SURF LIFE SAVING AUSTRALIA LTD.

Name of Club or Service: _____

Incident Report Log

State: _____

Details of Incident

Date: _____/_____/_____ **Time:** _____ **am / pm**

Location of Incident: _____

Name of Victim _____

Age: _____ **DOB:** _____/_____/_____ **M / F**

Address if known _____

Venue Conditions at Time of incident: (if relevant)

Wind conditions: ❑ Calm ❑ Slight ❑ Moderate
Weather conditions: ❑ Fine ❑ Overcast ❑ Rain
Sea conditions: ❑ Small ❑ Medium ❑ Large
Water surface: ❑ No chop ❑ Avg chop ❑ Large chop
Wave type: ❑ Surging ❑ Spilling ❑ Plunging

Please fill in the below relating to the victim

Type of Incident: (may cross more than one)

❑ [1]Major First Aid ❑ [2]Minor FA*
❑ [3]Major Rescue ❑ [4]S & R
❑ [5]Member Injury ❑ [6]Employee Injury
❑ [7]Carnival Incident ❑ [8]Complaint
❑ [9]Drowning ❑ [10]Near Drowning
❑ [11]Other_____

Victim is:

❑ [1]Public ❑ [2]SLS Club Member
❑ [3] Employee ❑ [4]Other _____

Postcode of usual residence (victim)

_____ or ❑ [1]Unknown
❑ [2]Overseas ❑ [3]No fixed address

Type of activity at time of incident:

❑ [1]Swimming/wading ❑ [2]Body board
❑ [3]Walking playing near water
❑ [4] Riding other craft
❑ [5]Rock Fishing ❑ [6]Other fishing
❑ [7]Using a motorised water craft (Rec)
❑ [8]Water skiing
❑ [9]SCUBA/skin diving
❑ [10] Wind/kite surfing ❑ [11]Sailing
❑ [12]Rock walking
❑ [13]Suspected suicide

❑ [14]Patrolling in - ❑ [15]IRB, ❑ [16]PWC
❑ [17]Beach, ❑ [18]4WD ❑[19]JRB/ORB
❑ [20]Attempting a rescue
❑ [21]Training for (please be very specific_____
❑ [22]Carnival Official doing _____
❑ [23]Competition in _____
❑ [24] Driver ❑ [25]Crew ❑ [26] Patient
❑ [27]Surf Boat Crew Position: _____
❑ [28]Administrative ❑ [29] Fundraising
❑ [30] Water safety
❑ [31]Junior activities
❑ [32] Other club activity_____
❑ [33]Other _____

Experience in activity

❑ [1]3 years + ❑ [2]1-3 Years
❑ [3]1 year ❑ [4]No experience

Other Contributing Factors:

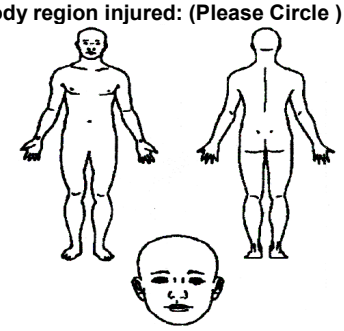
❑ [1]Negotiating the break
❑ [2]Returning to shore
❑ [3]Dumped ❑ [4]Shore break
❑ [5]Lost control of own craft
❑ [6]Other person lost control of craft
❑ [7]Freak wave ❑ [8]Sand bank
❑ [9]Pot hole ❑[12]Slippery rocks
❑ [10]Suspected Alcohol ❑[11] Suspect Drugs
❑ [13]Rip type _____
❑ [14]Slip/ trip/ fall ❑ [16]Assault
❑ [15]Collision with _____
❑ [17]Mechanical Malfunction_____
❑ [18]Other _____

Description of Incident (please use back if needed)_____
–
_____
_____
_____
_____
_____

Nature of Injury

❑ [1]Marine Sting, type _____
❑ [2]Abrasion / graze ❑ [3]Blisters
❑ [4]Open wound /laceration / cut
❑ [5]Bruise / contusion
❑ [6]Inflammation / swelling
❑ [7]Fracture (including suspected)
❑ [8]Dislocation/subluxation
❑ [9]Sprain ❑ [10]Strain
❑ [11]Overuse injury ❑ [12]Concussion
❑ [13]Cardiac problem
❑ [14]Respiratory problem
❑ [15]Loss of consciousness
❑ [16]Heat stroke / Heat exhaustion
❑ [17]Hypothermia ❑ [18]Sunburn
❑ [19]Suspected spinal
❑ [20]Deceased
❑ [21]Other_____

Body region injured: (Please Circle)



Description

_____

Initial treatment:

❑ [1]None given – not required
❑ [2]None given – patient refused
❑ [3]None given – referred elsewhere
❑ [4]RICE ❑ [4] ICE
❑ [5]Cleaned
❑ [6]Dressed (incl. Bandage)
❑ [7]Sling / Splint
❑ [8]Spinal collar
❑ [9]Massage / Stretching
❑ [10]Strapping/Taping only
❑ [11]Stitches
❑ [12]Medication
❑ [13]Prescription written

Resuscitation
(Please fill in other side of form)

❑ [14]EAR ❑ [15]CPR
❑ [16]Oxygen therapy
❑ [17]Oxygen airbag
❑ [18]Defibrillation (Defib)
[19]Other_____

Mechanism of Incident (what went wrong)_____
_____
_____
_____

Location of incident?

❑ [1]In water ❑ [2]On Beach
❑ [3]On rocks ❑ [4]Other _____

and…

❑ [1]In flags
❑ [2]Outside but near flags
❑ [3]<1km from patrolled area
❑ [4]1 to 5 km from patrolled area
❑ [5]> 5 km from patrolled area

Who first sighted the rescue/ incident?
e.g. public_____

Who conducted the rescue/ incident?
e.g. lifesaver

_____

Main Language Spoken:
_____**Or** ❑ English
❑ Non English speaking ❑ Don't know

Referral:

❑ [1]No referral
❑ [2]Medical Practitioner
❑ [3]Physiotherapist
❑ [4]Ambulance transport to _____
❑ [5]Hospital ❑ [6]Xray
❑ [7]Peer Counselling
❑ [8]Professional Counselling

Other Services:

❑ [1]Fire/ Rescue ❑ [2]Police
❑ [3]JRB/ ORB ❑ [4]Helicopter
❑ [5]Investigation required
❑ [6]Worker Compensation required (fill in State form requirements)
❑ [7]Other_____

Treating Person:

❑ [1]Medical Practitioner ❑ [2]Nurse
❑ [3]Ambulance ❑ [4]Physiotherapist
❑ [5]Chiropractor ❑ [6]First Aid Officer
❑ [7]Lifesaving ❑ [8]Lifegurard
❑ [9]Other_____

Person Completing from:

Name_____
____
Position: _____
Phone: _____
Email: _____
Signature:

PART B: RESUSCIATION REPORT FORM

1. **Patients condition when first observed:**
- ❑ [1]Conscious
- ❑ [2]Unconscious
- ❑ [3]Breathing
- ❑ [4]Not Breathing
- ❑ [5]Pulse Present
- ❑ [6]Pulse Absent

1a Resuscitation was administered
- ❑ Yes
- ❑ No

2. Colour of patient when first observed:
- ❑ [1]Normal ❑ [2]Pale
- ❑ [3]Blue ❑ [4]Grey

3. Patients colour changed during resuscitation
- ❑ [1]Normal ❑ [2]Pale
- ❑ [3]Blue ❑[4]Grey

4. Airway of the patient was obstructed when first observed by:
- ❑ [1]Vomit
- ❑ [2]Seaweed
- ❑ [3]Dentures
- ❑ [4]Clenched jaw
- ❑ [5]Airway was clear

5. How long was it, from when the incident was first reported to the time of the first artificial breaths:
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

6. How long was EAR carried out for:
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

7. Which method was used?
- ❑ [1]Mouth to Mask
- ❑ [2]Mouth to Mouth
- ❑ [3]Mouth to Nose
- ❑ [4]Bag valve mask

8. What oxygen equipment was used:
- ❑ [1]Oxygen Therapy
- ❑ [2]Air Bag Resuscitator

9. How long was oxygen administrated for:
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

10. The patient regurgitated / vomited due to:
- ❑ [1]Mechanical Device
- ❑ [2]Blocked Airway
- ❑ [3]Revival

11. An Airway was Inserted: (type)
- ❑ [1]OP Airway
- ❑ [2]Combitube
- ❑ [3]LMA Mask
- ❑ [4]Other

12. How long was it, from when the incident was first reported to the time an airway was inserted?
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

13. How long was ECC carried out?
- ❑ [1]1-3 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

14. A defibrillator was used by:
- ❑ [1]Lifesaver
- ❑ [2]Lifeguard
- ❑ [3]Ambulance
- ❑ [4]Doctor

15. How long was it, from the incident was first reported to the time the defibrillator was applied?
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10 min
- ❑ [5]10-20 min ❑ [6]Other

16. How many times was a shock delivered?
- ❑ [1]1 ❑ [2]2
- ❑ [3]3 ❑ [4]4
- ❑ [5]5 ❑ [6]Other

17. Did the patient regain consciousness?
- ❑ Yes
- ❑ No

18. How long was it, after calling for assistance, that the ambulance arrived?
- ❑ [1]0-1 min ❑ [2]1-3 min
- ❑ [3]3-5 min ❑ [4]5-10min
- ❑ [5]10-20 min ❑ [6]Other

19. The patient conveyed to hospital by?
- ❑ [1]Ambulance
- ❑ [2]Helicopter
- ❑ [3]Private vehicle
- ❑ [4]Other

20. Which hospital was the patient conveyed to?

21. What condition was the patient in when transport?
- ❑ [1]Conscious
- ❑ [2]Unconscious
- ❑ [3]Deceased
- ❑ [4]Unknown

22. Condition on discharge from hospital (if known)
- ❑ [1]Full recovery
- ❑ [2]Deceased
- ❑ [3]Unknown

23. Trauma counselling was arranged for the rescuer/s
- ❑ [1]Yes
- ❑ [2]No

24. Was a carry used:
- ❑ [1]Yes
- ❑ [2]No

If yes, what kind?_____

Name of person completing form: (If different from other side of form)

_____

Position:_____

Phone:_____

e-mail:_____

Signature:_____

Please provide brief details of the incident including any recommendations: