Date from:

Date to:

FIRST AID

TREATMENT REGISTER AND NOTE BOOK

Printed by UniPrint Pty Ltd 13 Edinburgh Street Oakleigh South VIC 3167 Ph:03 9543 7677 Fax: 03 9544 2748

In a life threatening or time critical emergency

PHONE OOC

Be ready to provide information such as: location, nature of the incident, your name.

Poisons information 13 11 26

Counselling information and referral 13 11 14

Workplace and dangerous

goods incidents 13 23 60

First Aid Officer:

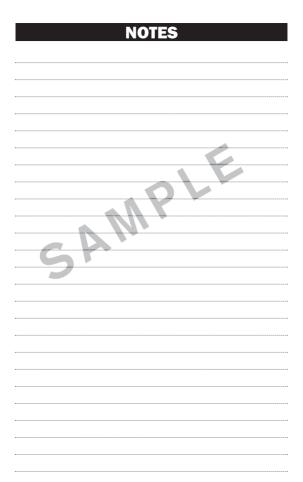
Contact Phone:

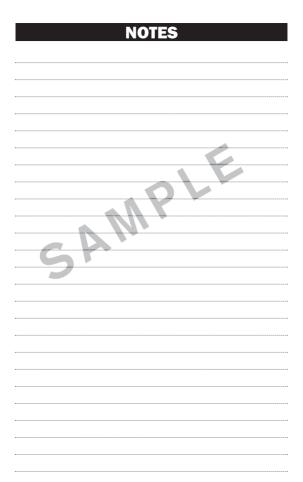
Report all injuries immediately, no matter how minor, to the first aid medical officer. Treatment will be given and the incident recorded. Should further medical care be needed, you have fulfilled your obligations and protected your right to coverage under worker's compensation.

FIRST AID TREATMENT RECORD

☐ Injury	□Illness				
Name o	of patient:				
Self	☐ <i>Employee</i>	☐ Contr	actor [Visitor	
Locatio	n:				
Illness/i	njury details:	(include how	it occurred an	d part of body affe	ected)
First aid t	reatment provid	led:			
ls the w	vorksite secu ☐ Safe to proc	red or	safe to co	ontinue?	
Referre	d to medical	treatm	ent:		
☐ Escorted	d to emergency hosp	ital [☐ Escorted to	medical clinic	
Recomm	nended doctor in owi	n time [None		
Details:					
Restock	of first aid kit	require	d: □ Yes	□No	
If Yes – Kit I	dentification/Location	n:			<u>-</u>
First aid	officer:				
Signature	e:				
Date/time	9:				
				Pink: administration	Green: book

SAMPLE





SAMPLE

FIRST AID STOCKTAKE RECORD

Kit identification/location:

ITEM	QTY REQUIRED	ITEM QTY	REQUIRED		
Disposable gloves		Bandaids			
Resuscitation mask		Conforming bandage			
Scissors		Small			
Forceps		Medium			
Splinter probe		Large			
Sterile saline solution	ı	Absorbant wound dressi	ng		
Antiseptic		Small			
Safety pins		Medium			
Emergency blanket		Large			
Burn sheet		Non adherent wound dre	essing		
First Aid treatment reg	gister	Small			
Pen/pencil		Medium			
First Aid/CPR guide		Large			
Eye pads		Triangular bandage			
Gauze swabs		Non-allergenic tape			
Please also check f	or your indi	vidual kit requirements:			
		······			
First aid officer:					
Signature:					
Date/time·					

Unresponsive? Not Breathing?

Commence CPR

30 compressions : 2 breaths 5 cycles in 2 minutes

ADULT (8 years of age and older)

Head Tilt - full

Compressions - 1/3 chest depth, 2 hands

CHILD (1 - 8 years of age)

Head Tilt - full

Compressions - 1/3 chest depth, 1 or 2 hands

INFANT (less than 1 year of age)

Head Tilt - neutral

Compressions - 1/3 chest depth, 2 fingers

Breath - cheek puffs

If available and trained use an AED Automated External Defibrillator



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FIRST AID KIT STOCKTAKE RECORD

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