PAC

HLTAID003 Provide first aid

HLTAID004 Provide an emergency first aid response in an education and care setting

SIMULATED FIRST AID SCENARIO - Tasks to demonstrate

Scenario - INCIDENT REPORTING - WRITTEN FORM

OBSERVATIONAL CHECKLIST - What is required:

- Complete the form below using the information from the Scenario BREATHING DIFFICULTIES ASTHMA, on the previous page (or another incident with details provided by your Trainer/Assessor).
- Please note: this form is for training and assessment purposes, it is not a real workplace form.
- All relevant areas must be filled out for assessment. Some areas have been filled out for you.
- Please use today's date and time as your reference.
- An ACECQA Incident Form is available on the Resources section of the website at http://www.acecqa.gov.au/

SAMPLE INCIDENT REPORTING DOCUMENT			
INCIDENT DETAILS			
LOCATION: Green State School Out of School Hours Care Centre ADDRESS: 167 Green Parade Stingvale Victoria 3333 ROOM / GROUP: Possum Room CASUALTY NAME: Jane Smith AGE: 7 years old			
DATE OF INCIDENT:		TIME OF INCIDENT:	
Brief description of what	happened:		
GENERAL OBSERVATIONS		REFERRAL AN	ND NOTIFICATIONS
Signs & symptoms (tick as relevant)		Actions taken (tick as re	
		·	triple zero (000) at:
☐ Cough	☐ Difficulty in speaking		upervisor at:
☐ Wheeze☐ Shortness of breath	☐ Chest tightness☐ Tiredness	-	arents/carers at:
☐ Blue lips	☐ Anxious/distressed		octor at:
☐ Behavioural changes	☐ Pale and sweaty	-	
☐ Other (please detail):		FIRST AID TREATMEN	II GIVEN
, ,		☐ Ventolin administered	
		☐ A Spacer was used	
		☐ Other (please detail):	
REPORT DETAILS			
REPORT COMPLETED B	Y:		DATE:
SIGNATURE :			TIME:
PARENT/CARER SIGNAT	URE: Lara Smith	DATE:	TIME: