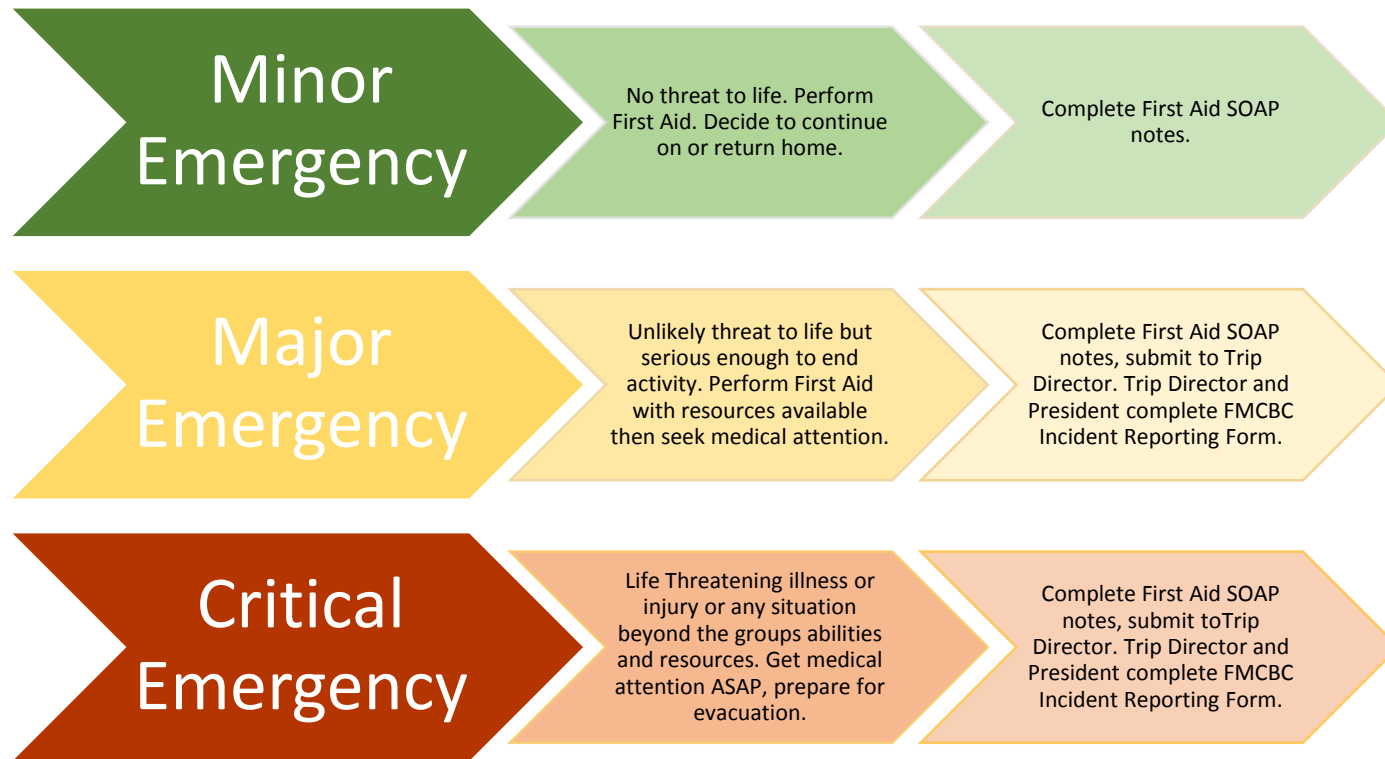


**NOTE** Every participant is responsible for their own First Aid role and supply. It is up to the individual to partake in First Aid training, and carry the appropriate First Aid gear. In an emergency, bystanders and other trip participants may assist and apply First Aid but there is no responsibility to do so under the governance of the CDMC, this falls under the Good Samaritan Act BC. In the event of First Aid on a CDMC trip please notify the club as mentioned above.



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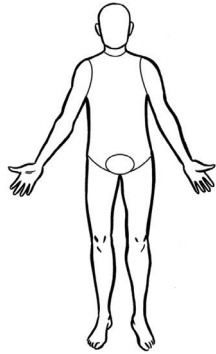
# SOAP NOTE

Name	Age	Emergency Contact	Contact Number
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## Subjective Assessment

<b>Signs and Symptoms</b> In the case of pain, ask about: <ul style="list-style-type: none"> <li>• Onset</li> <li>• Provoke</li> <li>• Quality</li> <li>• Region or Radiate</li> <li>• Severity</li> <li>• Time</li> </ul>
<b>Allergies</b>
<b>Medications</b>
<b>Past Medical History</b>
<b>Last Meal</b>
<b>Events Leading up to the Emergency</b>

## Objective Assessment

<b>Time</b> Time of Each Assessment				
<b>Indicate Level of Consciousness</b> Alert, Verbal, Painful, Unresponsive				
<b>Describe Breathing</b>				
<b>Describe Circulation</b> Colour, Temperature				
<b>Describe Skin</b> Sensation, Moisture				
<b>Describe findings of Head-to-Toe Check</b>				

## Assessment Summary

Summarize the situation and the issues that may arise as a result of the initial problem.

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## Plan

Plan for each problem on the problem list; this should include care and transportation. How often do you plan to monitor the ill or injured person?



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# Federation of Mountain Clubs of BC

## Incident Reporting Form

PO Box 19673 Vancouver, BC V5T 4E7  
 fmcbc@mountainclubs.org  
 www.mountainclubs.org  
 Tel: 604.873.6096

The Incident Reporting Form is to be used for any significant incident, injury, etc. which occurs during a club sanctioned trip or event and which could result in an insurance claim. Any situation where significant first aid, or a doctor or hospital visit is required would require a form to be submitted to the FMCBC. If in doubt, please fill out the form and then contact the FMCBC for clarification.

General Information			
Name of person reporting	Telephone	Date (dd/mm/yyyy)	Time
Name of person completing this form (if different)	Name of Club		

Accident Information			
Location where incident took place	Province	Description of the incident	
Date of incident (dd/mm/yyyy)	Time of incident		
Were the authorities contacted (police, fire, ambulance, SAR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a report number given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide number	
If police/fire department contacted, provide name of officer	Officer division	Officer badge number	

Injury Information				
Name and address of injured person				Home Telephone Number
Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Number of dependents	Work Telephone Number
Were any injuries incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	What part of the body?			
What treatment was given (please check)? <input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor on site remedies <input type="checkbox"/> Minor clinic or hospital <input type="checkbox"/> Emergency evaluation <input type="checkbox"/> Hospitalization for more than 24 hrs				

Describe the injuries

Name and address of treating physician (if applicable)	Telephone Number
Name and address of treating hospital/clinic (if applicable)	Telephone Number

Witness Information	
Name and address of witness to accident	Home Telephone Number

Anything related to the accident you would like to add:

Once completed, this form should be submitted by mail or email to the FMCBC as soon as possible. Please mail completed form to PO Box 19673, Vancouver, BC, V5T 4E7 or email to admin.manager@mountainclubs.org. Please keep a copy for your records.