## Assessment Task 4 – Incident Report Form

| Candidate Name | | Date | |
|---|---|---|---|

SURF LIFE SAVING AUSTRALIA

# INCIDENT REPORT LOG

**Form no: 161/07**

**Name of Club/Service:** _____

**State:** _____

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

**Location (beach/suburb):** _____

**Name of Patient:** _____

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

**Address if known:** _____

**Conditions at time of incident (if relevant):**

| | | | |
|---|---|---|---|
| **Wind:** | ❑ Calm | ❑ Slight | ❑ Moderate |
| **Weather:** | ❑ Fine | ❑ Overcast | ❑ Rain |
| **Seas:** | ❑ Small | ❑ Medium | ❑ Large |
| **Water Surface:** | ❑ No Chop | ❑ Avg Chop | ❑ Large Chop |
| **Wave Type:** | ❑ Surging | ❑ Spilling | ❑ Plunging |

**Type of incident:**
(may choose more than one)

- ❑ Major First Aid ❑ Minor First Aid
- ❑ Major Rescue ❑ Search & Rec.
- ❑ Member Injury ❑ Employee Injury
- ❑ Carnival Incident ❑ Complaint
- ❑ Drowning ❑ Near Drowning
- ❑ Other _____

**Patient is:**

- ❑ Public ❑ SLSC Member
- ❑ Employee ❑ Other _____

**Type of activity at time of incident:**

- ❑ Swimming/wading ❑ Body boarding
- ❑ Walking/playing near water
- ❑ Riding other craft
- ❑ Rock fishing ❑ Other fishing
- ❑ Using a motorised water craft (rec)
- ❑ Water skiing
- ❑ SCUBA/skin diving
- ❑ Wind/kite surfing ❑ Sailing
- ❑ Rock walking ❑ Suspect suicide

*Patrolling:* ❑ IRB ❑ PWC

- ❑ Beach ❑ 4WD ❑ JRB/ORB
- ❑ Attempting a rescue
- ❑ Training for (please be very specific)
  _____
- ❑ Carnival official doing
- ❑ Competition in

*IRB Competition:* ❑ Driver

- ❑ Crew ❑ Patient
- ❑ Surf boat crew position:_____
- ❑ Administrative ❑ Fundraising
- ❑ Water safety ❑ Junior activities
- ❑ Other club activity _____
- ❑ Other _____
- ❑ Unknown

**Experience in activity:**

- ❑ 3 years + ❑ 1-3 years
- ❑ 1 year ❑ No experience

**Other contributing factors:**

- ❑ Negotiating the break
- ❑ Returning to shore
- ❑ Dumped ❑ Shore break
- ❑ Lost control of own craft
- ❑ Other person lost control of craft
- ❑ Freak wave ❑ Sand bank
- ❑ Pot hole ❑ Slippery rocks
- ❑ Suspected alcohol ❑ Suspect drugs
- ❑ Rip type _____
- ❑ Slip/trip/fall ❑ Assault
- ❑ Collision with _____
- ❑ Mechanical malfunction
- ❑ Other _____
- ❑ Unknown

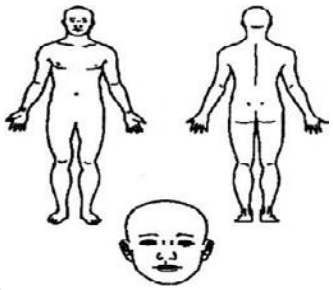
**Description of incident:**
(please use back if needed)

_____
_____
_____
_____

**Nature of injury:**

- ❑ Marine sting, type_____
- ❑ Abrasion/graze ❑ Blisters
- ❑ Open wound/laceration/cut
- ❑ Bruise/contusion
- ❑ Inflammation/swelling
- ❑ Fracture (including suspected)
- ❑ Dislocation/subluxation
- ❑ Sprain ❑ Sprain
- ❑ Overuse injury ❑ Concussion
- ❑ Cardiac problem
- ❑ Respiratory problem
- ❑ Loss of consciousness
- ❑ Heat stroke/Heat exhaustion
- ❑ Hypothermia ❑ Sunburn
- ❑ Suspected spinal ❑ Deceased
- ❑ Other _____
- ❑ Unknown

**Body region injured (please circle):**



**Initial treatment:**

- ❑ None given – not required
- ❑ None given – patient refused
- ❑ None given – referred elsewhere
- ❑ RICE ❑ ICE
- ❑ Cleaned
- ❑ Dressed (incl. bandage)
- ❑ Sling/splint
- ❑ Spinal collar
- ❑ Massage/stretching
- ❑ Strapping/taping only
- ❑ Stitches
- ❑ Medication
- ❑ Prescription written

**Resuscitation**
(please fill in other side of form)

- ❑ Rescue breathing ❑ CPR
- ❑ Oxygen therapy ❑ Oxygen airbag
- ❑ Defibrillation (defib)
- ❑ Other

**Mechanism of incident:**
(what went wrong?)

_____
_____

**Location of incident:**

- ❑ In water ❑ On beach
- ❑ On rocks ❑ Other_____

**and…**

- ❑ In flags
- ❑ Outside but near flags
- ❑ < 1km from patrolled area
- ❑ 1 - 5km from patrolled area
- ❑ > 5km 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 ❑ Unknown

**Referral:**

- ❑ No referral ❑ Medical practitioner
- ❑ Physiotherapist
- ❑ Ambulance transport to_____
- ❑ Hospital ❑ X-ray
- ❑ Peer counselling ❑ Pro. counselling

**Other services:**

- ❑ Fire/Rescue ❑ Police
- ❑ JRB/ORB ❑ Helicopter
- ❑ Investigation required
- ❑ Worker Compensation required
- ❑ Other_____

**Treating person:**

- ❑ Medical practitioner ❑ Nurse
- ❑ Ambulance ❑ Physio
- ❑ Chiropractor ❑ First Aid Off.
- ❑ Lifesaving ❑ Lifeguard
- ❑ Other_____

**Person completing form:**

Name:_____

Position: _____

Phone: _____

Email: _____

Signature: _____

***Enter this form into the Incident Reporting Database***

## Assessment Task 4 – Incident Report Form

| Candidate Name | | Date | |
|---|---|---|---|

SURF LIFE SAVING AUSTRALIA

# INCIDENT REPORT LOG

## PART B: Resuscitation Report

**Form no: 161/07**

**1) Patient's condition when first observed:**

- ❑ Conscious
- ❑ Unconscious
- ❑ Not Breathing
- ❑ Pulse Absent

**2) Colour of patient when first observed:**

- ❑ Normal
- ❑ Blue
- ❑ Unknown
- ❑ Pale
- ❑ Grey

**3) Patient's colour changed during resuscitation:**

- ❑ Normal
- ❑ Blue
- ❑ Unknown
- ❑ Pale
- ❑ Grey

**4) Airway of the patient was obstructed when first observed by:**

- ❑ Vomit
- ❑ Seaweed
- ❑ Dentures
- ❑ Clenched jaw
- ❑ Airway was clear
- ❑ Unknown

**5) How long was it, from when the incident was first reported to the time of the first artificial breaths?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**6) Which method was used?**

- ❑ Mouth to mask
- ❑ Mouth to mouth
- ❑ Mouth to nose
- ❑ Bag valve mask
- ❑ Combination

**7) What oxygen equipment was used:**

- ❑ Oxygen therapy
- ❑ Air bag resuscitator
- ❑ Both
- ❑ None

**8) How long was oxygen administered for?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**9) The patient regurgitated/vomited due to:**

- ❑ Mechanical device
- ❑ Blocked airway
- ❑ Revival
- ❑ Did not vomit

**10) Which airway was inserted: (type)**

- ❑ OP Airway
- ❑ Combitube
- ❑ LMA mask
- ❑ Other
- ❑ None

**11) How long was it, from when the incident was first reported to the time an airway was inserted?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**12) How long was CPR carried out?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**13) A defibrillator was used by:**

- ❑ Lifesaver
- ❑ Lifeguard
- ❑ Ambulance
- ❑ Doctor
- ❑ Unknown

**14) How long was it, from when the incident was first reported to the time the defibrillator was applied?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**15) How many times was a shock delivered?**

- ❑ 1
- ❑ 3
- ❑ 5
- ❑ 2
- ❑ 4
- ❑ Other

**16) Did the patient regain consciousness?**

- ❑ Yes
- ❑ No

**17) How long was it, after calling for assistance, before the ambulance arrived?**

- ❑ 0-1 min
- ❑ 3-5 min
- ❑ 10-20 min
- ❑ 1-3 min
- ❑ 5-10 min
- ❑ Other

**18) The patient was conveyed to hospital by:**

- ❑ Ambulance
- ❑ Helicopter
- ❑ Private vehicle
- ❑ Other
- ❑ Unknown

**19) Which hospital was the patient conveyed to?**

_____

**20) What condition was the patient in when in transport?**

- ❑ Conscious
- ❑ Unconscious
- ❑ Deceased
- ❑ Unknown

**21) Condition on discharge from hospital (if known):**

- ❑ Full recovery
- ❑ Deceased
- ❑ Unknown

**22) Was trauma counselling arranged for the rescuer(s)?**

- ❑ Yes
- ❑ No

**23) Was a carry used?**

- ❑ Yes
- ❑ No

**24) If yes, what kind?**

_____

**Person completing form:**
(if different from the other side of the form) Name:

Position:

_____

Phone: _____

Email: _____

Signature:_____

**Please provide brief details of the incident including any recommendations:**