\_\_

Severity Rating:  Catastrophic-I  Critical-II  Marginal-III  Negligible-IV  Unknown

If medical treatment was provided, please describe: \_\_\_\_\_

If transported by air/ambulance, please describe: \_\_\_\_\_

\*Are Accident and Sickness forms provided or filed?  Yes  No  Unknown

If certificate of insurance has been provided, please describe: \_\_\_\_\_

If there is/was a contract for this event, please describe: \_\_\_\_\_

Did the event occur while transporting to/from activity?  Yes  No  Unknown

### Vehicle Involved (Duplicate if needed)

\*Owner of vehicle: \_\_\_\_\_ VIN: \_\_\_\_\_

License State: \_\_\_\_\_ Vehicle make/model/year: \_\_\_\_\_

Description of Vehicle Damage:

Weather Conditions: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Driver City: \_\_\_\_\_ Driver State: \_\_\_\_\_ Driver Zip Code: \_\_\_\_\_

Driver Phone: \_\_\_\_\_ Driver Email: \_\_\_\_\_

### Witnesses (Duplicate if needed)

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

Witness Secondary Phone: \_\_\_\_\_

Witness Type:  Adult  Youth  Unknown

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

Witness Secondary Phone: \_\_\_\_\_

*Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.*

*Return this completed form to your council's designated user for entry, or upload into Riskconnect.*

## Youth Protection/Membership Infraction Incident Information Form

(Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other)

Return the completed form to your council's designated user for entry, or upload to Riskconnect.

Submitting this form (in hard copy or through the online reporting system) does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under BSA's mandatory reporting of child abuse and any other obligations imposed by state law.

Incident date: \_\_\_\_\_ Date incident reported to council: \_\_\_\_\_

Council/BSA location where incident occurred (if applicable): \_\_\_\_\_

Incident address: \_\_\_\_\_  
City State Zip

Report type:  Suspicion/allegation of abuse       BSA policy or guideline violation(s)  
 Other inappropriate behavior by a Scout/Scout leader/parent/other

**Details of incident:** What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offenders(s), etc.

**PERSON FILLING OUT THIS FORM:** \_\_\_\_\_

Scouting position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

**PERSON WHO REPORTED THIS INCIDENT:** \_\_\_\_\_

Scouting position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

**Duplicate as needed.**



**Alleged Victim/Target/Injured Party Information:**

Adult     Youth     Registered     Other

\_\_\_\_\_ Council \_\_\_\_\_ Unit \_\_\_\_\_ Chartered organization

\_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender

If a youth, parent(s) information: \_\_\_\_\_  
Name \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Alternate

Parent notified?  Yes  No if yes, by whom? \_\_\_\_\_ Date/Time \_\_\_\_\_

**Alleged Policy Violator/Offender Information:**

Adult     Youth     Registered     Other

\_\_\_\_\_ Council \_\_\_\_\_ Unit \_\_\_\_\_ Chartered organization

\_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender

If a youth, parent(s) information: \_\_\_\_\_  
Name \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Alternate

Parent notified?  Yes  No if yes, by whom? \_\_\_\_\_ Date/Time \_\_\_\_\_

**Reports:**

Was this incident reported to law enforcement?  Yes  No  I don't know

Name of law enforcement agency: \_\_\_\_\_

Date reported: \_\_\_\_\_ Approximate time reported: \_\_\_\_\_

If applicable, was appropriate children and family services/Child Protective Services agency notified?

Yes  No  I don't know

Name of agency: \_\_\_\_\_

Date reported: \_\_\_\_\_ Approximate time reported: \_\_\_\_\_

**Attachments such as photos, statements, and this incident report can be added during online entry and are helpful. Return this completed form to your council's designated user for entry into the BSA's online reporting system, or upload into Riskconnect.**

# Near Miss Reporting Tool

(A near miss does not result in injury, illness, or damage, by definition, but it had the potential to do so.  
This form is a tool to gather information. If an injury has occurred, use the incident reporting tool.)

## General Incident Details

### **\*Required Fields**

\*Incident Date: \_\_\_\_\_ Incident Time (in 24-hour format): \_\_\_\_\_

\*Report Date: \_\_\_\_\_

Date Reported to Council/BSA Location: \_\_\_\_\_

Reported by Name: \_\_\_\_\_

Reported by Primary Phone: \_\_\_\_\_ Reported by Secondary Phone: \_\_\_\_\_

Reported by Email: \_\_\_\_\_

Reported by Address: \_\_\_\_\_

Reported by City: \_\_\_\_\_ Reported by State: \_\_\_\_\_ Reported by Zip Code: \_\_\_\_\_

\*Council/BSA Location: \_\_\_\_\_ \*Location of Incident: \_\_\_\_\_

Specific area where incident occurred: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Incident City: \_\_\_\_\_ \*Incident State: \_\_\_\_\_ Incident Zip Code: \_\_\_\_\_

\*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified?  Yes  No Whom: \_\_\_\_\_

## Near Miss Details

Adventure/Program/Event: \_\_\_\_\_

General Classification (Cub Scout/Registered Leader/etc.): \_\_\_\_\_

\*Lessons Learned (what could be done to prevent future occurrences):

Severity Rating:  Catastrophic-I  Critical-II  Marginal-III  Negligible-IV  Unknown

## Witnesses

(Use back of form to record other details and witness contact information)