**Please note: A collaborative agreement with an emergency health care provider is required by law.**

Following the use of an AED (Automated External Defibrillator) on students or staff, schools may choose to utilize this data collection tool. While not mandatory, collecting this information will allow the district to monitor the incidence and details of AED use in the school(s).

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Level: 🞏 PreK/K 🞏 High School 🞏 PreK – 12

🞏 Elementary 🞏 Middle School 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Occurrence: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Occurrence: \_\_\_\_\_\_\_\_\_am / pm

5. AED Used:

🞏 Before school 🞏 During school 🞏After school 🞏 Activity not related to school

🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Recipient is a: 🞏 Student 🞏 Staff Member 🞏 Visitor 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Did this individual have a previously diagnosed cardiac condition?

🞏 Yes 🞏 No 🞏 Unknown

8. Check all symptoms:

🞏 Chest pain 🞏 Lightheadedness 🞏 Loss of consciousness

9. Location of individual when symptoms developed:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other \_\_\_\_\_\_\_

10. Location of individual where AED was administered:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

11. Location of AED storage:

🞏 Gymnasium 🞏 Health Office 🞏 Main Office 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. AED was delivered to site within:

🞏 1–5 minutes 🞏 6-10 minutes 🞏 11-15 minutes 🞏 16-20 minutes 🞏 greater than 20 minutes

13. AED was administered by:

🞏 RN 🞏 LPN 🞏 Unlicensed trained staff member 🞏 EMS

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Approximate time between onset of symptoms and AED usage:

🞏 1–5 minutes 🞏 6-10 minutes 🞏 11-15 minutes 🞏 16-20 minutes 🞏 greater than 20 minutes

15. What organization or program was used for training the responder?

🞏 American Red Cross 🞏 American Heart Association 🞏 School District Training

🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Did the individual survive the episode?

🞏 Yes 🞏 No

17. Was the School Medical Director notified of the incident?

🞏 Yes 🞏 No 🞏 Unknown

18. Was a debriefing (follow-up) meeting held concerning this incident?

🞏 Yes 🞏 No

19. Are AED signs posted as required by New York State Law?

🞏 Yes 🞏 No