



19893



Volunteer Debriefing

Date of Debriefing: / /

(month) (day) (year)

Patient ID: - -

(site) (patient) (chk)

nonpad36 6. Was a non-PAD, non-EMS AED used? No Yes → Attach a page describing the situation.

0 1

witnes36 7. Was the collapse witnessed by a volunteer?

Yes No →

1 0

If no, how was the volunteer system activated? In particular, did the witness first contact the volunteer system or the EMS? **sysac136 (60)**

sysac236 (60)

8. Sequence of Steps: (Complete both **Order** columns. If order filled in, check one bubble under **by whom**. Always check "Vols" if a volunteer performed the step)

sysac336 (60)

| Information Volunteered * | | | | Steps Taken during Episode | Information Elicited ** | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|---|-------------------------|-----------------------|-----------------------|--|
| By whom? | | | Order | | Order | By whom? | | |
| Vols | Bvst | EMS | | Vols | | Bvst | EMS | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Established Unresponsiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Called/Requested 911 or Other Help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Retrieved or Requested AED | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Positioned Body | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Opened Airway | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Checked Breathing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Used Barrier Device | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Performed Ventilations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Checked Pulse (not required) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Performed Chest Compressions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Turned AED Power On | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Attached AED Electrode Pads | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cleared Bystanders (while Analyzing/Shocking, | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Delivered AED Shock | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | EMS or someone else resumed CPR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

* Ask volunteers to describe what resuscitative measures were done, in what order, and by whom. **Don't coach the volunteer.**

** After volunteer has reported steps, go back through the steps making sure they are accurate. (e.g., Did they really forget to do a step or just forgot to tell you). If there are no changes, note the same sequence on the Information Elicited side. If steps are different, number accordingly.

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| | | | | | | | |
|---------|--|-------|--|--------|--|--|--|
| | | | | | | | |
| (month) | | (day) | | (year) | | | |

Patient ID:

| | | | | | |
|--------|--|-----------|--|-------|--|
| | | | | | |
| (site) | | (patient) | | (chk) | |

delay36 9. Safety Information: In the interviewer's estimation, did any of the following situations occur?

a) Was there a delay in calling 911?

2 EMS not called (i.e., unit death where police, coroner, etc., called)

0 No

1 Yes →

Specify length of delay:

| | | | |
|-----------|--|---|-----------|
| | | | |
| (minutes) | | : | (seconds) |

Elaborate:

spdel136 (60)

spdel236 (60)

cprca36 b) CPR / Cardiac Arrest:

(check one bubble in the appropriate square)

CPR Compressions Done

| | | | | | |
|------------------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Yes | | No | |
| Episode was a Cardiac Arrest | Yes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | No | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If mark is in a striped square, elaborate:

spcpr136 (60)

spcpr236 (60)

aedca36 c) AED / Cardiac Arrest:

(check one bubble in the appropriate square)

PAD or non-EMS AED Applied

| | | | | | |
|------------------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Yes | | No | |
| Episode was a Cardiac Arrest | Yes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | No | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If mark is in a striped square, elaborate:

spaed136 (60)

spaed236 (60)

10. Were there any impediments/delays to providing emergency care to the victim (e.g., tight location, locked doors, incorrect directions, difficulty finding victim, emergency equipment not brought to scene)?

0 No

1 Yes →

Elaborate:

spimp136 (60)

spimp236 (60)

11. Rate the Ease/Difficulty of each of the following tasks regarding this event: (volunteer steps only)

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Easv | Somewhat Easv | Somewhat Difficult | Extremely Difficult | Could Not Do | Not Applicable |
| unrspr36 a) Establishing Unresponsiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| callr36 b) Called/Requested 911 or Other Help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| brthr36 c) Open Airway / Breathing Check | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ventr36 d) Provide Ventilation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| devr36 e) Using a Barrier Device | | | | | | |
| typdev36 Type: 1 <input type="radio"/> Mask 2 <input type="radio"/> Shield | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| pulser36 f) Pulse Check (not required) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| compr36 g) Delivering Chest Compressions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| findr36 h) Finding AED | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| retrvr36 i) Retrieving AED | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| startr36 j) Opening/Starting AED | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| padr36 k) Electrode Pad Placement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| dirctr36 l) Following Directions given by AED | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| clearr36 m) Clearing Bystanders during Analysis/Shock | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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| | | / | | | / | | | | |
| (month) | | | (day) | | | (year) | | | |

Patient ID:

| | | | | | | | | |
|--------|--|---|-----------|--|--|--|---|-------|
| | | - | | | | | - | |
| (site) | | | (patient) | | | | | (chk) |

12. Was the volunteer system activated?

vsysac36

1 Yes
 0 No → Why Not? **ynoac136 (60)**
ynoac236 (60)

13. Did this patient have a Do Not Attempt Resuscitation order? (e.g., bracelet, paperwork)

dnar36

1 Yes → Were volunteers aware of this before the episode and did it affect resuscitation? (explain):
 0 No **spdnr136 (60)**
 2 Unknown **spdnr236 (60)**

14. Will involved volunteers continue to participate? (skip if the system was not activated)

cntvol36

1 Yes
 0 No → Why Not? **ynoact136 (60)**
ynoact236 (60)

(Complete an Adverse Situation Form)

15. What was the most difficult part of the resuscitation attempt?

hardprt36

0 Nothing was difficult **hrdpt136 (60)**
 1 As Follows: → **hrdpt236 (60)**

16. Does the volunteer have any suggestions for improvement of the AED operation:

(e.g., voice prompts, ease of use, size, location)

impaed36

No Yes → Elaborate: **imaed136 (60)** **imaed236 (60)**

17. Does the volunteer/site staff have suggestions to improve the volunteer system:

sugimp36

0 No
 1 Yes → Elaborate: **impsy136 (60)**
impsy236 (60)

18. Did information supplied result in changes to the volunteer system?

chgsys36

0 No
 1 Yes → What were they? **spchg136 (60)**
spchg236 (60)

- If interviewer feels that the volunteer needs additional support, counseling should be discussed with the volunteer and arranged.
- Complete the **Adverse Situation Notification** form for any serious physical or emotional trauma incurred.

19. Approximately how long did it take to conduct the debriefing?

tmdebr36

| | | | | |
|---------|--|---|-----------|--|
| | | : | | |
| (hours) | | | (minutes) | |

Signature of person filling out this form

code36

| | | | | |
|--|--|---|--|--|
| | | - | | |
|--|--|---|--|--|

Code Number

For CTC Use Only

| | | | | |
|---------------------------|--|--|--|--|
| <input type="radio"/> Yes | | | | |
| <input type="radio"/> No | | | | |