

Minor First Aid Report

Report No. _____



Area _____

Location _____

Date / /

Time (24hr) :

Full Name _____		<input type="checkbox"/> M	<input type="checkbox"/> F	
Age	<input type="checkbox"/> Child (0-12)	<input type="checkbox"/> Teenager (13-17)	<input type="checkbox"/> Adult (18-59)	<input type="checkbox"/> Senior (60+)
Post Town	House No.			
Postcode	Telephone No.			

CATEGORY	
Minor Wounds	
Graze <input type="checkbox"/>	Bruise <input type="checkbox"/>
Puncture <input type="checkbox"/>	Cramp <input type="checkbox"/>
Cut <input type="checkbox"/>	Splinter <input type="checkbox"/>
FO in Eye <input type="checkbox"/>	Break/Loss of Nail <input type="checkbox"/>
Blister <input type="checkbox"/>	
Burns	
Minor Burn <input type="checkbox"/>	Sunburn <input type="checkbox"/>
Sting/Bite	
Weever Fish <input type="checkbox"/>	Insect <input type="checkbox"/>
Jellyfish <input type="checkbox"/>	Unknown <input type="checkbox"/>
Bee/Wasp <input type="checkbox"/>	
Other <input type="checkbox"/>	

TREATMENT/EQUIPMENT USED	
Cold Compress <input type="checkbox"/>	Eyewash <input type="checkbox"/>
Plaster <input type="checkbox"/>	Hot Water <input type="checkbox"/>
Cold Water <input type="checkbox"/>	Shade <input type="checkbox"/>
Warmth/Blanket <input type="checkbox"/>	Reassurance <input type="checkbox"/>
Medi-Wipe <input type="checkbox"/>	Tweezers <input type="checkbox"/>
Crepe <input type="checkbox"/>	Scissors <input type="checkbox"/>
Non Absorbent Gauze <input type="checkbox"/>	
Other <input type="checkbox"/>	

Is there a chance that you have had exposure to blood-borne contamination?

Yes No

If ticked 'Yes', please refer to the doctor

Person treating _____

Signature _____

DECLARATION

Person treating _____

Name Patient/Parent _____	Signature _____
Decline Treatment <input type="checkbox"/>	Advised to attend Doctor <input type="checkbox"/>
Any advice given <input type="checkbox"/>	

Data protection Act 1998.
 Your personal information will be held by the SLSGB. It will be held in compliance with data protection legislation and will be used for the purpose of identifying training needs and insurance liabilities. Where necessary a copy may be given to other Emergency Services, Local Authorities and Lifesaving Organisations.

If this Minor First Aid develops into a Major First Aid, ensure all details are transferred onto a Major First Aid form. Please make a note of the Major First Aid IRN here.

IRN _____

All injuries that incapacitate a worker to be absent from or unable to do work that they would reasonably be expected to do as part of their normal work for more than 7 days, must be kept recorded and reported to the HSE within 15 days of the incident. To report the incident go to www.hse.gov.uk/riddor and complete the appropriate online report form or call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm)