2017 Ohio Public Swimming Pool and Spa Injury Report Training

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CDC/CSTE Applied Epidemiology Fellow
Ohio Department of Health
Outline

- Background
- New in 2017
- General guidance
- Report form walkthrough
- Report submission workflow
- Demo
- Questions
BACKGROUND
Background

- Drowning is the leading cause of unintentional injury deaths in children ages 1 to 4 in Ohio.
- Second leading cause in children ages 5 to 9 and 10 to 14.
- Survivors of severe drowning incidents can experience long-term disabilities including:
  - Memory problems
  - Learning deficiencies
  - Loss of basic cognitive functioning
Background (cont.)

— To date, Ohio has not systematically collected detailed information on public swimming pool-related injuries or deaths

— Drowning Prevention Pilot Project was launched in 2015 to determine the frequency and circumstances of these occurrences

— Between 2015 and 2016, ODH received more than 300 injury reports voluntarily submitted by participating local health departments
OAC 3701-31: “Public Swimming Pools”

Rule No. 3701-31-04: “Responsibilities of the licensee”

Draft §(B)(4)(a)(x): “All injuries shall be recorded as they happen. Any incident associated with the pool facility that results in death, serious injury, assistance from emergency medical personnel or an illness involving more than one person shall be reported to the licensor on a form prescribed by the director of health within seventy-two hours following the incident. As used in this paragraph: "serious injury" means an injury that does not require immediate hospital admission but does require medical treatment, other than first aid”.
NEW IN 2017
New in 2017

- From pilot to program
  - 2015: 23 local health districts, outdoor season only
  - 2016: 32 local health districts, outdoor season only
  - 2017: statewide, year round (draft OAC 3701-31-04)
- Redesigned form
  - De-emphasized ODH
  - Reordered sections
  - Easier to read
- Online reporting from LDH to ODH
Report Form: 2016 vs. 2017

Ohio Department of Health
Bureau of Environmental Health and Radiation Protection
246 N. High St., Columbus, OH 43215
Phone (614) 644-7438, Fax (614) 466-4556, Email BEH@odh.ohio.gov

PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

Please use one form for each injured person. DO NOT include personal information (e.g., name, address, phone number, etc.).
- Within 24 hours of an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation (transfer/survival to a hospital);
- Within 72 hours of the owner/operator’s knowledge of the incident; and
- Every 3 months during operation or at the facility’s season closure, a water rescue by aquatic safety personnel.

ATTENTION: Local Health Districts: Submit reports via mail, fax, or email to the address, fax number, or email indicated at the top of this form. Please direct questions to (614) 644-7438.

FACILITY INFORMATION
Facility Name: [Blank]
Facility Address: [Blank]
City: [Blank]
State: [Blank]
ZIP: [Blank]
Facility Phone: [Blank]

Facility Type: [Blank]
Date of Report: [Blank]

DESCRIPTION OF INJURED PERSON
Age (years): [Blank]
Sex: [Blank]
Race/Ethnicity: [Blank]
Resident County: [Blank]

DESCRIPTION OF INCIDENT
Incident Date: [Blank]
Time of Day (HH:MM): [Blank]

What happened? (attach additional sheets, if necessary): [Blank]

LOCATION OF INJURIES
Type (check all that apply): [Blank]

DESCRIPTION OF THE INJURY
Type of Injury: [Blank]
Location of Injury: [Blank]
Type of Injured Person: [Blank]

RESULTS OF INCIDENT
Was EMS called?: [Blank]

FACILITY IDENTIFICATION
Facility Name: [Blank]
Facility Address: [Blank]
City: [Blank]
ZIP: [Blank]
Phone: [Blank]
Facility Type (check one): [Blank]

FORM COMPLETED BY
Name: [Blank]
Contact Phone: [Blank]

Note: Use additional pages as necessary.

Ohio Public Swimming Pool and Spa Injury Report Form
Use one form for each injured person. Do not include personal information of the injured person (e.g., name, address, phone number, etc.). Injuries required to be reported include any incident associated with the pool facility that results in serious injury, assistance from emergency medical personnel, or death. Do not write on the back of this form.

DESCRIPTION OF THE INJURED PERSON
Age (years): [Blank]
Sex: [Blank]
Race/Ethnicity: [Blank]
Resident County: [Blank]

DESCRIPTION OF THE INCIDENT
Incident Date: [Blank]
Time of Day (HH:MM): [Blank]

What happened? (attach additional sheets, if necessary): [Blank]

LOCATION OF INJURIES
Type (check all that apply): [Blank]

DESCRIPTION OF THE INJURY
Type of Injury: [Blank]
Location of Injury: [Blank]
Type of Injured Person: [Blank]

RESULTS OF INCIDENT
Was EMS called?: [Blank]

FACILITY IDENTIFICATION
Facility Name: [Blank]
Facility Address: [Blank]
City: [Blank]
ZIP: [Blank]
Phone: [Blank]
Facility Type (check one): [Blank]

FORM COMPLETED BY
Name: [Blank]
Contact Phone: [Blank]

Note: Use additional pages as necessary.
# 2017 Report Form

## Ohio Public Swimming Pool and Spa Injury Report Form

Use one form for each injured person. *Do not include personal information of the injured person* (e.g., name, address, phone number). Injuries required to be reported include any incident associated with the pool facility that results in serious injury, assistance from emergency medical personnel, or death. Do not write on the back of this form.

### Description of the Injured Person

<table>
<thead>
<tr>
<th>Age (years):</th>
<th>Sex: ☐ Female ☐ Male</th>
<th>County of Residence (if not in Ohio, report state of residence):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race/Ethnicity (check all that apply):**
- ☐ American Indian/Alaskan Native
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Middle Eastern/North African
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Unknown/Decline
- ☐ Other: ____________

**The injured person was a:**
- ☐ Patron
- ☐ Resident
- ☐ Other: ____________

### Description of the Incident

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: ☐ AM ☐ PM</th>
<th>Incident Setting (check one): ☐ Indoor ☐ Outdoor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Was pool/spa open at time of incident?**
- ☐ Yes
- ☐ No

**If no, was enclosure secured?**
- ☐ Yes
- ☐ No
- ☐ N/A

**Were lifeguards present?**
- ☐ Yes
- ☐ No
- ☐ N/A

**If yes, how many lifeguards were present? Qty:** ____________

**Were witnesses present?**
- ☐ Yes
- ☐ No

**If yes, how many witnesses were present? Qty:** ____________

**Water depth of incident:** ____________ feet ____________ inches ☐ N/A

**Describe the incident (attach additional sheets as necessary):**

---

2017 Ohio Public Pool and Spa Injury Report Training
## DESCRIPTION OF THE INJURY

<table>
<thead>
<tr>
<th>Type of Injury (check all that apply):</th>
<th>Area Injured (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bump/Bruiise</td>
<td>□ Head/Neck</td>
</tr>
<tr>
<td>□ Drowning (Fatal)</td>
<td>□ Arm/Shoulder</td>
</tr>
<tr>
<td>□ Drowning (Non-fatal)</td>
<td>□ N/A</td>
</tr>
<tr>
<td>□ Burn</td>
<td>□ Face/Eyes</td>
</tr>
<tr>
<td>□ Cut</td>
<td>□ Hand/Wrist</td>
</tr>
<tr>
<td>□ Dislocation</td>
<td>□ Trunk/Torso</td>
</tr>
<tr>
<td>□ Fracture</td>
<td>□ Leg/Hip/Knee</td>
</tr>
<tr>
<td>□ Puncture</td>
<td>□ Other: _____________</td>
</tr>
<tr>
<td>□ Sprain</td>
<td>□ Back</td>
</tr>
<tr>
<td>□ Other: _____________</td>
<td>□ Foot/Ankle</td>
</tr>
</tbody>
</table>

## RESULTS OF INCIDENT

<table>
<thead>
<tr>
<th>Was EMS called?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was injured person transported to a medical facility?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the injured person immobilized?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was oxygen supplied to the injured person?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was an AED used?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was a water rescue performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was rescue breathing/resuscitation required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did staff offer or provide care or first-aid?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did injured person/guardian refuse care or first-aid?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did injured person return to water activity?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Zip:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Type (check one):</th>
<th>Apartment/Condo</th>
<th>Government/City Pool</th>
<th>Manufactured/Mobile Home Park</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Other: ________________</td>
<td>Camp</td>
<td>Hotel/Motel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FORM COMPLETED BY

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title/Position:</th>
<th>Phone:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## POOL OPERATORS: SUBMIT COMPLETED FORMS TO YOUR LOCAL HEALTH DISTRICT

To find your Local Health District: visit [http://www.odh.ohio.gov/localhealthdistricts/lhddirectory](http://www.odh.ohio.gov/localhealthdistricts/lhddirectory).

Please direct questions to BEH@odh.ohio.gov.
2017 Online Reporting Tool

OHIO PUBLIC SWIMMING POOL AND SPA INJURY REPORT

DESCRIPTION OF THE INJURED PERSON

Age (years):
Sex:  
○ Female  ○ Male

Ohio County of Residence:
State of Residence:  
Select  
OH-Ohio

Race/Ethnicity (please check all that apply):
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White
- Unknown/Declined
- Other
If Other, please define:

The injured person was a:
- Patron  
- Other
- Resident

DESCRIPTION OF THE INCIDENT

Date of Incident: 
Time of Incident: 

Was pool/spa open at time of incident?
○ Yes  ○ No

Incident Setting:
○ Indoor  ○ Outdoor

Location of Incident (check all that apply):

2017 Ohio Public Pool and Spa Injury Report Training
GENERAL GUIDANCE
General Guidance

- Injuries required to be reported include any incident associated with the facility that results in
  - Serious injury
  - Assistance from emergency medical personnel
  - Death
- Voluntary reporting of other injuries is highly encouraged
General Guidance (cont.)

- Pool operators & other aquatic personnel report injuries to the LHD via the Ohio Public Swimming Pool and Spa Injury Report Form
  - Reports to be submitted to LHD within 72 hours of injury
  - Form can be found at the ODH Public Swimming Pools Site [http://www.odh.ohio.gov/odhprograms/eh/swim/swim1.aspx](http://www.odh.ohio.gov/odhprograms/eh/swim/swim1.aspx)

- LHD personnel report injuries to ODH online
  - Reports to be submitted to ODH by end of quarter in which received
  - Online reporting from LDH to ODH can be found at the ODH Local Health District Forms site [http://www.odh.ohio.gov/odhprograms/eh/swim/poolform/LHDform.aspx](http://www.odh.ohio.gov/odhprograms/eh/swim/poolform/LHDform.aspx)
General Guidance (cont.)

- Use one (1) form per each injured person
- **Do not** include personal or otherwise identifying information of the injured person, including but not limited to:
  - Name
  - Address
  - Phone number
- Do not write on the back of the form
General Guidance (cont.)

— For LHD personnel reporting injuries online:
  — Enter values online as they appear on the paper form
  — If a value is blank on the paper form, leave the corresponding entry on the electronic reporting form blank
  — i.e., If a Yes or No question on the form is left blank, do not select no on the electronic form
REPORT FORM WALKTHROUGH
## Description of the Injured Person

<table>
<thead>
<tr>
<th>Description of the Injured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years):</strong> 18</td>
</tr>
<tr>
<td><strong>Sex:</strong> Male</td>
</tr>
<tr>
<td><strong>County of Residence:</strong> Franklin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ American Indian/Alaskan Native</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Black/African American</td>
</tr>
<tr>
<td>□ Hispanic/Latino</td>
</tr>
<tr>
<td>□ Middle Eastern/North African</td>
</tr>
<tr>
<td>□ Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>□ White</td>
</tr>
<tr>
<td>□ Unknown/Declined</td>
</tr>
<tr>
<td>□ Other: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The injured person was a:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patron</td>
</tr>
<tr>
<td>□ Resident</td>
</tr>
<tr>
<td>□ Other: ___________________________</td>
</tr>
</tbody>
</table>
Description of the Incident

<table>
<thead>
<tr>
<th>Date: 05/01/17</th>
<th>Time: 12:00 AM PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was pool/spa open at time of incident?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If no, was enclosure secured?</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Were lifeguards present?</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>If yes, how many lifeguards were present? Qty: 2</td>
<td></td>
</tr>
<tr>
<td>Were witnesses present?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If yes, how many witnesses were present? Qty: 15</td>
<td></td>
</tr>
<tr>
<td>Water depth of incident: 12 feet 4 inches N/A</td>
<td></td>
</tr>
</tbody>
</table>

Date of Incident: 05/01/2017
Time of Incident: 12:00:00

Was pool/spa open at time of incident? Yes No
If no, was the enclosure secured? Yes No N/A
Were lifeguards present? Yes No N/A
If yes, how many lifeguards were present? Qty: 2
Were witnesses present? Yes No
If yes, how many witnesses were present? Qty: 15
Water depth of incident: 12 feet 6 inches N/A Depth (ft) 12.5
Description of the Incident (cont.)

<table>
<thead>
<tr>
<th>Incident Setting (check one):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Indoor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Outdoor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Incident (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Diving Board/Well</td>
</tr>
<tr>
<td>□ Therapy Pool</td>
</tr>
<tr>
<td>☑ Main Pool</td>
</tr>
<tr>
<td>□ Wading Pool</td>
</tr>
<tr>
<td>□ Zero Entry Pool</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sprayed Ground/Splash Pad</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rescue Equipment Used (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Rescue Tube</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
<tr>
<td>□ Ring Buoy</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Shepherd’s Crook</td>
</tr>
</tbody>
</table>

2017 Ohio Public Pool and Spa Injury Report Training
Description of the Incident (cont.)

Describe the incident (attach additional sheets as necessary):
The injured person slipped along the edge of the pool, hit head, fell in, and struggled to get to the surface. Lifeguard performed water rescue.

Briefly describe the incident:
The injured person slipped along the edge of the pool, hit head, fell in, and struggled to get to the surface. Lifeguard performed water rescue.
### Description of the Injury

#### Type of Injury (check all that apply):
- [x] Bump/Bruise
- [ ] Drowning (Fatal)
- [ ] Scrape
- [ ] Drowning (Non-fatal)
- [ ] Spinal
- [ ] Fracture
- [ ] Sprain
- [ ] Puncture
- [ ] Dislocation

#### Area Injured (check all that apply):
- [x] Head/Neck
- [ ] Arm/Shoulder
- [ ] N/A
- [ ] Face/Eyes
- [ ] Hand/Wrist
- [ ] Other: ________________
- [ ] Trunk/Torso
- [ ] Leg/Hip/Knee
- [ ] Back
- [ ] Foot/Ankle

---

If Other, please define:

- [ ] Drowning (Fatal)
- [ ] Drowning (Non-fatal)
Description of the Injury (cont.)

- **Bump/Brui**se: a wound resulting in a raised area of the skin or skin discoloration.
- **Burn**: an injury to the skin caused by heat, chemicals, friction or electricity.
- **Cut**: a break in the surface of the skin that may extend into the muscle tissue below.
- **Dislocation**: an injury in which the bones in a joint are forced out of their usual positions.
- **Drowning (Fatal)**: respiratory impairment from submersion in liquid followed by rapid death or death within 24 hours of the incident.
- **Drowning (Non-fatal)**: respiratory impairment from submersion in liquid with permanent or non-permanent injury.
- **Fracture**: a broken bone.
- **Puncture**: a wound caused by an object piercing the skin.
- **Scrape**: a skin wound that rubs or tears off skin.
- **Spinal**: an injury to the spinal cord that results in lost or impaired functioning.
- **Sprain**: an injury to a ligament (tissue that connects two or more bones at a joint).
Description of the Injury (cont.)

- **Bump/Bruise**: a wound resulting in a raised area of the skin or skin discoloration.
- **Burn**: an injury to the skin caused by heat, chemicals, friction or electricity.
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- **Puncture**: a wound caused by an object piercing the skin.
- **Scrape**: a skin wound that rubs or tears off skin.
- **Spinal**: an injury to the spinal cord that results in lost or impaired functioning.
- **Sprain**: an injury to a ligament (tissue that connects two or more bones at a joint).
### Results of the Incident

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was EMS called?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was injured person transported to a medical facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the injured person immobilized?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was oxygen supplied to the injured person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was an AED used?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a water rescue performed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was rescue breathing/resuscitation required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did staff offer or provide care or first-aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did injured person/guardian refuse care or first-aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did injured person return to water activity?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facility Identification

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td>123 Main St.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbus</td>
<td>555-555-5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Type (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Apartment/Condo</td>
</tr>
<tr>
<td>☐ Government/City Pool</td>
</tr>
<tr>
<td>☐ Manufactured/Mobile Home Park</td>
</tr>
<tr>
<td>☐ Hotel/Motel</td>
</tr>
<tr>
<td>☐ School</td>
</tr>
<tr>
<td>☐ Other: _________________</td>
</tr>
</tbody>
</table>

Facility Identification

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td>123 Main St.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Zip:</th>
<th>Phone (numbers only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbus</td>
<td>43215</td>
<td>555555555555</td>
</tr>
</tbody>
</table>

Facility Type:
- ☐ Apartment/Condo
- ☐ Camp
- ☐ Government/City Pool
- ☐ School
- ☐ Other

If Other, please define:
### Form Completed By

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title/Position:</th>
<th>Phone:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Last</td>
<td>Lifeguard</td>
<td>555-555-5555</td>
<td>05/01/17</td>
</tr>
</tbody>
</table>

**POOL OPERATORS: SUBMIT COMPLETED FORMS TO YOUR LOCAL HEALTH DISTRICT**

To find your Local Health District: visit [http://www.odh.ohio.gov/localhealthdistricts/lhddirectory](http://www.odh.ohio.gov/localhealthdistricts/lhddirectory).
Local Health District Reporting

Please select the local health district to which the injury report form was submitted:
Not Listed

If not listed, please enter:
ODH BEHRP Test

Name of local health district personnel entering this report:
First Last

How was the injury report form submitted to the local health district?
- Email
- Fax
- Phone
- In person
- Mail
- Referred from ODH

Did the local health district investigate or otherwise respond to the injury report?
- Yes
- No

YOU MUST CLICK "SUBMIT SURVEY" BELOW TO COMPLETE

Finish later  Print  Submit Survey

2017 Ohio Public Pool and Spa Injury Report Training
REPORTING FORM SUBMISSION WORKFLOW
Generalized Workflow

**Pool**
- Injury occurs
- Injury Report Form completed
- Injury Report form submitted to LHD

**LHD**
- Injury Report Form reviewed
- Injury investigated, as necessary
- Injury Report Form reported electronically to ODH

**ODH**
- Injury data aggregated and analyzed
- Annual report published
- Pool rules revised, as necessary
QUESTIONS?
PLEASE BEGIN COLLECTING REPORTS
SATURDAY, JULY 1, 2017
Contact Information

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