



Injury/Illness

Department: Outdoor Schools Outdoor Programs Summer Camp Asset/Kitchen/Administration
 Person involved is: participant staff teacher or group-leader volunteer other: _____
 If School or Community Group, name: _____

Full name of staff member reporting from incident scene: _____

Position (i.e. summer counsellor, Kananaskin Section): _____

Date of incident (dd / mm / yy): _____ Time of incident: _____ circle: AM PM

Person Involved – full name: _____ Age: _____ Female Male

General location, for example: main site CCH, Outpost, on OT, etc.): _____

Specific location, e.g.: corrals, pool, Bald Drumlin; if on OT: give (a) trip name, (b) local place name (c) map name and grid reference:

CHIEF COMPLAINT (WHAT IS WRONG), BRIEFLY PUT: _____

Physical Findings (always report "Time" and "general appearance"; report other fields as required; write "☐" if no abnormal findings)

◆ Time that this first set of physical findings was taken: _____ circle: AM PM

◆ Person involved general appearance: _____

Breathing rate - breaths per minute: _____ Breathing rhythm (steady, irregular, etc.): _____ Breathing quality (regular, irregular, weak, strong, labored, etc.): _____

Pulse: Beats per minute: _____ Rhythm (steady, irregular, etc.): _____ Quality (weak, strong, etc.): _____

Person responds to (check all that are applicable): Alert Verbal Discomfort Un-responsive

Person is oriented to (check all that are applicable): Person Place Time Situation

Skin colour (fingernail beds in darker tone skin): _____ Skin temperature to touch: _____

Skin condition (dry, wet, clammy, etc.): _____

Pertinent medical history: _____

Allergies/Medications: _____

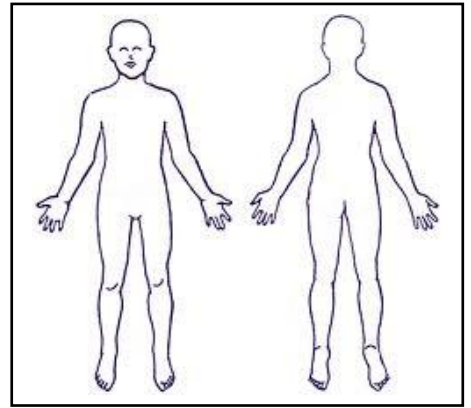
Pain – as applicable: Where is the pain? What provokes the pain? Is the pain dull, sharp, etc? Does any body movement elsewhere cause it? Is the pain, according to the person, mild, medium, or severe? What time of day did the pain start?

Assessment (specific and organized problem list - what is wrong with which part of the body; be specific)

1. Primary Survey – Airway, Breathing, Circulation, Deadly Bleeding, Spinal:

2. Secondary Survey:

Mechanism of Injury (how; be specific):



Circle affected body parts

First aid care given (specific and organized treatment list):

Describe the events leading up to the incident:

In point form, and using only sincere and observable information, describe specific contributing factors to the incident:

Describe any changes in the person's condition shortly after treatment (see, Pain, Physical findings, above):

First aid care follow-up treatment plan & results (date each entry) :

Person Involved – Telephone with area code 1: _____ or, 2: _____

Person Involved – Parent(s) Name(s): _____

Was EMS or other authority called for assistance? YES NO Was participant taken to hospital, clinic, etc? YES NO
If staff member, WCB forms (employer & employee) must be filled out SAME DAY and in GM mailbox? YES

Coord. / Director: _____ Signature: _____ Date (dd / mm / yyyy): _____
Dept. Manager: _____ Signature: _____ Date (dd / mm / yyyy): _____
General Mgr.: _____ Signature: _____ Date (dd / mm / yyyy): _____