



5737

Complete this form:  
- for each volunteer attending  
a retrain session



# Volunteer Retrain Worksheet

Volunteer ID: **valid19**

**volsit19**

**volchk19** Postic:

**volacr19**

1. Date of Retrain:  /  /  **20**

(month) (day) (year)

OK **volnum19** **volunt19** or with ID label

2. Retraining Period:  First Retraining (3-6 mo)  Subsequent Retraining  End of Study

**1** **2** **3**

3. Has the volunteer participated in any episode/extra training since your last training? (check all that apply)

No  Mock episode  Real episode  Video review  Computer review  non PAD class **nonpad19**

**nopart19** **mockep19** **realep19** **video19** **comptr19**  CPR  AED

**cprcls19** **aedcls19**

4. Type of Retraining:  CPR only  AED + CPR

**1** **2**

5. Pretest Start Time: (start your stop watch) For each action, mark yes if adequate performance: (consult the CPR/AED Performance Guidelines)

**tmprst19**  :  :  **CPR Actions:**

	Yes	No	Yes, but Out of Sequence
<b>respon19</b> 1) Assess responsiveness	<b>1</b> <input type="radio"/>	<b>0</b> <input type="radio"/>	<b>2</b> <input type="radio"/>
<b>acc91119</b> 2) Access 911	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>typdev19</b> 3) Barrier device: <input type="radio"/> Mask <input type="radio"/> Shield <input type="radio"/> None (site option) <b>1</b> <b>2</b> <b>0</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>ventil19</b> 4) Adequate ventilation/chest rise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>handpl19</b> 5) Proper hand placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>depth19</b> 6) Adequate compression depth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**tmaed19**  :  :  **AED Trained Only:**

<b>barech19</b> 7) Bare chest for pad placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>padplc19</b> 8) Place pads correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>clears19</b> 9a) Clears self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>verbal19</b> 9b) Verbally clears area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**tmendp19**  :  :  (end of CPR portion if CPR only class or end of AED portion if CPR + AED class)

6. Instructor Opinion of Volunteer's Pretest (not at the end of retraining) Performance:

**cprok19** a) CPR: Do you feel the CPR performed was "adequate"perfused? (i.e., perfection is not necessary; would the patient be perfused?)

Yes  No

**1** **0**

**aedok19** b) AED trained: Was the volunteer able to shock the victim? Note: If not, the time of first shock above should be blank.

Yes  No  N/A

**1** **0** **2**

**shockv19** If YES, do you feel the AED would have functioned effectively (i.e., pads don't have to be perfect, just adequate; would the shock likely have been delivered approximately through the heart)?

Yes  No

**1** **0**

7. What retraining format was used?

**0**  Individual → What time was retraining finished?  :  :  **tmstop19**

**1**  Group

**2**  Recertification (2yr)

8. Were you able to retrain the volunteer to proficiency?

Yes  No → If no, why not? **commnt19** (80)

**1** **0**

**code19**  
 **tracro19**

Trainer: 1st letter of first name plus 1st 3 letters of last name  
Coordinator: Code Number

For CTC Use Only

Yes  No

Signature of coordinator or trainer  
Mail or FAX: 1-888-437-4767

## **CPR/AED Performance Guidelines** (Use for - *Retraining Pretest*)

### **CPR Actions:**

**1. Assess responsiveness:**

The volunteer must have physical contact with the manikin and vocalize loud enough to awaken victim, if possible.

**2. Call 911:**

The volunteer must pretend to call 911 or send someone to call 911.

**3. Barrier device (*site option*):**

Note whether the volunteer is using a barrier device at the time of testing.

**4. Achieve adequate ventilation/chest rise:**

The volunteer must provide adequate ventilations to the manikin, using the head tilt, chin lift maneuver necessary to open the airway, sufficient to cause the chest to rise.

If the site has chosen to test using a barrier device, the volunteer must retrieve, open, and place the barrier device in a timely and proper manner to succeed with chest rise.

**5. Proper hand placement:**

The volunteer must demonstrate the proper hand position over the sternum.

**6. Appropriate depth of compressions:**

The volunteer must depress the chest of the manikin approximately 1½ - 2 inches. The reviewers may use the manikin click as an indication of appropriate depth.

### **AED Actions:**

**7. Bare manikin's chest for pad placement:**

The volunteer must remove all clothing over chest of the manikin prior to applying AED pads in order to successfully accomplish this action.

**8. Attach pads correctly:**

The volunteer must remove the protective backing and affix the AED pads to the manikin's bare chest. The volunteer must make an attempt to secure the AED pads to the contour of the manikin's chest. One pad is placed on the right upper chest to the right of the sternum, and the second pad is placed on the lower left chest, covering the anterior axillary line.

**9a. Clears self:**

The volunteer must remain clear of the manikin, manikin clothing, cables and AED from the time the AED begins analyzing. The volunteer must also be alert to potential contact by others in the situation.

**9b. Verbally clears area:**

The volunteer must call "all clear" and clear others prior to pushing the shock button.

**10. Time to first shock:**

Note: All times should be read from the same (stop) watch, i.e., do not compute intervals, just record time.