THOMPSON RIVERS UNIVERSITY | Safety & Emergency Management

FIRST AID RECORD

File Number……
(OFFICE USE ONLY)

Date and Time call received by Attendant (mm-dd-yyyy) AM / PM	Time Attendant Arrived on Scene AM / PM
Location of Scene	**Time of Call Completion AM / PM**

Person's last name	First name	Date of Birth:	Gender ☐ M ☐ F

At the time of injury, the person was (check all that apply)

☐ Full time ☐ Part time ☐ Student ☐ Apprentice/Practicum ☐ Auxiliary ☐ Contractor ☐ Visitor

Location of Incident – check one:

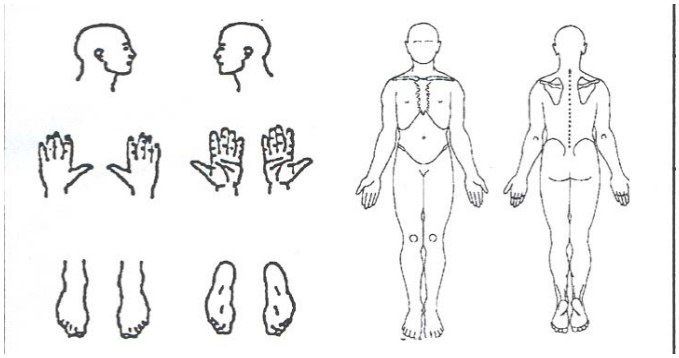
Animal Health ☐	A&E ☐	BCCOL ☐	TRU Campus ☐	CAC ☐	Clock Tower ☐	Culinary Arts ☐	Gymnasium ☐	House of Learning ☐	Human Resources ☐
Facilities ☐	International ☐	Library ☐	Old Main ☐	Science ☐	Trades ☐	Warehouse ☐	Off Campus ☐	Williams Lake ☐	Regional Centers ☐

School/Department: **Room #**

Description of how the injury or illness occurred

Description of the first aid treatment administered :

PLEASE MARK INJURED OR EXPOSED AREA



MEDICATIONS

INTERVENTIONS (PLEASE CHECK)

☐ Controlled Bleeding ☐ Oxygen administered

☐ AED Administered (form attached)

DESCRIPTION OF TREATMENTS (PLEASE CHECK)

☐ Splinted ☐ Immobilized ☐ Spinal Immobilization

☐ Additional Treatment

TREATMENT RESPONSE:

☐ LEVEL 1 – TREATMENT RECEIVED AND RETURN TO WORK/CLASS

☐ LEVEL 2 - FURTHER TREATMENT REQUIRED - MEDICAL AID

☐ ASSESSMENT/TREATMENT DECLINED

TRANSPORTED BY (PLEASE CHECK)

☐ Taxi ☐ B.C. AMBULANCE SERVICE

☐ OTHER (EXPLAIN)

F.A.A. NAME (PLEASE PRINT)	F.A.A. SIGNATURE	Patient's Signature