

Appendix A

Post AED Event Debriefing Report Form

The purpose of this form is to document the debriefing of all responders to each medical emergency requiring the use of an AED. The first responder or building AED coordinator should complete sections 1 through 3. The District AED Coordinator will be responsible for completion of the Post Event Review Section. This may be attached to the incident Report Form if warranted.

Section 1: Incident Information

Date of Incident: ____/____/____

Time of Incident: ____:____ a.m./p.m.

Location of Victim: _____

Name and Phone Contact Number of First Responder: _____

Name and Phone Contact Number of Person Activating EMS (911): _____

Name and Phone Contact Numbers of Any Assisting First Aid Responders: _____

Section 2: Victim Information

Name of Victim: _____ Approximate Age: _____

Briefly Describe Incident: _____

Section 3: Post Event AED Unit Checklist AED Unit cleaned and/or decontaminated if required, following Universal Precaution Standards. Spare electrodes reconnected to AED Unit Items taken from AED resuscitation kit and not replaced

1. _____

2. _____

3. _____

 AED Unit replaced to original location District AED Coordinator Notified: ____/____/____ ____:____ a.m./p.m._____
Signature of Person Completing Sections 1 - 3_____
Printed Name

Section 4: Waiver for Non-Participation in Incident Debriefing

The following responders to this medical emergency event have chosen NOT to participate in the Post-Event Debriefing.

Signature: _____

Printed Name: _____

Contact Phone Number: _____

Section 5: Post Event Debriefing

Name of person chairing the debriefing: _____

Date and Time of Debriefing: ____/____/____ ____:____ a.m./p.m.

Summary of Debriefing

(What went well; what problems, if any, occurred; what needs to be worked on for the next occurrence; what, if any, follow-up needs to occur.)

Date: November 14, 2005