

# Incident Report Form



# Royal Life Saving

THE ROYAL LIFE SAVING SOCIETY AUSTRALIA

### Incident details

<b>Date of incident</b>		<b>Time</b>	
<b>Event</b>			
<b>Venue</b>			
<b>Club/team</b>			
<b>Incident</b>			

### Athlete details

<b>Surname</b>		<b>Given name(s)</b>	
<b>Address</b>	Street Address	Tel (H)	
	Suburb/Town/City state Postcode		
<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>Age</b>	
		<b>Date of birth</b>	

Known medical history / allergies / medications

### Initial assessment

**Response** Yes  No 
**Clear airway** Yes  No 
**Breathing** Yes  No 
**Pulse** Yes  No 
**Bleeding** Yes  No

Injury to face  head  neck  chest  back  abdomen   
 Upper limb  Lower Limb

Initial treatment

Removal from pool / area walk self  walk assisted  carry  stretcher  wait for ambulance

### Detailed Assessment

Talk (history)

what happened, how, where hurt, hurt elsewhere, previous injury?

Observe

expose and compare sides - swelling, deformity, injury site

Touch

compare sides, start away move towards injury - hard or soft tissue or unsure

**Detailed assessment (cont.)**

Active movement

demonstrate and do on uninjured limb first, then injured limb to point of pain, compare

Passive Movement

demonstrate on uninjured limb first, then injured limb to point of pain, compare

Skills

test only if passive movement is normal, what skills?

**Assessment**

Return to activity / event Yes  No

**First Aid Treatment**

Treatment

Instructions to athlete

Referred to

hospital

doctor

physio

other

Details/Time

Transport from venue

Ambulance

Private

Other

**Prevention**

Was this injury preventable? Yes  No

If yes, how?

How could recurrence be prevented?

Follow up

First Aider

Tel

Signature

Date