

Appendix 2. First Aid Treatment Record pro forma



STFC FIRST AIDER TREATMENT RECORD

Name of First Aider:	Time and date of incident/injury:
Location of incident/injury:	Arrival time of First Aider at incident:
Name and Occupation of person treated:	Treated person's contact number:
Injury work related? YES/NO (If YES, incident to be reported on SHE Assure)	Defibrillator used? YES/NO

Brief description of person/incident treated:
Actions, including treatment, undertaken by First Aider: If defibrillator used indicate time of first shock and number of shocks delivered
Outcome (including return to work, sent home, sent to hospital etc):

Patient

Signature:..... Print name:

Date:.....

First Aider

Signature:..... Print name:

Date:.....