

POST AED EVENT DEBRIEFING REPORT FORM

Purpose

To document the debriefing of all responders to each medical emergency requiring the use of an AED. The first responder or District Medical Coordinator should complete sections 1-3. The District Medical Coordinator will be responsible for completion of the Post Event Review Section. This may be attached to the AED Incident Report Form (Appendix D) 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(s) and Phone Contact Number(s) 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 Office notified: Date ___/___/___ Time ___:___ A.M./P.M.

Printed Name of person completing Sections 1-3:	
Signature of person completing Sections 1-3:	
Date:	

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:

Printed Name	Signature	Contact Phone Number

Section 5: Post Event Debriefing

Name of person chairing the debriefing: _____

Date of Debriefing ____/____/____ 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)