



NOTE: Reference document =

Guidelines 254-1 Occupational Health & Safety
Program, Annex I

POST-RESCUE MEDICAL REPORT (Staff)

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

PUT AWAY ON FILE
► Original = First Aid Record

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 (Institutional Head or Unit Head for a staff member)

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) _____