

Lifeguard Area: _____ **Lifeguard Unit:** _____ **U.I.I.N :** (if applicable) _____

Date: __ / __ / __ **Time:** __ : __ (24 hr) **Duration:** __ h __ mins

Alerted to Incident By: **Coordinated By:** **Other SAR Units Involved:**
 LG (paid) LG (vol) HMCG RNLI ILB RNLI ALB Police
 Ambulance Air Ambulance Fire SAR Helo Public Other
Location: Craft / Surf Zone Red & Yellow / Buoyed Zone Non-Zoned Other _____

Distance from Lifeguard patrol: (please tick) 1-10m 10-50m 50-100m 100-500m 500-1000m 1000+m
Operational State of the Beach: Normal Red Flag Out Of Hours
NATURE OF INCIDENT

 Rescue Assistance Major First Aid

	Child	Teenager	Adult	Senior
Male				
Female				

Equipment Used

 IRB 4WD Canoe / Ski Rescue Tube First Aid Eqpt Mountain Bike None
 RWC ATV Rescue Board Throw Line Public Rescue Eqpt Other _____

Activity

 Swimming Body Boarding Windsurfing Powered Craft Climbing Relaxing
 Inflatables Surfing Kite-surfing Sailing Walking Other _____

NARRATIVE OF INCIDENT

 Do you consider a life has been saved? (If ticked - You MUST Complete Additional Incident Narrative)
 Was a Third Party involved? (If ticked - You MUST Complete Additional Incident Narrative)

CAUSE OF INCIDENT
Environmental:

 Rip Currents Estuarial Currents Surging Waves Strong Winds Cliff Fall / Land Slide
 Undertow Sandbars / Sandbanks Plunging / Dumping Waves Offshore Winds Unsafe Beach Access
Physical:

 Cliffs Promontories Harbour Walls Piers Wave Breaks
 Large Rocks Buildings Seawalls Jetties Groynes Other _____

Equipment: Equipment Failure Inappropriate Equipment Misuse of Equipment Inexperienced
 Hired Equipment
Behavioural: Violent/Threatening Behaviour Apparent Act of Daring Caused by Another Person
 Believed to be under the influence of: Alcohol **OR** Drugs Self Harm
ENVIRONMENTAL CONDITIONS

WEATHER	WAVE HEIGHT	STATE OF TIDE	WIND CONDITIONS
Cloudless <input type="checkbox"/>	< 0.5m <input type="checkbox"/>	Spring Low <input type="checkbox"/>	Ebbing <input type="checkbox"/>
Part Cloudy <input type="checkbox"/>	0.5 - 1.5m <input type="checkbox"/>	Neap Low <input type="checkbox"/>	Flooding <input type="checkbox"/>
Overcast <input type="checkbox"/>	1.6 - 2.5m <input type="checkbox"/>	Mid <input type="checkbox"/>	Direction <input type="text"/>
Rain <input type="checkbox"/>	2.6 - 3.5m <input type="checkbox"/>	Neap High <input type="checkbox"/>	Force <input type="text"/>
Sea Fog / Mist <input type="checkbox"/>	3.6 - 4.5m <input type="checkbox"/>	Spring High <input type="checkbox"/>	Windsock: Yes <input type="checkbox"/> No <input type="checkbox"/>

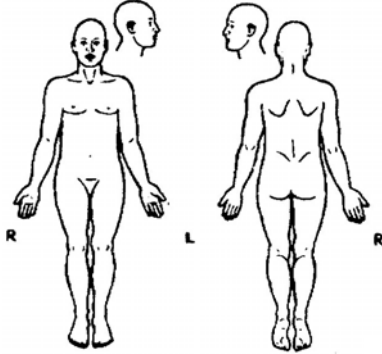
Lifeguard Name: _____ **Lifeguard Signature:** _____ **Volunteer**

PATIENT DETAILS (1 patient per form)

Name: _____ Post Town: _____ Post Code: _____ Country: _____
 Date of Birth: __/__/__ Female Male

PATIENT CONDITION (on Initial Examination)

- A** Abrasion (Graze)
- B** Burn
- C** Contusion (Bruise)
- D** Dislocation
- #** Fracture
- H** Haemorrhage
- HC** Heart Condition
- L** Laceration
- O** Other
- P** Pain
- S** Swelling
- SP** Suspected Spinal



Symptoms

- Disorientated
- Faint
- Fitting
- Hyperventilating
- In Shock
- Nauseated
- Pale
- Sweating
- Weak
- Vomiting

Level of Consciousness

- Alert
- Voice (responds to)
- Pain (responds to)
- Unresponsive

Temperature

- Hyperthermic
- Normal
- Hypothermic

DETAILS OF TREATMENT GIVEN

- | | |
|---|--|
| Rest <input type="checkbox"/> | Cleaned <input type="checkbox"/> |
| Reassurance <input type="checkbox"/> | Plaster <input type="checkbox"/> |
| Warmed <input type="checkbox"/> | Ice Applied <input type="checkbox"/> |
| Cooled <input type="checkbox"/> | Dressing Applied <input type="checkbox"/> |
| Raised Legs <input type="checkbox"/> | AED <input type="checkbox"/> |
| Bag & Mask <input type="checkbox"/> | Oxygen Therapy <input type="checkbox"/> |
| Manual Suction <input type="checkbox"/> | Spinal Board / Collar <input type="checkbox"/> |
| Other* <input type="checkbox"/> | None <input type="checkbox"/> |

Airway

- Clear
- Partially Obstructed
- Obstructed

Breathing

- Present
- Absent

Circulation

- Strong
- Normal
- Weak

ALLERGIES / PAST MEDICAL HISTORY

*Give Details _____

PATIENT RELEASE

- No Further Action
- Advised to attend Doctor

Patient / Parent / Guardian Signature: _____

Declined Treatment

Patient / Witness Name: _____
 Patient / Witness Signature: _____

PATIENT HANDOVER

- Land Ambulance
- Air Ambulance


Duty of Care handed over to:

- SAR / Ambulance
- Relative
- Friend
- Other _____

Name: _____
 Signature: _____

DETAILS OF ALL LIFEGUARDS INVOLVED

	Lifeguard Name	Lifeguard Signature	Paid / Vol (P&V)
1			
2			
3			
4			
5			
6			

 **Data Protection Act 1998.** Your personal information will be held by the RNLI. It will be held in compliance with data protection legislation and will be used for the purpose of identifying lifeguard training needs and insurance liabilities. Where necessary a copy may be given to other Emergency Services, Local Authorities and Lifesaving Organisations.