



**Westchester Regional EMS Council  
School Public Access Defibrillation (PAD) QA / QI Report Form**

**IN THE EVENT OF AED USE COMPLETE THE FOLLOWING - Please type or print legibly**

**District & School Name** \_\_\_\_\_

Location of Incident (e.g. gym, classroom, building etc.) \_\_\_\_\_

**Date of Incident**  **Time of Incident**  **Patient Age**  **Patient Sex** Female Male  
**Patient Race** Asian / Pacific Islander Black (non-Hispanic) Hispanic Native American White Other

**Incident Details - PLEASE COMPLETE ALL TIMES, EVEN IF ESTIMATED (Either actual time or time elapsed)**

Time from Arrest to CPR  Type of Person Performing AED Care (e.g. School personnel, medical personnel, layperson, etc.)   
 Shock Indicated (Y/ N)  Time from Arrest to Shock  Time from Arrest to ALS  Total # shocks

**Any additional equipment used on location (e.g. Pocket mask, supplemental Oxygen, etc) ? If so, what:**

**Patient Outcome On Scene**

Remained Unresponsive  Became Responsive  Spontaneous Return of Pulse  Spontaneous Return of Pulse **AND** Respirations

**Transport**

Ambulance Agency   
 Hospital Transported to

**Patient Outcome At Hospital**

Dead on Arrival in the Emergency Dept  Died in the Emergency Dept.  Died within 24 hours of Admission  Died More Than 24 hours After Admission  
 Discharged Alive  Other

**Any adverse events regarding the incident (i.e. equipment failures, burns to skin under pads, etc. )**

**Name and Contact Information of Person Completing this form:**

Name:

Position / Title:

Phone Number:

**AS SOON AS POSSIBLE, FAX THIS COMPLETED FORM TO:  
 Westchester Regional EMS Council / PAD Program  
 FAX: (914) 813 - 4161**