

**REPORT OF DROWNING OR
NON-FATAL IMMERSION IN ARIZONA**

Incident # _____

 :
DATE OF INCIDENT **HOUR** **AGE** **SEX**
(MM / DD / YR) (24:00) (yrs)

Pt. Name _____

Pt. DOB _____

FIRE DEPT.
(Reporting agency)

CITY or LOCALITY OF INCIDENT:

RACE/ETHN:

Hispanic White Amer. Indian
 Black Asian/PI Unknown
 Other: _____

WATER TYPE:

Pool--in ground Spa
 Pool--above ground Bathtub
 Canal or Irrigation Ditch Bucket
 Lake: Other: _____

AT WHOSE HOME DID INCIDENT OCCUR:

Victim's Home Neighbor's
 Relative's Friend's
 Not at a home _____

TYPE OF DWELLING OR FACILITY:

Single Home Apt/Condo
 Hotel/Motel Other: _____

ATTIRE OF VICTIM:

Swimwear None Other Clothes

**VICTIM'S ACTIVITY AND LOCATION
IMMEDIATELY PRIOR TO INCIDENT:**

Swimming Playing inside
 Bathing Playing outside
 Other: _____

CHILD SUPERVISION AT TIME OF INCIDENT:

Mother Father N/A
 Other (Specify) _____

STATUS OF VICTIM WHEN FOUND IN WATER:

Submerged Floating
 Struggling Unknown
 Other: _____

**RESPIRATORY EFFORT WHEN PULLED
FROM WATER:**

Present Absent

ESTIMATED DURATION OF ANOXIA: _____

BYSTANDER ACTIONS PRIOR TO FD ARRIVAL:

Chest compressions **AND** breaths (full CPR)
 Chest compressions ONLY
 Rescue breaths ONLY
 None attempted Unknown
 Other: _____

VICTIM HAD FORMAL SWIM INSTRUCTION:

Yes No Unknown

DISPOSITION (if known):

D.O.A. at scene
 Transported to: _____
 Died in E.D. Admitted
 Treated as outpatient and released
 P.O.V. transport to: _____
 Evaluated and left on-scene

**For pool incidents at dwellings AND
victim's age is < 6 years old:**

| BARRIER | IS IT PRESENT? | |
|-----------------------------------|------------------------------|-----------------------------|
| Fence between house and pool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gates Self-Close with Latch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gates Work Properly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| House Doors Self-Close with Latch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Doors Work Properly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pool cover | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type: _____ | | |

LIKELY METHOD OF ACCESS TO POOL OR SPA:

Supervisor allowed child into pool or deck area
 No barrier -- child wandered in
 Climbed (specify): _____
 Child entered unsecured or propped gate
 Other: _____

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:

Died _____ / _____ / _____
 No Impairment _____ / _____ / _____
 Impairment _____ / _____ / _____

(Initials) _____
(Today's Date) _____

DESCRIBE THE APPARENT CIRCUMSTANCES (how/why it happened; how child was found & revived):

Fax completed report to ADHS: 602-364-1496

Additional forms available:

www.azdhs.gov/phs/phstats/meddir/