

## **TANEY COUNTY AMBULANCE DISTRICT**

### **AED REPORT FORM FOR CARDIAC ARRESTS**

All facilities are required to fill out an AED incident Report when:

(For document purposes, agencies with First Responders are considered a Facility),

1. A suspected Cardiac Arrest occurs at your facility whether or not the AED was applied; OR
2. Anytime Facility AED pads are put on a person (regardless of the person's medical condition). This includes the use of an AED for any reason by an authorized employee or unauthorized employee.

#### **WHEN DOES THE AED INCIDENT REPORT NOT NEED TO BE FILLED OUT?**

The AED Incident Report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. (Example: A customer feels ill and the AED is brought to the patient's side. The caregiver at the scene does not put the AED pads on the patient because the patient is not suspected of having a cardiac arrest.)

#### **WHO SHOULD FILL OUT THE REPORT?**

The AED Incident Report form should be filled out immediately after an incident occurs at your facility **by the main Facility Caregiver at the scene and the Facility AED Operator** (if a different person). The main Facility Caregiver at the scene is defined as the facility employee who begins the resuscitation process prior to the Facility AED operator arriving. In some circumstances, the Facility Caregiver and the Facility AED Operator may be the same person. If the person initiating resuscitation is not a facility employee, then the Facility AED Operator should be the person who fills out the form. The facility is not responsible for tracking down bystanders who are active in the resuscitation process. However, the report form should accurately reflect that a bystander and not a facility employee initiated the CPR process. The Facility AED Coordinator should review the report and help clarify any questions that the caregiver may have concerning the report.

#### **WHAT IS THE TIME FRAME FOR FILLING OUT THE AED INCIDENT REPORT AND SENDING IT BACK TO TANEY COUNTY AMBULANCE DISTRICT?**

The report should be **filled out immediately following the incident** so that the information is still fresh in the mind of the Facility Caregiver and the Facility AED Operator. If the caregiver has questions about the form, he/she can contact Taney County Ambulance District at 417-339-2898 for assistance. It is our goal to have this report completed and faxed within 24 hours of the incident.

## WHO WILL SEE THIS REPORT?

***This is a confidential report.*** The AED coordinator should keep the original copy on file at the facility and a copy should be sent to TCAD for quality control purposes. ***The report will be viewed only by the main Facility Caregiver at the incident, the Facility AED Operator (if different from the main Facility Caregiver), the Facility AED Coordinator, and Taney County Ambulance District.*** TCAD will use the report for quality assurance and research purposes. After the report is obtained by TCAD the report becomes an official part of the patient care report and is subject to HIPAA regulations.

## WHAT IS THE RESPONSIBILITY OF THE FACILITY'S AED COORDINATOR REGARDING THE REPORT FORM?

1. The Facility AED Coordinator should answer any questions the main caregiver/AED operator has when filling out the form. Any further questions should be directed to TCAD's Public Access Defibrillation Program Director at 417-339-2898.
2. The Facility AED Coordinator is responsible for seeing the form is fully completed. The AED Coordinator must return to TCAD within 24 hours of the incident:
  - A copy of the Facility AED Incident Report Form
  - A copy of the AED Summary Report (or present the AED used in the incident to TCAD for download)
3. The Facility AED Coordinator is responsible for keeping on file at the facility:
  - Original AED Incident Report Form
  - Copy of the AED Summary Report

Because these are confidential reports, the facility file should be in a secure room and locked.

## WHERE DO I SEND THE AED INCIDENT REPORT FORM?

It is preferred that the Incident Report Form be hand delivered or mailed to TCAD. If unable, please e-mail the form. (daumiller@tcad.net)

### Mailing Address:

Taney County Ambulance District  
P.O. Box 460  
Branson, MO. 65615

### Physical Address:

118 Industrial Park Drive  
Hollister, MO. 65672  
Fax # - 417-336-3727

# TANEY COUNTY AMBULANCE DISTRICT

## AED INCIDENT REPORT

Complete this form with every incident necessitating AED use, submitting within 24 hours of use.

Fax to: 417-336-3727

PATIENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: F M PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PERTINENT MEDICAL HISTORY: \_\_\_\_\_

DATE OF AED USE: \_\_\_\_\_ TIME: \_\_\_\_\_ AED BRAND/SER# \_\_\_\_\_

EXACT LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES: \_\_\_\_\_ WITNESS PHONE #: \_\_\_\_\_

NAME OF AED OPERATOR: \_\_\_\_\_

ASSISTING FIRST RESPONDERS: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

*Below information to be completed by TCAD – Please leave blank*

INCIDENT RUN #: \_\_\_\_\_ INCIDENT DATE: \_\_\_\_\_

MEDICAL DIRECTOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_