Correctional Service Canada | Service correctionnel Canada

PROTECTED B ONCE COMPLETED

NOTA : Reference document = Guidelines 254-1 Occupational Health & Safety Program, Annex I

POST-RESCUE MEDICAL REPORT
(Inmate/Offender)

To be completed when an automated external defibrillator (AED) device is used

PUT AWAY ON FILE ▶ Original = Offender HC File

FPS number ▶

Family name ▶

Given name(s) ▶

Date of birth ▶

Institution	Region

Completing operational unit	**SERIAL NO. OF AED** ▶

Note: The Medical Director will return the Post-Rescue Medical Report to the **contact person** with the download report.

1. GENERAL INFORMATION

Name of location where event occurred ▶

Address	Province	Postal code

Contact person (*Chief of Health Services for an inmate; Unit Head for an offender)*

Name	Email	Telephone
		( )

2. CASUALTY INFORMATION

Approximate age | Gender ☐ Male ☐ Female

Did the casualty complain about any pain or discomfort (i.e. trouble breathing, vomiting) prior to collapse? ▶ ☐ Yes ☐ No ☐ Unknown

If yes, please provide details

Does the casualty have any known history of heart problems? ▶ ☐ Yes ☐ No ☐ Unknown

3. INCIDENT INFORMATION (complete this section to the best of your knowledge)

Incident location	Incident date (YYYY-MM-DD)	Incident time (HH : MM)

Was the casualty unconscious before AED attachment? ▶ ☐ Yes ☐ No ☐ Unknown

Was the casualty cyanosed (blue) before AED attachment? ▶ ☐ Yes ☐ No ☐ Unknown

Was the casualty breathing before AED attachment? ▶ ☐ Yes ☐ No ☐ Unknown

Was **rescue breathing** provided PRIOR TO the use of the AED? ▶ ☐ Yes ☐ No ☐ Unknown

Were **chest compressions** provided PRIOR TO the use of the AED? ▶ ☐ Yes ☐ No ☐ Unknown

Estimate how long it took (in minutes) for the rescuer to reach the patient with the AED ▶

Was the event ☐ Witnessed ☐ Not witnessed ☐ Unknown or unsure

How many **rescuers** were attending to the incident? ▶

Did breathing or signs of circulation re-appear at any time throughout the rescue? ▶ ☐ Yes ☐ No ☐ Unknown

How many minutes passed from the time you reached the casualty and the return of a pulse (if applicable)? ▶

Estimate the time until Emergency Medical Services arrived ▶

Did the casualty regain a pulse or consciousness after Emergency Medical Services arrived? ▶ ☐ Yes ☐ No ☐ Unknown

Did the ambulance Paramedics **continue** resuscitation on the scene? ▶ ☐ Yes ☐ No ☐ Unknown

Please provide any additional information pertaining to the rescue

▶

Name (print)	Signature	Date (YYYY-MM-DD)

DISTRIBUTION
Copy = **External Medical Director**

Canada