FIRST AID REPORT Form 3.3

Form 3.3 First Aid Report Form Version 2.0 April 2023

Langton Hotel Ltd	**FIRST AID ASSESSMENT**	FA Report No:	Date:	Time:
Location:	Date of accident/injury:		Time of Accident/Injury:	
Patient Name:	Sex: M ☐ F ☐	Age:	Patient Consent Yes ☐ No ☐ Implied ☐	
First Aider Name:	Date of Treatment:		Time of Treatment:	

First Aider Training Level: FAR ☐ Emergency First Aid ☐ CFR ☐ Basic First Aid ☐ EFR ☐ No First Aid Training ☐

PRIMARY SURVEY

Catastrophic Haemorrhage (bleed)? Yes ☐ No ☐

A - Airway:

Clear ☐ Partial Obstruction ☐ Obstructed ☐

C - Spine: Cervical Spine Injury:

Suspected ☐ Not Suspected ☐

B – Breathing:

Normal ☐ Abnormal ☐ Fast ☐ Slow ☐ Absent ☐

C - Circulation:

Pulse	Present ☐	Absent ☐	Pulse Rate
	Regular ☐	Irregular ☐	BPM

External Haemorrhage:			Yes ☐ No ☐
Cap refill:	Normal <2 seconds ☐	Slow >2 seconds ☐	
Skin Condition:	Warm & Dry ☐	Cold & Clammy ☐	
Skin Colour:	Normal ☐ Pale ☐	Flushed ☐	Cyanosed ☐

Level of Consciousness:

Loss of consciousness before arrival: Yes ☐ No ☐

☐ A – Fully Alert

☐ V – Responds to voice

☐ P – Responds to painful stimulus

☐ U - Unresponsive

Clinical Impression:

Cardiac	☐	Respiratory	☐
Medical	☐	Trauma	☐
Neurological	☐	Other	☐

State other:

Mechanism of Injury:

General Observations:

Vital Signs Every 5 min. for Trauma, Every 10 min. for Medical

Time	HH	MM	HH	MM	HH	MM	HH	MM
Pulse Rate (R) (I)								
Cap Refill								
Respiratory Rate								
Skin Condition								
Skin Colour								
Temperature								
AVPU								
Pain Score								

SIGNS & SYMPTOMS

Extent and nature of presenting condition/injuries sustained:

A - Abrasion	☐	P - Pain	☐
B - Burn	☐	R - Rash	☐
C - Contusion	☐	S - Swelling	☐
D - Dislocation	☐	N - Numbness	☐
F - Fracture	☐	W - Wound	☐

Depth of Burns:

☐ Superficial

☐ Partial thickness

☐ Full thickness

Burn % of Body Area = %

Presenting Condition:

Wounds/Pain/Problem Area

Mark area with letter below

A= Abrasion, P= Pain etc.

ALLERGIES: Does the patient have any allergies: Yes ☐ No ☐

Details:

MEDICATIONS: Is the patient on any medication: Yes ☐ No ☐

Details:

PAST MEDICAL HISTORY: Relevant medical history: Yes ☐ No ☐

Details:

LAST ORAL INTAKE: Last food & drink	Unknown ☐
☐ Solids:	Time: HH;MM
☐ Liquids:	Time: HH;MM

EVENTS: Patient activities leading up to incident:

Self/Assisted Medication	Yes ☐ No ☐	Administered:
Details:		Time: HH;MM
		Time: HH;MM
		Time: HH;MM

Langton Hotel Ltd	FIRST AID TREATMENT	FA Report No:	Date:	Time:

Location:	Date of accident/injury:		Time of Accident/Injury:
Patient Name:	Sex: M ☐ F ☐	Age:	Patient Consent Yes ☐ No ☐ Implied ☐
First Aider Name:	Date of Treatment:		Time of Treatment:

First Aid Treatment Details

Chief Complaint:		Time of onset/injury:	**Chief Complaint:**		Time of onset/injury:
Angina	☐	Time:	Fainting	☐	Time:
Asthma	☐	Time:	Fracture	☐	Time:
Breathing Difficulties	☐	Time:	Head Injury	☐	Time:
C-Spine Injury	☐	Time:	Poisoning	☐	Time:
Cardiac Arrest	☐	Time:	Seizure	☐	Time:
Cardiac Chest Pain	☐	Time:	Shock	☐	Time:
Chemical Burns	☐	Time:	Sprain or Strain	☐	Time:
Choking	☐	Time:	Stroke	☐	Time:
Diabetic Emergency	☐	Time:	Thermal Burns	☐	Time:
Dislocation	☐	Time:	Unconscious	☐	Time:
Electric Shock	☐	Time:	Wounds/Bleeding	☐	Time:

State other presenting conditions and times:

Was the injured person treated on-site?	Yes ☐	No ☐	Time:
Were the Emergency Services called to the incident?	Yes ☐	No ☐	Time:
Emergency Services arrival at scene?	Yes ☐	No ☐	Time:

First Aid Administered:

Details of First Aid Treatment:	Was Patient treated for Cardiac Arrest?		Yes ☐ No ☐
	CPR Administered?	Yes ☐ No ☐	Time:
	AED Used?	Yes ☐ No ☐	Time:
	Was patient treated for Cardiac chest pain?		Yes ☐ No ☐
	Aspirin administered? 300mg Dose?	Yes ☐ No ☐ Yes ☐ No ☐	Time: Dose:

Patient disposition: Discharged ☐ Transferred to hospital ☐ Referred to GP ☐ Refused Further Care ☐

If taken to doctor, state which practice:

If taken to hospital, name of hospital: Admitted ☐ Released ☐

Name of the person who took the injured person to Doctor/Hospital/Home:

Names and details (employee/contractor/visitor) of any witnesses to the incident/bystanders who assisted in care:

Did the injured person continue to work after the incident? Yes ☐ No ☐

If "No" when is the injured person expected to return to work?

Attending First Aiders Details:

NAME:	SIGNED:	DATE:
NAME:	SIGNED:	DATE:

Declined Treatment: If the patient declined treatment, FAR and witness please sign below

Witness declaration: I witnessed that the patient declined first aid treatment:

NAME:	SIGNED	DATE:

First Aider declaration: I offered to treat the patient, but the patient declined treatment:

NAME:	SIGNED	DATE: