

## AED POST-INCIDENT REPORT

<b>Responder's Name:</b>			
<b>AED Location:</b>		<b>Date of Use:</b>	
<b>AED Model:</b>		<b>AED Serial #:</b>	
<b>Time of Use:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Time EMS/UPD notified:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM

<b>How were you notified of the emergency?</b>	<b>Time Notified:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Describe the incident:</b>  		

<b>Patient Name:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth/Age:</b>		<b>Witness Name(s):</b>	

Patient Condition Upon Arrival	AED Responder Action(s) Taken
<input type="checkbox"/> Breathing <input type="checkbox"/> Not Breathing <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Pulse <input type="checkbox"/> No Pulse	<input type="checkbox"/> CPR <input type="checkbox"/> Attached AED <input type="checkbox"/> AED Shock - Total Number of Shocks: _____ Time of Initial Shock: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Patient Condition Upon EMS Arrival	EMS Information
<input type="checkbox"/> Breathing <input type="checkbox"/> Not Breathing <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Pulse <input type="checkbox"/> No Pulse	<b>EMS/Unit Responding:</b> _____ <b>Facility Where Patient Was Transferred:</b> _____

<b>AED Responder(s) exposed to blood or other infectious materials? Mark all that apply.</b>	
<input type="checkbox"/> NO <input type="checkbox"/> Myself <input type="checkbox"/> Others – If others, provide names of all exposed:	
<b>Names:</b>	

If AED Responders were exposed to blood or other infectious materials, immediately notify the Worker Compensation Coordinator @ 664-2664 or EH&S office @ 664-3583.  
 Following the incident, all written documentation concerning the incident must be sent to the EH&S Office for a post-incident review with the AED Campus Consortium.