

# A.T. Volunteer Injury or Near Miss Flow Chart

Start here: Choose Left for Volunteer Injury  
or Right for Close Call

Is Immediate  
Medical Care  
Needed?

NO

YES

Complete the A.T.  
Volunteer Injury /  
Near Miss Form. (Seek  
medical attention if  
needed.)

Seek Medical  
Attention

Try to complete the A.T.  
Volunteer Injury / Near Miss  
Form while memory is fresh  
- or ask for help to  
complete it. Regardless,  
proceed to next step.

**ASAP** and no more than 24 hours  
later, call land manager or Trail  
Supervisor for help contacting the  
land manager, so that the CA-1  
form can be completed. Take any  
steps as instructed by land  
manager.

Everyone Okay? But  
Was it a Close Call or  
a Near Miss?

YES

Complete the  
Volunteer Injury /  
Near Miss Form

Send a scan or photo of the  
Volunteer Injury / Near Miss  
Form to  
[volunteer@appalachiantrail.org](mailto:volunteer@appalachiantrail.org)

*If you plan to or may seek a  
claim for worker's  
compensation, request that the  
land manager send a CA-16 to  
the medical facility.*

*(flip page for form)*

# A.T. Volunteer Injury/Near Miss Report



## Injured Volunteer Data:

1. Full Name (Last, First, Middle)		2. Last 4 Digits of Social Security Number:	
3. Date of Birth (MM/DD/YYYY):		4. Gender:	5. Phone: (    )    -
7. Mailing Address (Street):		6. Is someone other than an injured volunteer completing this? If yes, provide name and contact information: (Last Name, First Name): Email: Phone: (    )    -	
City, State, Zip:			
8. Email Address:			

## Description of Injury

9. Location where injury occurred (describe for another to navigate there, e.g. the facility name or X mi N/S from Y road crossing):

10. Date injury occurred (MM/DD/YYYY):	Time injury occurred:	11. Date of Reporting (MM/DD/YYYY):	12. Club or Affiliation:
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13. Cause of injury (describe what happened, which volunteer activity the person was undertaking at the time, and why)

14. Nature of injury (identify both the injury and the part of the body)

*If no injury: For a near miss, check box:*

15. Individuals will be asked to affirm that the injury was sustained in the performance of duty, not caused by misconduct, intent to injure self/others, nor due to intoxication.

## Witness Statement

16. Describe what you saw, heard, or know about this injury:

Name of witness: \_\_\_\_\_ Email address: \_\_\_\_\_

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

## Additional Information

Name of Work Trip Leader: \_\_\_\_\_

Was care or treatment administered on site? By whom? \_\_\_\_\_

Was the injured person(s) taken to a medical facility? If so, how and where? \_\_\_\_\_

Based on what is known at the time of this report, does the injured volunteer plan to use their own insurance:?  
Circle one: YES NO UNKNOWN

Lessons learned about hazard(s), recommended PPE, or accident response/injury: \_\_\_\_\_

**Please: Convey information on this form to land manager contact and send a photo/scan of this form to [volunteer@appalachiantrail.org](mailto:volunteer@appalachiantrail.org).**

## Flow Chart Explainer

### Where did the accident take place? (This answers...Who is the land manager to contact?)

#### **Were you on USFS land?**

- Yes:** the land manager to contact is the local USFS district.
- No:** you were working under an NPS Volunteer in Parks agreement, either on NPS land, or state lands.
  - If the accident was in an NPS unit the Trail goes through (like the Smokies or Shenandoah), contact that unit.
  - In all other locations, report to NPS-APPA as the land manager.

Consult with your A. T. Club's Trail Supervisor or ATC Regional Manager to fill in the contact section below, and *a/ways* be sure that section is complete and current before going out on the Trail.

#### **Land Manager Contact: Fill In For Your Quick Reference:**

**USFS Ranger District Office Contact\*:** \_\_\_\_\_  
\*Call and send Injury/Near Miss Report Form.

**NPS Park Unit Emergency Contact:** \_\_\_\_\_

**NPS-APPA Chief Ranger:** 540-784-0301 / After-hours NPS dispatch line: 1-866-677-6677

### **Why do I need to fill out the A.T. Volunteer Injury/Near Miss form and call the land manager immediately and within 24-hours?**

Contacting the land manager as soon as possible and within 24 hours ensures that A.T. volunteers receive good support from partners within the A.T. network and ensures that reporting deadlines are met. Completing the form as soon as possible helps for the details to be fresh in your mind. The responses on the form are also helpful for the safety reporting requirements (CA-1 form through SMIS or eSafety) that you or federal agency partners will undertake about the incident. By submitting information through your land manager, you ensure that we can learn from the experience, help us track statistics on types of accidents, and support swift action with the Office of Workers' Compensation Program (OWCP), in the event the volunteer wants to file a worker's compensation claim. To facilitate a worker's compensation claim, ask the land manager contact to also send a CA-16 form to the medical facility.

Know that calling the land manager won't trigger recrimination. Consider this open communication about volunteers working on public lands and a best-practice in safety management.

### **Will requesting the contact send a CA-16 form to the medical facility mean that my claim will be approved?**

Not necessarily. The forms are requests that will be reviewed. Examples of claims that are likely to be rejected are things like treatment for Lyme Disease or care related to a pre-existing condition.

### **If I'm planning to use my own insurance, do I still have to call?**

Yes. Any injury to a volunteer should be reported. Close calls and near misses should be reported and entered into SMIS/eSafety. This helps the A.T. network improve hazard awareness and safety training. Also, you might change your mind about not filing a worker's compensation claim. Just in case, it's best

practice to have the CA-1 entered in the federal reporting system as soon as possible.

### **I didn't seek immediate medical attention but chose to do so later. Now what?**

If you contacted your land manager at the time of the injury and completed the CA-1, follow-up with them to update them on any medical attention and outcomes related to your case.

### **Glossary of Terms**

**Injury:** An effect on your health beyond the scope of normal wear and tear from physical labor with implications such as infection, illness, or the need for medical treatment.

**Near Miss/Close Call:** An unplanned event that did not result in injury or damage but had the potential to do so. Important near misses to report would be shortcuts, processes ignored, or process errors that without luck or circumstance could have led to serious harm.

**Safety Management Information System (SMIS):** Utilized by NPS to record injuries and close calls, track statistics on safety, and serve as a basis for lessons learned. Entry of an incident into SMIS is the first step the federal land manager takes to support a worker's compensation claim.

**eSafety:** Utilized by the USDA Forest Service, fulfills the same purpose as SMIS, above.

**CA-1:** A form completed and submitted to the federal agency (or through a portal-system) that records information about the accident and people involved. Volunteers should affirm that their CA-1 has been officially submitted through the land manager. The A.T. Volunteer Injury/Near Miss form will prepare volunteers to ensure they have all the information necessary for this form.

**CA-16:** The form provides government authorization for medical treatment at a medical facility for worker's compensation claims. This form is unavailable to A.T. volunteers. It is provided by the land manager contact to the medical facility providing treatment. Getting this form to the hospital while the patient is still there is ideal, which is why swift notification to the land manager is important. However, it does not need to be at the facility before the volunteer receives care.

**E-COMP:** An online system of the Office of Worker's Compensation (OWCP).

All A.T. volunteers need to be officially signed on through a Volunteer Service Agreement (VSA) with the land management agency. Volunteers or the host organization will need to be able to demonstrate that the person is working under a VSA and provide that upon request.