**Statement Template**

**Consider the following:**

1. **What happened?** Consider the entire event/patient journey not just a specific incident within it. For clinical incidents try and break this down into the component parts of the call i.e. dispatch, en-route, arrival, on scene, en-route/hospital/discharge etc.
2. **Feelings:** What were you thinking about?
3. **Evaluation:** What do you think worked well and what didn’t work as well?
4. **Analysis**: Why do you think this happened? What other influences might there have been? Is there information that is missing?
5. **Conclusion:** What else could you have done?

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| **CAD Number (s):** |  | **Date:** |  |
| "This statement is true to the best of my knowledge and belief” | | | |
| **Signed:** |  | **Date:** |  |
| **Name:** |  | **DOH License Number:** |  |
| **Designation:** |  | **Employee Number:** |  |