

SAFETY PROGRAM/RISK MANAGEMENT  
EMERGENCY MEDICAL EQUIPMENT AND PROCEDURES

CKD  
(EXHIBIT)

The following forms shall be used by the District as part of the safety program and risk management:

- Exhibit A: Automated External Defibrillator (AED) Medical Event Form — 1 page
- Exhibit B: Automated External Defibrillator (AED) Post Event Review Summary — 1 page
- Exhibit C: Automated External Defibrillator (AED) Inspection Readiness Inventory — 1 page



EXHIBIT A

HEALTH SERVICES

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)  
MEDICAL EVENT FORM

Date of incident \_\_\_\_\_

Name(s) of responder(s) \_\_\_\_\_

Person notifying EMS \_\_\_\_\_

Description of event (include time and location) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of responder deploying AED \_\_\_\_\_

Disposition of victim \_\_\_\_\_

Prepared by: \_\_\_\_\_

Electronic data secured from \_\_\_\_\_

Information sent to local EMS by \_\_\_\_\_



EXHIBIT B

HEALTH SERVICES

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)  
POST EVENT REVIEW SUMMARY

Date of event \_\_\_\_\_ Location \_\_\_\_\_

Name(s) of responder(s) \_\_\_\_\_

Describe what worked well with the response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe improvements that could be made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outline plan to implement improvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of participants:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



EXHIBIT C

Spring Branch Independent School District  
**HEALTH SERVICES**  
**AED (Automated External Defibrillator)**  
**Inspection Readiness Inventory**

Campus/Facility: \_\_\_\_\_ School Year: \_\_\_\_\_

AED Serial # \_\_\_\_\_ AED Battery expires \_\_\_\_\_

AED Adult Pads expire \_\_\_\_\_ AED Pedi Pads expire \_\_\_\_\_

Chest Seals expire \_\_\_\_\_

Month Inspected:	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Storage Cabinet Intact :												
AED Exterior Intact:												
Battery Installed and Functional:												
Battery (within expiration date):												
AED Active Test (close and open-active?):												
AED User Guide/Instructions Available:												
Set of Electrodes Adult and Pedi (within expiration date?)												
Ready Kit Available: (mouth barrier, razor, scissors, non-latex gloves & gauze or towelettes)												
AED In-service and Response Plan shared with staff annually?												

Revised 10/1/2019

INSPECTED BY: \_\_\_\_\_ SENT SAFETY AND RM END OF YR \_\_\_\_\_