## Michigan State University

## Automated External Defibrillator (AED)

## Post-Incident Report Form

Use this form to report any event, incident or situation that resulted in use or possible use of an AED. NOTE: As you complete this form online the fields will expand with the data you enter.

The responder at the scene and the AED Building Coordinator shall assure its completion and forwarding within 24 hours of the event to the Office of Risk Management with a copy retained by the Building Coordinator.

Facility or Building Name:
Location of Event:
$\qquad$
Date of Event: $\qquad$ Time of Event: $\qquad$
Name and Contact Information for victim, if known:
Did the victim collapse (become unresponsive)?
Was someone present to see the person collapse?
Yes $\square$
Yes $\square$
No $\square$
No $\square$
No $\square$
Did the victim have a pulse?
Was the victim breathing?


How was the pulse checked?
How was the breathing check?
If yes, what time did that happen? $\qquad$
Was EMS (911) called?
Was CPR started?
Who started CPR?
Trained AED employee?
Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:
Was the AED applied to the victim? Yes $\square$ No $\square$

If yes, describe what actions the AED advised and how many times the patient was defibrillated:

| Were the police notified? | Yes $\square$ | No $\square$ |
| :--- | :--- | :--- |
| Were the police at the scene? | Yes $\square$ | No $\square$ |

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes $\square$
Was the victim breathing? Yes $\qquad$

No $\square$
No $\square$

How was the pulse checked?
How was the breathing checked?
$\qquad$
Name of person operating AED:
Contact Information:
Has the AED unit been cleaned and put back to a state of readiness per American Heart Association guidelines and Manufacturer's recommendations? Yes No

If the caregiver was exposed to blood or other infectious materials immediately notify the MSU Office of Radiological, Chemical, and Biological Safety Department, BioSafety Officer or the Department of Police and Public Safety if after hours.

