Sequence Number

First Aid Record

The Occupational First Aid Attendant must complete this form when first aid is administered to employees.

General Information

Name of Injured Person *(Last, First)*	Job Title/Occupation
Location/site where incident occurred*: (include school name)*	Date of incident *(yyyy-mm-dd)*
	Time of incident : *a.m.*☐ *p.m.*☐
Initial report sequence number	Initial reporting date and time*(yyyy-mm-dd)*
Subsequent report sequence number	Follow-up report date and time*(yyyy-mm-dd)*

Describe how the injury, exposure, or illness occurred *(What happened?)*

☐ Slip/trip ☐ Fall ☐ Contact with object ☐ Caught between objects ☐ Repetitive motion ☐ Overexertion ☐ Harmful substance ☐ Other

Describe the nature of injury, exposure or illness *(What you see? – signs and symptoms)*

Area ☐ Head ☐ Face ☐ Chest ☐ Back ☐ Shoulder ☐ Arm ☐ Wrist ☐ Hand ☐ Leg ☐ Knee ☐ Ankle ☐ Foot ☐ Other

Type ☐ No injury ☐ Pain/swelling ☐ Bruise/abrasion ☐ Strain/sprain ☐ Cut ☐ Fracture ☐ Loss of consciousness ☐ Other

Describe the treatment given *(What did you do?)*

☐ Cleaned ☐ Bandage/splint ☐ Ice/cold compress ☐ Assessed ABCs ☐ CPR ☐ Other

Name of Adult Witnesses/ Persons with Relevant Information

1)	2)

Arrangements made relating to worker *(return to work/ medical aid /ambulance /follow-up)*

☐ Yes ☐ No Provided worker handout ☐ Yes ☐ No Alternate duty options were discussed ☐ Yes ☐ No Return to work form sent with worker to medical aid Comments:	Occupational First Aid Attendant Name (please print)
	Occupational First Aid Attendant Signature
	Patient's Signature

This record must be kept by the employer for three (3) years and is not to be submitted to WorkSafeBC

Scan/email completed form to healthandsafety@saanichschools.ca or fax to Health & Safety 250-652-7372