SSD-016

FIRST AID TREATMENT LOG

Document prompt first aid. Protect privacy. Escalate care and reporting when required.

2 Project Information		**3 Treatment Log Number**	
Treatment / Jobsite Location		**4 Date and Time of Treatment**	
1 Company Information		**Treatment Time / Shift**	Time: _____ ☐ Day ☐ Night ☐ Other
6 Job Title		**Employee Department / Employer**	
5 Employee Information		**19 First Aid Provider Signature**	

1–6 Treatment and Employee Information

Complete known facts promptly and protect sensitive information.

5 Employee Information	11 Witnesses (if applicable)
Employee name: _____	Witness name: _____
Employee ID (optional): _____	Employer / title: _____
Employer / department: _____	Contact no.: _____
Contact no.: _____	Statement obtained: ☐ Yes ☐ No
Job title: _____	Observed treatment / event: _____
Employee statement obtained: ☐ Yes ☐ No	Additional witnesses attached: ☐ Yes ☐ No
	Other: _____
	☐ Other: _____

7–16 Treatment and Disposition

Record care provided, referral, work status, notification, and follow-up.

TREATMENT	**Clean / protect**	**Cold / heat pack**	**Bandage / dressing**	**Eye flush / rinse**	**Other first aid**
DISPOSITION	**Return to work**	**Modified / restricted**	**Medical referral**	**Emergency services**	**Follow-up required**

Disposition: FIRST AID ONLY MEDICAL REFERRAL EMERGENCY RESPONSE FOLLOW-UP REQUIRED

Care rule: Call emergency services for serious or life-threatening conditions. Provide care only within training and authorization, use universal precautions, document objectively, and follow reporting and privacy requirements.

7–11 First Aid Treatment Details

Record each treatment step, supply used, provider, and response.

#	TIME	ASSESSMENT / OBSERVATION	FIRST AID PROVIDED / SUPPLIES USED	SOURCE	RESPONSE	TREATED BY
1						
2						
3						
4						
5						
6						
7						

Entry Key: O = Observation E = Employee Statement W = Witness P = Provider Note

Treatment reminder: Assess for emergency warning signs, obtain consent when possible, use appropriate precautions, avoid diagnosis beyond scope, monitor the employee, preserve privacy, restock supplies, and complete required incident or claim reporting separately.

7–10 Injury/Illness and First Aid Information

7–9 Injury/Illness and First Aid Details	10–11 Supplies, Provider, and Witnesses
7 Injury or Illness Description: _____ How occurred / reported: _____ 8 Body Part Affected: _____ Symptoms / observations: _____ Pain / complaint: _____ 9 First Aid Provided: _____ Employee response: _____ Instructions provided: _____ Universal precautions used: ☐ Yes ☐ No Consent obtained if possible: ☐ Yes ☐ No Additional details: _____ Incident report required: ☐ Yes ☐ No ☐ Other: _____	10 Medical Supplies Used: _____ Supply lot / expiration if applicable: _____ Supplies restocked: ☐ Yes ☐ No 11 Treated By: _____ Provider training / qualification: _____ Treatment start / end: _____ Witness present: ☐ Yes ☐ No Witness name: _____ Provider notes: _____ Employee instructions: _____ Follow-up contact: _____ Other: _____ ☐ Other: _____

12–16 Referral, Work Status, Notification, and Follow-Up

12 Referral to Medical Provider (Yes/No)		**Provider / Facility**	
13 Return-to-Work Status		**Restrictions / Instructions**	
Emergency Services Called?	☐ No ☐ Yes - agency / report: _____	**14 Supervisor Notification**	☐ Yes ☐ No - reason: _____
15 Follow-Up Required		**Follow-Up Method / Due**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

Treatment Documentation Checklist

☐ Employee information verified	☐ Treatment and supplies recorded	☐ Provider qualification identified	☐ Referral / emergency status recorded
☐ Work status recorded	☐ Supervisor notified	☐ Follow-up assigned	☐ Privacy / record routing confirmed

Follow-Up / Escalation Notice

Escalate immediately if symptoms worsen, the employee requests medical care, a serious condition is suspected, required treatment is beyond

the provider's training or authorization, or emergency warning signs appear. Notify the supervisor and complete applicable incident, workers' compensation, medical, and regulatory processes without delaying care.

Follow-Up Entry No.		**Date / Time**	
Follow-Up Contact / Condition / Action		**Contacted / Verified By**	

18–20 Signatures and Approval *Signatures document review and do not waive employee rights.*

SIGNATURE / APPROVAL	PRINTED NAME	SIGNATURE	DATE
18 Employee Signature (if applicable)			
19 First Aid Provider Signature			
20 Supervisor Approval			
Medical / HR Review (if required)			

Follow-Up Treatment / Contact Log: Record later contacts, changes, and completed actions.

By signing when applicable, the employee acknowledges that the recorded first aid and instructions were received. The provider certifies the entry is accurate to the best of their knowledge and within their training and authorization.

FOLLOW-UP ITEM / CONTACT	RESPONSIBLE PERSON	DUE / OUTCOME	COMPLETED / VERIFIED

18 Employee Signature | 19 First Aid Provider Signature | 20 Supervisor Approval | 21 Record Retention

Treatment Log Status	☐ Complete ☐ Follow-up open	**Date / Time**	
Medical / Incident Referral	☐ None ☐ Yes - reference: _____	**17 Additional Comments**	
21 Record Retention Location / Period		**Record Closed / Retained By**	

IMPORTANT: This log documents first aid and is not medical advice, a diagnosis, or a substitute for emergency or professional medical care. Follow emergency protocols first. The employer remains responsible for qualified providers, required incident and workers' compensation reporting, privacy, follow-up, and secure record retention.