

Training for Essex County

Name:

Date:

Medical: Defibrillator Units

Drill #M-4

1. The FF shall identify the types of calls that would require bringing the SAED (Semi-automatic External Defibrillator) into the house or location of the call.
 - a. Unknown medical
 - b. Chest pains
 - c. Suspected cardiac arrest
 - d. Electrical shock victims
 - e. Shortness of breath
 - f. Any call where you suspect the unit may be needed
2. The FF shall identify the contraindications for use of the SAED
 - a. See Region BLS Treatment Protocol Cardiac Arrest
3. The FF shall demonstrate/review the Region protocol.
 - a. See Region BLS Treatment Protocol: Cardiac Arrest
4. The FF shall demonstrate/discuss the proper location of the "pads"
 - a. White right, red ribs
 - b. See Region BLS Treatment Protocol: Cardiac Arrest
5. The FF shall demonstrate proper use of the SAED.

*At the beginning of the drill, remember to remove the tape that records the rhythms. At the conclusion of the drill, charge the battery in the unit so that the battery is charged and ready to use.

Signature of Evaluator _____