

Accident and Treatment Report Form

To be completed in confidence, all information is collected for the purpose of accident prevention, insurance records and follow-up.



THE STUDENTS'

union

Staffordshire University Students' Union

1. Details of the incident

Date of incident

D	D	M	M	Y	Y
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Approximate time (24hrs)

H	H	M	M
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Location/Event

Department:

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2. About the person involved in the accident

Forename(s)

--

Surname

--

Email address

--

Preferred contact number

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Gender

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Date of Birth

D	D	M	M	Y	Y
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Student Number

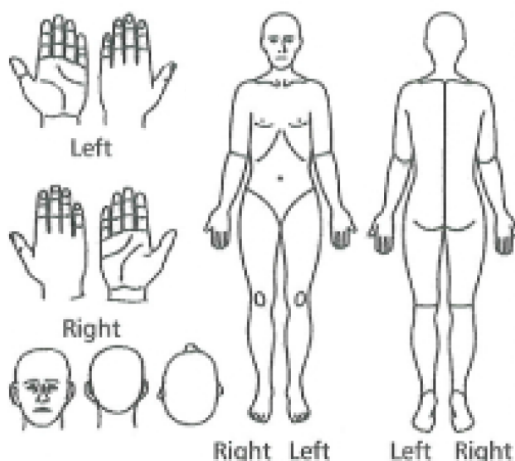
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3. Description of the incident

4. Identification of all injuries

Indicate injured areas by circling the area and detailing type of injury by writing the appropriate number.

1. Bleeding
2. Burn
3. Bruise
4. Dislocation
5. Embedded Object
6. Fracture
7. Pain
8. Rash
9. Swelling
10. Wound



Treatment required

Yes ☐ No ☐

Signs of external bleeding

Yes ☐ No ☐

Loss of consciousness

Yes ☐ No ☐

Treated by First Aider

Yes ☐ No ☐

Ambulance Required

Yes ☐ No ☐

Hospital Required

Yes ☐ No ☐

Has this incident aggravated or affected an existing medical condition or injury? If so please detail:

5. About the person completing this form

Forename(s)

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Surname

--

Email address

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Contact number

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Date

D	D	M	M	Y	Y
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Signature

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Accident and Treatment Report Form

This form **must** be completed by the Union employed or qualified First Aider administering **advice or treatment**.



Details provided on this form are strictly confidential.

6. Primary survey

Response	Airway	Breathing	Circulation
<input type="checkbox"/> Alert	<input type="checkbox"/> Clear	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Voice	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Shallow	<input type="checkbox"/> Pale
<input type="checkbox"/> Pain		<input type="checkbox"/> Irregular	<input type="checkbox"/> Flushed
<input type="checkbox"/> Unconscious		<input type="checkbox"/> Absent	<input type="checkbox"/> Blue/Grey

7. Additional Notes

Date	Time 24hrs	Notes	Signature

8. Outcome

Time left Staffordshire University Students' Union care (24hrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Were you able to complete your First Aid Treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did you advise the patient to seek further medical assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has the patient been hospitalised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you requested the patient return to you for review later?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

9. About the First Aider responsible for treatment given

Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Email address	<input type="text"/>		
Contact number	<input type="text"/>		
Date	<input type="text"/>	Signature	<input type="text"/>

OFFICE USE ONLY

Received by	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RIDDOR Reportable Injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurers Contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		