PEAK EMERGENCY RESPONSE TRAINING
A division of Peak Project Management, Inc.

POST-AED INCIDENT REPORT (PAIR)
AVALANCHE BURIAL SPECIFIC

INCIDENT INFORMATION

RESORT, COMPANY or SAR TEAM	ADDITIONAL RESPONDING AGENCIES	LOCATION OF INCIDENT	INCIDENT DATE (DD / MM /YY)

POSITION PATIENT FOUND IN	BURIAL DEPTH OF HEAD (METRES)	AIR POCKET	TYPE OF BURIAL
		☐ YES – LARGE ☐ YES – SMALL ☐ NO	☐ COMPLETE ☐ PARTIAL ☐ NON-BURIAL

INCIDENT TIMES

*TIME OF BURIAL	*DURATION OF BURIAL	*TIME AED AT SCENE	*TRANSPORT TIME
_____ : _____ ☐ KNOWN ☐ ESTIMATED	_____ : _____ ☐ KNOWN ☐ ESTIMATED	_____ : _____ ☐ KNOWN ☐ ESTIMATED	_____ : _____ ☐ KNOWN ☐ ESTIMATED

RESCUE DEVICES

TRANSCIEVER	AIRBAG	AVALUNG
☐ YES ☐ NO	☐ YES – DEPLOYED ☐ YES – NOT DEPLOYED ☐ NO	☐ YES – EMPLOYED ☐ YES – NOT EMPLOYED ☐ NO

PATIENT INFORMATION

NAME	GENDER	DATE OF BIRTH (DD / MM /YY)	AGE	ADDRESS
	☐ MALE ☐ FEMALE			

CARDIAC ARREST INFORMATION

BYSTANDER CPR	CPR QUALITY	INCIDENT WITNESSED
☐ YES ☐ NO NAME(S) _____	☐ GOOD ☐ FAIR ☐ POOR ☐ N/A	☐ YES ☐ NO NAME(S) _____

PRELIMINARY CAUSE OF CARDIAC ARREST	RESULTS OF RAPID TRAUMA ASSESSMENT
☐ TRAUMATIC ☐ ASPHYXIATION ☐ HYPOTHERMIA ☐ UNKNOWN	☐ HEAD TRAUMA ☐ CHEST TRAUMA ☐ PELVIS FRACTURE ☐ LONG BONE FRACTURE(S) ☐ OTHER _____

PATIENT CARE INFORMATION

RETURN OF SPONTANEOUS CIRCULATION	RESUSCITATION DISCONTINUED AT SCENE
☐ NO ☐ YES ☐ *Estimated Time _____ : _____	☐ NO ☐ YES *Estimated Time _____ : _____ NAME & TITLE _____

Were any airway management concerns encountered during the resuscitation? (e.g. vomiting/regurgitaton, FBAO, etc.) ☐ NO ☐ YES ☐ N/A

Was a snow plug present? ☐ NO ☐ YES ☐ N/A

Did the patient appear to breathe on their own following a ROSC? ☐ NO ☐ YES ☐ N/A

Did the patient have 'signs of circulation' when paramedics arrived or upon arrival at hospital? ☐ NO ☐ YES ☐ N/A

AED RESPONDER INFORMATION

	NAME OF RESPONDER(S)	*TIME ON SCENE	RESPONDERS ROLE AT THE SCENE	INITIALS
1	_____	_____ : _____	_____	_____
2	_____	_____ : _____	_____	_____
3	_____	_____ : _____	_____	_____
4	_____	_____ : _____	_____	_____
5	_____	_____ : _____	_____	_____

FORM COMPLETED BY _____ **DATE & TIME COMPLETED** _____

*** All times must be recorded in 24 hour format.**

FAX / SCAN COMPLETED REPORT TO: 604.648.8120 / admin@peakemergencytraining.com 04/2019