

Record of Any Accident

We will complete this form if any relevant accidents occur :

CASUALTY REPORT FORM

Complete as much of this form as possible. The form should remain with the casualty at all times.

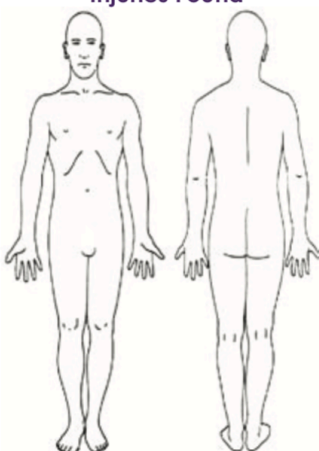


PERSONAL DETAILS OF CASUALTY	NEXT OF KIN DETAILS
Sex: _____ Name: _____ Age: _____ Date of Birth: ____ / ____ / ____ Address: _____ _____ _____ Tel: _____	Name: _____ Relationship: _____ Tel: _____
OTHER USEFUL CASUALTY INFORMATION	DESCRIPTION OF ACCIDENT/ILLNESS
S igns and symptoms: _____ A llergies: _____ M edications: _____ P ast Medical History: _____ L ast Meal: _____ E vents - what has happened: _____	Time: _____ Details: _____ _____ _____ _____ _____ _____ _____ _____ _____ Give a full and detailed account

INFORMATION FOR MOUNTAIN RESCUE		
Your mobile/telephone number: _____ Another mobile number: _____		
Your location: Grid Ref: _____		
Description of your location: _____		
How many in the group: _____	Age ranges of the group: _____	Any pre-existing medical conditions in the group: If yes detail below: _____ _____
Clothing description of group: _____ (i.e. colours rather than brand)		
Information on weather: _____ (i.e. in cloud/windy)		
DIAL 999/112 ask for POLICE then request MOUNTAIN RESCUE		

ADDITIONAL INFORMATION
ENVIRONMENTAL: Information on the ground conditions e.g. snow/ ice or dangerous location _____ _____
CASUALTY: _____ _____ _____

IMMEDIATE ACTION (PRIMARY SURVEY - ABC's)		EMERGENCY
Airway → CONSCIOUS - Clear and Open ☐ → CONSCIOUS - But with an Airway Problem → ☐ → UNCONSCIOUS → Check & Open → ☐ (Chin lift head tilt/jaw thrust)	EMERGENCY: Dial 999/112 If they remain unconscious this is an EMERGENCY	
Breathing → Present and NORMAL ☐ (between 10 & 30 breaths per minute) → Present NOT NORMAL (shallow/deep/rapid/slow/painful) → ☐ → ABSENT → CPR → ☐	EMERGENCY: Dial 999/112	
Circulation → No life-threatening bleeding ☐ → LIFE-THREATENING BLEEDING: → ☐ External bleeding Tummy tender/distended Broken pelvis/ thigh bone	EMERGENCY: Dial 999/112	

CASUALTY EXAMINATION			
Injuries Found 		Description of Findings Level of Response: A V P U Ask casualty or next of kin about S A M P L E (see overleaf)	
		First Aid Given	Time
		Medication given/taken	Dose Time
Pain score 0 1 2 3 4 5 6 7 8 9 10 No Pain Severe Pain			
MONITOR VITAL SIGNS AVPU = A=ALERT V=RESPONDS TO VOICE P=RESPONDS TO PAIN U=UNRESPONSIVE			
TIME			
Levels of Response AVPU			
BREATHING RATE			
PULSE			
PAIN SCORE FROM 0-10			

