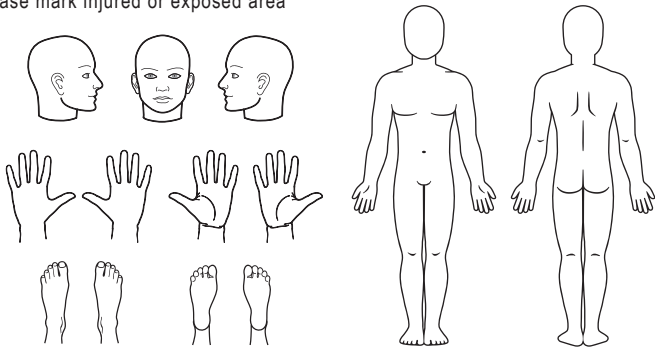


Workplace first aid record

(Areas in grey are required under the Yukon *Workplace Health and Safety Regulation* "Minimum First Aid Requirements," section 18.14)

Date and time of illness / injury <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	a.m. / p.m.	Date and time reported to first aid <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	a.m. / p.m.																																										
Time first aid provided <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	a.m. / p.m.	Employer's name <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	phone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																										
Employee's name <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	date of birth D / M / Y <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	Employee's doctor <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
Contact person <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		Glasgow coma scale																																											
Patient's chief complaint <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Eye opening response</td> <td style="width:33%;">Best verbal response</td> <td style="width:33%;">Best motor response</td> </tr> <tr> <td>4 spontaneously</td> <td>5 oriented</td> <td>6 obeys commands</td> </tr> <tr> <td>3 to speech</td> <td>4 confused</td> <td>5 localizes pain</td> </tr> <tr> <td>2 to pain</td> <td>3 inappropriate words</td> <td>4 withdraws from pain</td> </tr> <tr> <td>1 no response</td> <td>2 incomprehensible sounds</td> <td>3 flexes to pain (decorticate)</td> </tr> <tr> <td></td> <td>1 no response</td> <td>2 extends to pain (decerebrate)</td> </tr> <tr> <td></td> <td></td> <td>1 no response</td> </tr> </table>		Eye opening response	Best verbal response	Best motor response	4 spontaneously	5 oriented	6 obeys commands	3 to speech	4 confused	5 localizes pain	2 to pain	3 inappropriate words	4 withdraws from pain	1 no response	2 incomprehensible sounds	3 flexes to pain (decorticate)		1 no response	2 extends to pain (decerebrate)			1 no response																					
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		1 no response																																											
Mechanism of injury / history of illness <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Vital signs</th> <th style="width:10%;">Time</th> <th style="width:10%;">Time</th> <th style="width:10%;">Time</th> <th style="width:10%;">Time</th> </tr> </thead> <tbody> <tr> <td>Respirations</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">LOC / GCS</td> <td>E</td> <td>Total</td> <td>E</td> <td>Total</td> </tr> <tr> <td>V</td> <td></td> <td>V</td> <td></td> </tr> <tr> <td>M</td> <td></td> <td>M</td> <td></td> </tr> <tr> <td rowspan="2">Pupil size & reaction (+ / -)</td> <td>L</td> <td>R</td> <td>L</td> <td>R</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Skin</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Vital signs	Time	Time	Time	Time	Respirations					Pulse					LOC / GCS	E	Total	E	Total	V		V		M		M		Pupil size & reaction (+ / -)	L	R	L	R					Skin				
Vital signs	Time	Time	Time	Time																																									
Respirations																																													
Pulse																																													
LOC / GCS	E	Total	E	Total																																									
	V		V																																										
	M		M																																										
Pupil size & reaction (+ / -)	L	R	L	R																																									
Skin																																													
Physical findings <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		Allergies <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
Please mark injured or exposed area		Medications <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
		Interventions (please check all that apply) <input type="checkbox"/> airway cleared <input type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> rescue breaths <input type="checkbox"/> pocket mask <input type="checkbox"/> BVM <input type="checkbox"/> controlled bleeding <input type="checkbox"/> oxygen administered L/min _____																																											
Recommendations <input type="checkbox"/> may return to work <input type="checkbox"/> first aid follow up <input type="checkbox"/> medical aid		Definitive treatments (please check all that apply) <input type="checkbox"/> immobilized <input type="checkbox"/> traction <input type="checkbox"/> splinted <input type="checkbox"/> spinal immobilization <input type="checkbox"/> additional treatments (please explain on back of sheet, if needed)																																											
Transported by (please check all that apply) <input type="checkbox"/> ETV <input type="checkbox"/> ambulance service <input type="checkbox"/> air evacuation <input type="checkbox"/> industrial ambulance <input type="checkbox"/> other (please explain)		Changes in patient's condition (please explain on back of sheet, if needed) <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
F.A.A. name (please print) <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		F.A.A. signature <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
Names of witnesses (please print) <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		Certificate information <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
		Employee's signature <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																											
		<input type="checkbox"/> I refused care																																											