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

POSITION PATIENT FOUND IN	BURIAL DEPTH OF HEAD (METRES)	AIR POCKET	TYPE OF BURIAL
		☐ No ☐ Yes – Large ☐ Yes – Small	☐ 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
☐ No ☐ Yes	☐ No ☐ Yes – Deployed ☐ Yes – Not Deployed	☐ No ☐ Yes – Employed ☐ Yes – Not Employed

PATIENT INFORMATION

NAME	GENDER	*DATE OF BIRTH	AGE	ADDRESS
	☐ Male ☐ Female ☐ Not Specified			

CARDIAC ARREST INFORMATION

BYSTANDER CPR	CPR QUALITY	INCIDENT WITNESSED
☐ No ☐ Yes Name _____	☐ Good ☐ Fair ☐ Poor ☐ N/A	☐ No ☐ Yes Name _____

PRELIMINARY CAUSE OF CARDIAC ARREST	RESULTS OF RAPID TRAUMA ASSESSMENT
☐ Traumatic ☐ Asphyxiation ☐ Hypothermia ☐ Unknown	☐ Head Trauma ☐ Chest Trauma ☐ Pelvic 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 there any airway management concerns encountered during the resuscitation? (e.g. vomiting/regurgitation, FBAO, etc.)	☐ No	☐ Yes
Was suction used to clear the airway?	☐ No	☐ Yes
Did the patient appear to breathe on their own following a ROSC?	☐ No	☐ Yes
Did the patient have 'signs of circulation' when the ambulance paramedics arrived?	☐ No	☐ Yes

AED RESPONDER INFORMATION

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

Form Completed By _____ ***Date & *Time Completed** _____

Signature _____

***TIMES written in 24 hour format = 13:10** ***DATES written as = dd/mm/yy**

SCAN & FORWARD TO: meddirection@peakemergencytraining.com 02/2021