BUSHWALKING INCIDENT FORM

Provide relevant information and mark the appropriate option(s).

Trip information

Date _____ **Time** _____ **Destination** ___ _____ **Leader** _____

Trip Contact Officer _____ **Phone No** _____

Number of Walkers _____ **Experienced** _____ **Intermediate** _____ **Inexperienced** _____

Type of incident

Delay Lost party members Fall Injury Snakebite Insect bite, Illness Fatigue, Hyperthermia Hypothermia **Additional Information T.**

_____

Witnesses_____

_____

Location of incident

Map _____ **Datum** _____ **Map Coordinates** _____ **Elevation** _____m **Lat & Long (GPS)**_____

Terrain _____

General Description _____

_____

Weather Hot Warm Cool Cold Sunny Windy Foggy Cloudy Rain

Other. _____

First Aid Assessment

Overall condition Good Fair Poor Serious Critical **Primary Injury/Situation**

___Obvious concussion _____

___Impact to back of head. _____

____He was conscious but confused. _____

Secondary Injury(s)

_____swelling on right ankle _____

_____

_____

_____

Patient Male Female

Name _____

Address _____

Notified_____

Contact Phone No(s) _____

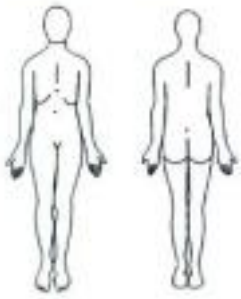
Date. _____

Observations			
Time			
Level of Consciousness *Fully Conscious* *Drowsy* *Unconscious*			
Pulse Rate Description			
Respiration Rate Description			
Pupils R L			

Assessment

Injuries/Symptoms/Signs

Abrasion
Burn
Contusion
Discolouration
Fracture
Haemorrhage
Laceration
Pain
Rigidity
Swelling
Tenderness



Other observations (specify) _____

First Aid Assessment

Action taken

Search First Aid DRABC Pressure Bandage CPR Warming Cooling Party Sent for Assistance

Additional Information

_____

Assistance Required (Specify qualifications and numbers of helpers or teams required)

Personnel Paramedic Doctor Search Rescue/Recovery

Medication Water Food Shelter **Other** ____Beaudesert Hospital Emergency

_____ **Communications Available** (e.g. Mobile No. / CB channel)

_____ **For emergencies, dial 112 from a mobile phone, or 000 from a landline. Time of call:** _____

Planned Action (If moving give Route and Map Coordinates of destination)

Remain at site **Evacuate to** Track Road Track Junction Shelter Natural Feature Helipad

Additional _____

Evacuation Plan / Requirements

Walk out Improvised Stretcher Stretcher Ambulance Helicopter Winch Helipad **Additional Information**_____N/A_____

_____

This form is intended to help your decision-making in a stressful situation, provide essential information to those called upon to assist, and record details for insurance claims. Send one copy of the information with any party sent out for help. Keep one and continue to record relevant information.

(For example, log observations of the patient's vital signs, times of events, actions and communications, details of parties sent out, self-sufficiency of the party - equipment, physical and psychological condition of members)

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Forward a copy to the Safety & Training Officer or another Committee Member as soon as possible.