



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"/>	unrspv36	Established Unresponsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unrse36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	callv36	Called/Requested 911 or Other Help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	calleb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	aedv36	Retrieved or Requested AED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	aedeb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	posv36	Positioned Body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pose36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	airv36	Opened Airway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	aireb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	brthv36	Checked Breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	brtheb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	devv36	Used Barrier Device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	deveb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ventv36	Performed Ventilations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	venteb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pulsev36	Checked Pulse (not required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pulseb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	compv36	Performed Chest Compressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	compeb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	powerv36	Turned AED Power On	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	powreb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	padsv36	Attached AED Electrode Pads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	padseb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clearv36	Cleared Bystanders (while Analyzing/Shocking,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clreb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	shkv36	Delivered AED Shock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	shkeb36
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emsv36	EMS or someone else resumed CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emseb36

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

a) Was there a delay in calling 911?

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

No

Yes →

Specify length of delay:

(minutes)		:	(seconds)

Elaborate:

spdel136 (60)

spdel236 (60)

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)

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)?

No

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	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: <input type="radio"/> Mask <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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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

		-		
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Code Number

For CTC Use Only

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