



HEARTSTART

Saving Lives Together

We care about you as instructors and those you teach. We want to make sure that at all times you are all safe. However, should an accident occur or a near miss, we need you to fill out the appropriate form and send it on to us.

It needs to be signed by the Instructor and the injured person and sent to heartstart@savealife.scot

The Resuscitation Research Group (RRG, University of Edinburgh) who oversee the Heartstart project will process this form through the University Online System.

The University of Edinburgh who insures Heartstart has fuller policy information online which can be accessed at <https://www.ed.ac.uk/health-safety/policy-cop/policy>

Near Miss

Date and Time of Incident

Location of Incident

Who is making the report?

First Name

Last Name

Email

Phone No

Heartstart Scheme

What Happened?

Witness

Full Name

Email

Phone Number

Remedial Actions

Details of any remedial action taken / required to prevent a recurrence

Signature

Individual completing the form

Accident Reporting

When and where did the incident occur?

Date and Time of Incident

Location of Incident

Who had the accident?

First name

Last name

Status (instructor / candidate / member of the public)

Age

Sex

Phone number

Email address

Address

Who is making the report?

First Name

Last Name

Email

Phone No

Heartstart Scheme

What Happened?

Description of Incident

Part(s) of the body affected

Immediate response (tick all that apply)

- Casualty seen by medical professional
- Admitted to hospital
- Advised to see medical professional
- Casualty attended hospital
- First aid only
- No treatment

Witness

Full Name

Email

Phone Number

Remedial Actions

Details of any remedial action taken / required to prevent a recurrence

Signature

Individual completing the form

Signature

Injured person
