EVENT REPORT – FREE PADS PROGRAMME

Please complete and return this form to take part in our free pads programme for your AED.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REPORTER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | Application number/Order number | | | | | | | | |  | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact number | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| What was your role in the event? | | | | | | | | |  | Rescuer | | | |  | | Patient | | | | | | |  | Witness | | | |
| PATIENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Male | | |  | | Female | | |  | Non-binary / third gender | | | | | | | | | | | | | | | |
| Age (if known) | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| EVENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of the event | | | | | |  | | | | | | | | | Estimated time | | | | | | |  | | | | | |
| Was CPR performed before the AED was switched on? | | | | | | | | | | | | | | |  | | Yes | | |  | | No | | |  | | |
| Was the patient breathing before starting CPR? | | | | | | | | | | | | | | |  | | Yes | | |  | | No | | |  | Unknown | |
| Did the patient have a pulse before CPR started? | | | | | | | | | | | | | | |  | | Yes | | |  | | No | | |  | Unknown | |
| Was a shock delivered from the AED? | | | | | | | | | | | | | | |  | | Yes | | |  | | No | | |  | | |
| LOCATION TYPE (please check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Home |  | | Office | |  | Medical facility | | | | |  | Sports centre | | | | |  | Public space | | | | | | |  | Other |
| Please provide more detail about the specific type of location where the incident took place (e.g. gym, dentist, restaurant, etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EVENT SUMMARY  Please give a summary of what happened before, during, and after the rescue. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How easy was it to use the AED? |
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| DECIVE INFORMATION | | | |
|  | BeneHeart C1A |  | BeneHeart C2 |
| Device serial number (if known) | |  | |
| Please confirm the address where we should send the free pads | |  | |

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| --- | --- | --- |
| PERMISSIONS | | |
|  | I (the reporter) give permission for Mindray and London Hearts to use and process my data in compliance with the Data Protection Act for the purposes of the free pads programme. | |
|  | I (the reporter) give permission for Mindray and London Hearts to contact me for the purposes of marketing and PR related to this incident to improve the public’s understanding of heart health, CPR, and resuscitation. | |
|  | | Signature |
|  | | Date |