

EL DORADO COUNTY EMS AGENCY

ADMINISTRATIVE POLICIES

Supersedes: N/A

Effective: **November 6, 2002**

Updated: October 24, 2013

Scope: Administrators



EMS Agency Medical Director

EMT-I/PUBLIC SAFETY AED PROGRAM

AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.80, 1797.90, 1797.170, 1797.177, 1797.182, 1797.183, 1797.196, 1797.220, 1798, and 1798.104; and the California Code of Regulations (CCR's), Title 22, Division 9, Chapters 1.5 and 2.

PURPOSE:

To establish a process to approve EMT-I/Public Safety AED Service Providers in El Dorado County and to outline the requirements and responsibilities of each approved AED Service Provider.

DEFINITIONS:

AED Program Coordinator means an individual who is assigned by an approved EMT-I/Public Safety AED Service Provider to provide continuous program oversight and functions as the organization's liaison.

AED Program Orientation means an orientation provided by the El Dorado County EMS Agency to review the requirements and responsibilities of implementing and maintaining an EMT-I/Public Safety AED Service Provider Program with the agency or organization seeking AED Service Provider approval.

AED Utilization Form means a form utilized to document patient care information and data required by Title 22, Chapter 1.5, Article 3, Section 100021 and Chapter 2, Article 2, Section 100063.1 for each patient on whom a defibrillator device is applied and shall be considered a medical record.

Authorized Personnel means EMT-I and/or Public Safety personnel trained to operate an AED and authorized by an approved EMT-I/Public Safety AED Service Provider.

Automated External Defibrillator or AED means an external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

Cardiopulmonary Resuscitation or CPR means establishing and maintaining an open airway, ensuring adequate respiration either spontaneously or by use of rescue breathing, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the American Heart Association and/or the American Red Cross.

Emergency Medical Services (EMS) Authority means the State Emergency Medical Services Authority, established by Health and Safety Code, Division 2.5, that establishes guidelines for local EMS Agencies.

EMS (Emergency Medical Services) Agency means the administrative agency designated through the Public Health Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1799.200.

Emergency Medical Technician-I or EMT-I means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1799.60) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.

EMT-I/Public Safety AED Service Provider means an agency or organization that is responsible for and approved to operate an AED.

First Aid means the recognition of and immediate care for injury or sudden illness, including medical emergencies, prior to the availability of medical care by licensed or certified health care professionals. (Public safety first aid as defined in CCR, Title 22, Chapter 1.5, Section 100018.)

First Responder Technician means an individual who has successfully completed an approved El Dorado County First Responder Technician Program and is currently certified in El Dorado County.

Local EMS Agency means the Agency that approves EMT-I/Public Safety AED Service Providers in El Dorado County, except in the case of State or federal agencies who would be approved through the State EMS Authority pursuant to Title 22, Chapter 1.5, Article 3, Section 100021; and Chapter 2, Article 2, Section 100063.1.

Public Safety Personnel means regularly employed public safety personnel (defined below) trained to administer first aid (15 hour initial first aid course) and CPR (6 hour initial CPR course) according to the standards established by the California Code of Regulations, Title 22, Chapter 1.5 and Chapter 2.

Firefighter means a regularly employed and paid officer, employee or member of a fire department or fire protection district or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation, or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.

Lifeguard means a regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district, or other public or municipal corporation or political subdivision of California.

Peace Officer means any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal, or deputy marshal or police officer of a district authorized by statute to maintain a police department, or other peace officer required by law to complete the training specified in the California Code of Regulations, Title 22, Chapter 1.5.

POLICY:

Any agency or organization seeking approval as an EMT-I/Public Safety AED Service Provider must comply with the provisions and conditions of this AED Program, and all applicable laws, regulations, policies, procedures and protocols. Agency or organization must be approved as an EMT-I/Public Safety AED Service Provider by the El Dorado County EMS Agency and shall execute an EMT-I/Public Safety AED Compliance Agreement prior to beginning service (Addendum H).

SECTION I: APPLICATION AND APPROVAL PROCESS**A. EMT-I/PUBLIC SAFETY AED PROGRAM APPLICATION FOR APPROVAL REQUIREMENTS**

1. Any agency or organization seeking approval as an EMT-I/Public Safety AED Service Provider must submit an *El Dorado County EMT-I/Public Safety AED Service Provider Application* packet to the El Dorado County EMS Agency (Addendum A). All applicants shall fully complete the application.
2. In addition to the application, the following information must be provided to complete the application process.
 - a. A **letter of intent** to provide EMT-I/Public Safety AED service from the agency or organization administrator expressing willingness to abide by the provisions and conditions of this EMT-I/Public Safety AED Program and all requirements established by State Regulations and policies, procedures and protocols established by the El Dorado County EMS Agency.
 - b. A **description of the geographic area** within which EMT-I/Public Safety AED will be utilized. (Include response area size, population, population distribution and any other unique characteristics associated with the area that may impact the program such as tourist impact, recreational activities, large number of elderly patients, etc.)
 - c. A **description of the equipment location and hours of service**. Identification and location of the proposed vehicles to be equipped with AED's and staffed with EMT-I/Public Safety AED personnel. Include a list of organizations(s), department(s) or fire station(s); address of each department or station and hours of operation; staffing level; number of personnel assigned to each station and level of certification (EMT-I, El Dorado County First Responder Technician or Public Safety personnel, full-time, part-time and/or volunteer).
 - d. A **description of applicant's EMT-I/Public Safety AED training program**. Provide an outline, objectives and the name of El Dorado County authorized AED instructor(s) (Addendum B).
 - e. **Specifications of the AED equipment** applicant proposes to use. An equipment brochure that specifies the brand name and model or other information that shows manufacturer's data will suffice.
 - f. A description of applicant's written **Continuous Quality Improvement (CQI) Program** for EMT-I/Public Safety AED, including the name of the individual designated as the AED Program Coordinator and the name(s) of any other personnel responsible for the program.
 - g. A copy of applicant's **EMT-I/Public Safety AED Service Provider policies and procedures** that include:
 - 1) AED orientation for authorized personnel.

- 2) Maintenance of AED equipment.
- 3) Initial and refresher AED training.
- 4) AED skills training sessions to ensure continued competency of AED authorized personnel.
- 5) Data collection and reporting to the El Dorado County EMS Agency.
- 6) Collection, disposition and retention of all pertinent medical records.
- 7) Distribution of AED utilization report form.

h. **Personnel information** that includes:

- 1) **Number of proposed** EMT-I, El Dorado County First Responder Technician or Public Safety personnel to be authorized to use an AED.
- 2) **Number of proposed** EMT-I, El Dorado County First Responder Technician or Public Safety personnel that need to be trained to EMT-I/Public Safety AED level.

i. Applicant's **proposed target date** for beginning service.

B. EL DORADO COUNTY EMT-I/PUBLIC SAFETY AED PROGRAM APPROVAL PROCESS

1. The applicant submitting an application for EMT-I/Public Safety AED Service Provider approval shall be notified by the El Dorado County EMS Agency within seven (7) days of receiving the request. Notification shall state:
 - a. Receipt of the application;
 - b. Whether application contains, or does not contain, the requested information; and
 - c. Any information missing from the application.
2. Program approval or disapproval shall be provided, in writing, to the applicant within thirty (30) days, following receipt of all required documentation.

C. EMT-I/PUBLIC SAFETY AED PROGRAM IMPLEMENTATION REQUIREMENTS

1. The agency or organization seeking approval as an EMT-I/Pubic Safety AED Service Provider must establish an AED Program that complies with the provisions and conditions outlined in the El Dorado County EMT-I/Public Safety AED Program Policy and all applicable laws, regulations, policies, procedures and protocols. A Statement of Compliance must be executed and this Program must be approved by the El Dorado County EMS Agency prior to implementation.
2. An approved El Dorado County EMT-I/Public Safety AED Service Provider shall provide the following information to the El Dorado County EMS Agency prior to implementation of the AED Program:
 - a. A list of all EMT-I/Public Safety AED authorized personnel including the following information:
 - 1) Expiration date of each individual's EMT-I certification, El Dorado County First Responder Technician certification, or First Aid Card as required for public safety personnel (see definition);
 - 2) Expiration date of each individual's American Heart Association Healthcare Provider CPR Card, American Red Cross Professional Rescuer CPR Card, or equivalent CPR card;

- 3) Proof of successful completion of initial four (4) hour AED training program that has been approved by a local EMS Agency and successful completion of the written and skill examinations.

NOTE: An approved EMT-I/Public Safety AED Service Provider and their authorized personnel shall be recognized statewide.

3. The AED Program Coordinator, Instructor(s) and other appropriate personnel that have AED Program responsibilities shall complete an El Dorado County AED Program Orientation.

SECTION II: SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES

A. AED PERSONNEL REQUIREMENTS FOR AUTHORIZATION

1. Eligibility:

To be eligible for initial authorization by an approved EMT-I/Public Safety AED Service Provider, an individual shall meet all of the following requirements:

- a. Be affiliated with the approved EMT-I/Public Safety AED Service Provider;
- b. Possess a current and valid EMT-I or El Dorado County First Responder Technician certification; or proof of completion of First Aid as required for public safety personnel (see definition);
- c. Possess a current and valid American Heart Association Healthcare Provider CPR card or American Red Cross Professional Rescuer CPR card, or equivalent CPR card;
- d. Provide proof of successful completion of an initial four (4) hour AED training program that is approved by a local EMS Agency;
- e. Provide proof of successful completion of an AED written and skills examination that is approved by a local EMS Agency.

2. Maintaining Authorization:

An AED authorized individual shall comply with all of the following requirements on an ongoing basis:

- a. Maintain certification as an EMT-I or El Dorado County First Responder Technician; or maintain First Aid, as required for public safety personnel (see definition);
- b. Maintain certification in American Heart Association Healthcare Provider CPR, or American Red Cross Professional Rescuer CPR, or equivalent CPR;
- c. Participate in organized skills training sessions and/or structured clinical experience (e.g., emergency room clinical observation). Acceptable education topics include airway management, patient assessment, review of patient treatment protocols, run reviews and/or AED program updates that comply with the number of hours commensurate with AED Service Provider's policy on skills training;
- d. Maintain compliance to AED Service Provider's AED skill proficiency requirements.

B. EMT-I/PUBLIC SAFETY AED TRAINING REQUIREMENTS**AED Service Provider Agencies Shall:**

1. **Provide a minimum of four (4) hours of initial training** in EMT-I/Public Safety AED to personnel that have not met this requirement, and administer the final written and skill examinations. The time required for these examinations should not be included as part of the 4 hours of initial training.
2. **Provide or allow AED personnel access to a minimum of two (2) hours of refresher training** on an ongoing basis but not less than once every two years for the following individuals that have completed the required (4) four hour initial training and need to take the required refresher training:

- a. **Public Safety Personnel** who are trained to administer first aid (15-hour initial first aid course) and CPR (6 hour initial CPR course).

Public Safety personnel must complete a two (2) hour AED refresher training and take final written and skill examinations every two (2) years following initial training. The time requirement for the examinations should not be included as part of the two (2) hour refresher training. Upon successful completion, each individual shall receive a course completion certificate, or if the AED Service Provider is an approved El Dorado County Continuing Education (CE) Provider, a CE certificate must be issued to each individual upon successful completion.

- b. **EMT-I's and First Responder Technicians**

AED training is included in EMT-I and First Responder refresher programs. EMT-I's and First Responder Technicians are not required to participate in the two (2) hour AED refresher training for public safety personnel. However, an EMT-I or First Responder Technician that is recertifying through continuing education courses may attend this training and receive two (2) hours of CE.

NOTE: An AED Service Provider who is also an approved El Dorado County CE Provider shall maintain training records according to the El Dorado County CE Provider Program. If the initial and refresher training is provided by an AED service provider that is not an approved CE Provider, the AED service provider shall be responsible for maintaining the following documentation associated with the training:

- 1) Course title (i.e., AED initial or refresher)
 - 2) Course objectives
 - 3) Course outline
 - 4) Attendance roster that includes, topic/title, date, time, and instructor signature
 - 5) Instructor qualifications that shall meet AED instructor requirements.
3. **Utilize an EMT-I/Public Safety AED Training Program** with final written and skill examinations that is approved by the El Dorado County EMS Agency.
 4. **Provide all training equipment** necessary to ensure a sound EMT-I/Public Safety AED Training Program (i.e., manikins, AED devices, audiovisual aids, etc.).
 5. **Utilize only El Dorado County authorized AED instructors.** To be approved as an AED instructor, individuals shall submit an "AED Instructor Application" (Addendum B) to the EMS Agency. Approval for authorization to instruct AED personnel shall be based on either:

- a. Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED; or
 - b. Be approved by the El Dorado County EMS Agency Medical Director and meet the following requirements:
 - 1) Be AED accredited or able to show competence in the proper utilization of an AED, and
 - 2) Be able to demonstrate competence in adult teaching methodologies.
6. **Inform the El Dorado County EMS Agency** of the dates, times, and locations of all initial and refresher AED training and AED continuing education courses at least two (2) weeks prior to the scheduled training.
7. **Provide system-wide training opportunity** by allowing other AED Service Provider personnel to participate in your agency or organization's initial, refresher and skills AED training and AED continuing education courses.

C. EMT-I/PUBLIC SAFETY AED SKILLS MAINTENANCE REQUIREMENTS

AED Service Provider agencies shall:

1. Provide training to meet AED skills maintenance requirements on an ongoing basis that includes the following:
 - a) AED skills training sessions and/or structured clinical experience (e.g., emergency room clinical observation) is required every six (6) months. AED service providers may choose to require skills training sessions on a more frequent basis (i.e., monthly or quarterly).
 - b) AED skills proficiency demonstrations to ensure continued competency of authorized AED personnel.

D. RECORDS/DATA COLLECTION:

1. An El Dorado County AED Utilization Report form shall be completed for each patient on whom the defibrillator device is applied. A copy of the ECG, and a copy of either the printout or the audiotape from the AED device must be attached to the AED Utilization Report form.

AED personnel shall be responsible for providing clear, concise, complete and accurate documentation on the AED Utilization Report form. In addition to data normally reported on an AED Utilization Report form, the following data elements required by Title 22 must be documented:

- a. Time of patient collapse.
- b. Was cardiac arrest witnessed/unwitnessed?
- c. If cardiac arrest was witnessed, was the initial monitored cardiac rhythm either ventricular tachycardia or ventricular fibrillation?
- c. Was CPR administered prior to arrival of emergency medical care?
- d. Time of collapse to initiation of CPR.
- e. Documentation of AED use.
- f. Documentation of response to treatment.

2. The AED Service Provider shall develop procedures for collection, disposition and retention of all pertinent medical records in accordance with El Dorado County AED Utilization Report Form (Addendum G). Such records shall include the El Dorado County AED Utilization Report form and AED device printout or audio recording for each patient on whom the automatic or semiautomatic defibrillator device was applied.
3. The AED Service Provider shall retain all El Dorado County AED Utilization Report forms for a minimum of four (4) years.
4. All relevant records for EMT-I/Public Safety AED Program monitoring and evaluation shall be available for review by the El Dorado County EMS Agency.
5. On an annual basis, AED Service Provider shall complete the following documentation based on the information from the previous calendar year and submit it to the El Dorado County EMS Agency by March 1st of each year:
 - a. AED Program Annual Update Form (Addendum C)
 - b. EMT-I/Public Safety AED Program Annual Report (Addendum E)
 - c. Defibrillation Outcome Report (Addendum D)
 - d. A list of all EMT-I/Public Safety AED authorized personnel that include the following:
 - 1) First Responder Technician or EMT-I certification expiration date;
 - 2) Public Safety Personnel's expiration date of required First Aid card as defined in Title 22, Chapter 1.5, Article 3, Section 100018;
 - 3) American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR expiration date;
 - 4) Proof of compliance with AED skill proficiency requirements (Use the AED Skill Check Documentation Record, Addendum F).

E. EMT-I/PUBLIC SAFETY AED CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM REQUIREMENTS:

1. An approved EMT-I/Public Safety AED Service Provider shall establish and maintain a Continuous Quality Improvement (CQI) Program. The CQI Program shall be coordinated with the designated ALS Service Provider.

The following AED Service Provider CQI program requirements shall be met:

 - a. The AED Service Provider shall employ sufficient staff to ensure:
 - 1) Timely and competent evaluation of EMT-I/Public Safety AED managed cardiac arrest cases;
 - 2) Accurate logging of required data;
 - 3) Timely, accurate and informative statistical summaries of system performance;
 - 4) Recommendations for modifications of system design, performance protocols, or training standards designed to improve patient outcome, as indicated through quality improvement program.

- b. The AED Service Provider shall collect, store, evaluate and analyze, for the purposes of CQI, at a minimum, the following data related to EMT-I/Public Safety AED personnel management of cardiac arrest patients:
- 1) Patient Data: age; sex; whether arrest was witnessed (seen or heard by anyone) or unwitnessed; whether initial cardiac rhythm was Ventricular Tachycardia or Ventricular Fibrillation, i.e., was shock indicated.
 - 2) EMS System Data: estimated time from collapse to call for help; estimated time from collapse to initiation of CPR; response time; and estimated time of arrival of ALS personnel.
 - 3) Personnel Performance: time from arrival to initial defibrillation; time between defibrillation attempts; appropriateness of management for each rhythm encountered; general adherence to established protocol(s).
 - 4) Patient Outcome: rhythm after each shock; return of pulse and/or spontaneous respirations in the field; whether patient was admitted to the hospital; whether patient was discharged from the hospital alive; patient health status on discharge.
- c. The EMS Agency Medical Director or designee must review all AED Utilization Report forms within seventy-two (72) hours following an emergency response in which the AED was utilized. An ECG printout must be attached to all AED Utilization Report forms.
2. EMT-I/Public Safety Service Provider shall ensure that AED Personnel comply with the following standards:
- a. AED personnel will perform emergency cardiac care in accordance with the El Dorado County policies, procedures and protocols approved by the El Dorado County EMS Agency Medical Director.
- AED personnel **shall not** apply the defibrillator, **under any circumstances**, until **ALL** of the following have been confirmed on the patient:
- unconscious
 - non-breathing
 - pulseless
- NOTE: The defibrillator pads SHALL NOT BE APPLIED to a conscious patient, including a patient with severe chest pain and/or other cardiac symptoms.**
- b. AED personnel shall be able to recognize that a patient is in cardiac arrest and that CPR and immediate application of the AED is required.
- d. AED personnel shall be able to perform Basic Life Support in accordance with American Heart Association standards.
- e. AED personnel shall be able to set up the AED correctly.
- f. AED personnel shall be able to record on AED data recorder devices or print a report.
- g. AED personnel shall be able to deliver shocks for ventricular fibrillation in the shortest possible time following their arrival at the scene, ideally within 90 seconds.
- h. AED personnel shall be able to correctly apply the defibrillator pads.

- i. AED personnel shall ensure that the patient is not in contact with rescuers or bystanders prior to delivering a shock.
- j. AED personnel shall deliver shocks in accordance with the El Dorado County EMS Agency "Field Procedure 15 - Automated External Defibrillation (AED)."
- k. AED personnel shall be able to recognize that a shock was delivered to the patient.
- l. AED personnel shall be able to provide supportive care to a patient who has been successfully defibrillated.
- m. AED personnel shall be able to immediately recognize and respond to patients who rebrillate.
- n. AED personnel shall be able to prepare the patient for transport to the medical facility.
- o. Upon arrival of the ALS ambulance on-scene, AED personnel shall be able to communicate pertinent medical information to the ALS personnel.
- p. AED personnel shall be able to record the pertinent events of the emergency response on an AED Utilization Report form.
- q. AED personnel shall be able to prepare the monitor/defibrillator and ECG record or other documentation device for patient care following each use.
- r. AED personnel shall be able to maintain the monitor/defibrillator and ECG recorder or other patient care documentation device in accordance with manufacturer's recommendations.
- s. AED personnel shall maintain proficiency through skill maintenance sessions and shall have the ability to defibrillate a defibrillation manikin correctly, provide pulse checks and recognize that a shock has been delivered within 90 seconds of arrival at the manikin's side.

F. EMT-I/PUBLIC SAFETY AED MEDICAL CONTROL:

The El Dorado County EMS Agency Medical Director shall provide medical control for approved El Dorado County EMT-I/Public Safety AED Service Providers.

G. MAINTENANCE OF EQUIPMENT:

All AED's shall be checked after each use and on a weekly basis or according to the manufacturer's specifications.

H. OTHER PROGRAM REQUIREMENTS:

1. The service provider shall maintain the AED Skill Check Documentation Record (Addendum F) for all authorized AED personnel which includes:
 - a. First Responder Technician or EMT-I certification expiration date;
 - b. Public Safety Personnel's expiration date of required First Aid card as defined in Title 22, Chapter 1.5, Article 3, Section 100018.
 - c. American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR card expiration date.
 - d. Date of demonstration of skills proficiency training sessions and/or structured clinical experience (e.g., emergency room clinical observation).

NOTE: An individual who fails to meet and maintain AED service provider authorization requirements shall not perform AED until all requirements are met.

2. The AED Service Provider shall notify the El Dorado County EMS Agency, in writing, whenever there is a change to any of the following:
 - a. Names of individuals who have failed to maintain authorization requirements;
 - b. Names of authorized individuals no longer affiliated with the service provider agency;
 - c. Change in program instructor designation. All new instructors shall meet/complete all program instructor requirements prior to providing course instruction.

ADDENDUM A

EMT-I/PUBLIC SAFETY AED SERVICE PROVIDER APPLICATION

Service Provider	
Administrator	
Administrator Email Address	
Mailing Address (Including City and Zip Code)	
Telephone #	Fax #
Program Coordinator	Program Coordinator Email Address
AED Instructor	AED Instructor Email Address

Attach the following:

DESCRIPTION - For detailed description refer to the Application and Approval Process in Section I of the EMT-I/Public Safety Automated External Defibrillation (AED) Program.	ENCLOSED	APPROVED (EMS use only)
1. Letter of Intent to Provide AED Service		
2. Description of Geographic Area		
3. Proposed Equipment Location and Identification of Vehicles		
4. Training Program Outline		
5. Defibrillator Information		
6. CQI Program		
7. Policies and Procedures		
8. Personnel Information		
9. Continuing Education Provider Application		

Submit this application with appropriate documentation to:

El Dorado County EMS Agency
 415 Placerville Drive, Suite J
 Placerville, CA 95667
 Phone 530-621-6500 – Fax 530-621-2758

El Dorado County EMS Agency Use Only								
<i>Date App. Rec'd</i>	<i>Letter of Receipt Sent</i>	<i>Authorized Personnel List Received</i>	<i>Signed AED Program Date</i>	<i>Date Orientation Completed</i>	<i>Reviewed by</i>	<i>Date and Signature of Approval</i>	<i>Date Approval Letter Sent</i>	<i>CE Provider Number (If applicable)</i>

ADDENDUM B

**EL DORADO COUNTY EMS AGENCY
AED INSTRUCTOR APPLICATION**

NAME:	
MAILING ADDRESS	CITY ZIP CODE:
TELEPHONE NUMBER (work)	TELEPHONE NUMBER (home)
E-MAIL ADDRESS (work)	E-MAIL ADDRESS (home) optional
FAX NUMBER (work)	FAX NUMBER (home) optional
AED SERVICE PROVIDER (Agency)	

Approval for authorization to instruct AED personnel shall be based on either:

- 1) Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or
- 2) Be approved by the local EMS Agency Medical Director and meet the following requirements:
 - a) Be AED accredited or able to show competence in the proper utilization of an AED; and
 - b) Be able to demonstrate competence in adult teaching methodologies.

SIGNATURE OF APPLICANT

DATE

Submit this application with appropriate supporting documentation, to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

EL DORADO COUNTY EMS AGENCY USE ONLY					
Date Received	Reviewed by	Approval based on:		Approval Date	Renewal Date
		1	2		

ADDENDUM C

EL DORADO COUNTY EMS AGENCY ANNUAL AED PROGRAM UPDATE FORM	
Year:	
Department or Agency	
Address: City: Zip Code:	
Phone #:	
Fax #:	
Email Address	
Agency or Organization Administrator:	
AED Program Coordinator:	
AED Program Instructor:	
AED Equipment Brand Name and Model#:	

Submit completed form to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

**EL DORADO COUNTY EMS AGENCY
DEFIBRILLATION OUTCOME REPORT
FOR CALENDAR YEAR _____**

NAME OF PROVIDER AGENCY: _____

AED PROGRAM COORDINATOR: _____

TELEPHONE NUMBER: _____

- 1. The number of patients that suffered sudden cardiac arrest and received CPR prior to arrival of emergency medical care: _____

- 2. The total number of patients on whom defibrillatory shocks were administered by BLS personnel when cardiac arrest was witnessed (seen or heard) and not witnessed: _____

- 3. The number of patients who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation: _____

- 4. The total number of defibrillated patients who were discharged from the hospital alive: _____

- 5. The number of defibrillated patients witnessed in cardiac arrest who were discharged from the hospital alive: _____

- 6. The number of personnel who are certified to the level of EMT-I who are qualified, in your jurisdiction, to perform defibrillation: _____

- 7. The number of personnel who are certified to the level of First Responder who are qualified, in your jurisdiction, to perform defibrillation: _____

Annually, submit completed form to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

**EL DORADO COUNTY EMS AGENCY
ANNUAL AED PROGRAM DATA REPORT**

JANUARY 1, _____ to DECEMBER 31, _____

AED SERVICE PROVIDER

ADDRESS

AED PROGRAM COORDINATOR

CITY AND ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

DATE	INCIDENT NUMBER	WAS CARDIAC ARREST WITNESSED?	WAS CPR IN PROGRESS PRIOR TO ARRIVAL?	WAS INITIAL CARDIAC RHYTHM V-FIB OR V-TACH?	NUMBER OF SHOCKS DELIVERED	DID PULSE RETURN AFTER DEFIBRILLATION?	PATIENT TRANSPORT DESTINATION.	WAS PATIENT DISCHARGED FROM HOSPITAL?

Please document the requested information on all patients that meet the El Dorado County criteria for application of the AED, as the incidents occur throughout the year.

EL DORADO COUNTY EMS AGENCY

**AED SERVICE PROVIDER
SKILLS CHECK DOCUMENTATION RECORD**

AED SERVICE PROVIDER: _____

NAME Last, First, M.I.	EMT-I/ Public Safety Expiration	CPR Expiration	SKILLS CHECK			
			Date of Skills Check	Instructors Initials		

INSTRUCTOR	INITIALS	INSTRUCTOR	INITIALS	INSTRUCTOR	INITIALS

Incident #:	Date:
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**El Dorado County Emergency Medical Services
AED UTILIZATION REPORT**

Patient Information:							
Last Name:	First Name:	M.I.:	Date of Birth:	Age:	Ht:	Sex:	Wt:
Pt. Address:			City:	State:	Zip Code:		

Incident Information:							
Collapse Time:	911 Call Time:	CPR Initiated Time:	AED Unit at Scene Time:	AED Attached Time:	1st Defibrillation Time:	Medic Unit at Scene Time:	Patient Transport Time:
Agency Name:		Unit ID#:	Incident Location:				
Place of Collapse: <input type="checkbox"/> At Home <input type="checkbox"/> In Public Place <input type="checkbox"/> At Work <input type="checkbox"/> Other:				Collapse Witnessed: <input type="checkbox"/> By Bystander <input type="checkbox"/> By EMS <input type="checkbox"/> Collapse Not Seen or Heard			
Suspected Origin: <input type="checkbox"/> Trauma <input type="checkbox"/> Medical		CPR Prior to Arrival: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, By Whom:					

Defibrillation Information:		
Operator Name and Certification Number:	AED Brand and Model: <input type="checkbox"/> Biphasic	Initial Cardiac Rhythm:
AED Assessment # 1: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 2: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 3: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 4: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 5: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 6: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 7: <input type="checkbox"/> _____ Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 8: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 9: <input type="checkbox"/> _____ Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 10: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:

Comments

Completed By (Print Name):	Completed By (Signature):
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Prehospital Outcome Information	
Prehospital Outcome: <input type="checkbox"/> No Perfusion Change <input type="checkbox"/> Perfusion Regained After AED Use <input type="checkbox"/> Perfusion Regained After ALS Care	Hospital Transported To:

Posthospital Outcome Information	
Disposition: <input type="checkbox"/> Pronounced at Scene <input type="checkbox"/> Expired in ED <input type="checkbox"/> Admitted to ICU/Floor <input type="checkbox"/> Discharged Home	

Reviewed By:	Agency:
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**COMPLIANCE AGREEMENT
for
AUTOMATED EXTERNAL DEFIBRILLATION (AED)
SERVICE PROVIDER**

THIS AGREEMENT is made and entered into this _____ day of _____ 20__ by and between the County of El Dorado, a political subdivisions of the State of California (hereinafter referred to as “County”), and _____ (hereinafter referred to as “AED Service Provider”).

R E C I T A L S

WHEREAS, County has established an Emergency Medical Services (“EMS”) System pursuant to Division 2.5 of the California Health and Safety Code and, pursuant to Section 1797.200, has designated the County of El Dorado EMS Agency (“EMS Agency”) as its Emergency Medical Services Agency; and

WHEREAS, the EMS Agency has the authority to establish Emergency Medical Technician/Public Safety (“EMT/Public Safety”) Automated External Defibrillation (“AED”) Programs, program policies, and procedures pursuant to the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100020 and Chapter 2, Section 100063.1; and

WHEREAS, the EMS Agency shall approve EMT/Public Safety AED service provider agencies and accredit EMT/Public Safety AED personnel pursuant to the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100021 and Chapter 2, Section 100063.1; and

WHEREAS, AED Service Provider seeks to receive approval as an EMT/Public Safety AED Service Provider from the EMS Agency under the provisions and conditions of the County of El Dorado EMT/Public Safety AED Program and in compliance with all applicable laws, regulations, policies, procedures and protocols; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable Federal, State (all references to “State” in this Agreement shall mean the State of California unless otherwise specified), and local laws; and

WHEREAS, EMS Agency has determined that the provisions of these services provided by AED Service Provider is in the public’s best interest and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by the County of El Dorado Charter, Section 210(b)(6) or Government Code 31000; and

WHEREAS, AED Service Provider has represented to EMS Agency that it is specially trained and competent to perform the special services required hereunder.

NOW THEREFORE, the parties agree as follows:

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1. EMS Agency shall provide medical oversight.
2. AED Service Provider shall comply with all laws, regulations and EMS Agency policies, procedures and protocols as related to the EMT/Public Safety AED Program; and shall ensure compliance with the requirements pursuant to the California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2, including but not limited to Section 100021 and Section 100063.1.
3. AED Service Provider shall be subject to audit and compliance verification by the EMS Agency at any time and approval of the AED Service Provider is expressly conditioned upon compliance with these Compliance Agreement provisions.
4. AED Service Provider shall provide a copy of the Continuous Quality Improvement (“CQI”) Agreement for EMT/Public Safety AED, with an EMS Agency approved ALS Service Agency. The Agreement should include the name of the individual designated as the AED Program Coordinator and the name(s) of any other personnel responsible for the program.
5. AED Service Provider shall ensure that all public safety personnel have met all training requirements in first aid (at a minimum, a 15 hour initial first aid course) and cardiopulmonary resuscitation (“CPR”) (at a minimum, a 6 hour initial CPR course) according to standards promulgated by the American Heart Association and/or the American Red Cross as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 3, Sections 100018, 100019 and 100020, prior to authorization of personnel. Documentation of required training, certification, and skills checks (see “El Dorado County EMS Agency Administrative Policies, Addendum F,” hereinafter referred to as “Addendum F”) shall be provided to the EMS Agency, as required or requested.
6. AED Service Provider shall ensure that all EMT personnel have met all EMT-AED training requirements as defined in California Code of Regulations, Title 22, Division 9, Chapter 2, Article 2, Sections 100063 and 100064, prior to authorization of personnel as EMT-AED personnel. Documentation of required training, certification, and skills checks (see Addendum F) shall be provided to the EMS Agency, as required.
7. AED Service Provider shall ensure continued competency of authorized personnel through semi-annual skills training. AED Service Provider shall submit annually, to the EMS Agency, a summary of AED skills training (see Addendum F) that includes the date that personnel attended training, proficiency in skills, and any information deemed pertinent by the EMT/Public Safety AED Service Provider Coordinator and the EMS Agency.
8. The AED Service Provider shall ensure initial training and, thereafter, continued competency of AED authorized personnel.
9. AED Service Provider shall use EMS Agency AED Utilization Report forms (see “El Dorado County EMS Agency Administrative Policies, Addendum G,” hereinafter referred to as “Addendum G”) on all EMT/Public Safety AED responses and forward said reports to the EMS Agency within 24 hours after each incident.
10. AED Service Provider shall provide EMS Agency access to all requested pertinent records, reports, tapes and other documentation related to the EMT/Public Safety AED Program, accredited personnel, emergency responses, incidents, patients, and patient care provided.
11. AED Service Provider acknowledges that this AED Compliance Agreement is by and between the EMS Agency and AED Service Provider and it is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between EMS Agency and AED Service Provider.
12. AED Service Provider understands and agrees that all of its employees providing services pursuant to this AED Compliance Agreement are, for the purposes of workers’

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- compensation liability, employees solely of AED Service Provider agency and not of the EMS Agency.
13. AED Service Provider shall bear the sole responsibility and liability for furnishing workers' compensation benefits, if applicable, to any of its employees for injuries arising from or connected with services performed on behalf of AED Service Provider Agency pursuant this AED Compliance Agreement.
 14. Upon execution of this AED Compliance Agreement, the AED Service Provider agrees to comply with the provisions and conditions of the County of El Dorado EMT/Public Safety Automated External Defibrillation Program and to comply with all applicable laws, regulations, policies, procedures, and protocols.
 15. AED Service Provider recognizes that the County of El Dorado EMS Agency may suspend or terminate approval of AED Service Provider status for failure to comply with the provisions and conditions of this AED Program, or failure to comply with all applicable laws, regulations, policies, procedures, and protocols. Upon receipt of any allegation stating that AED Service Provider has failed to comply with any of the provisions of this AED Program, the EMS Agency shall immediately provide notice of any such allegation to the agency or organization. The AED Service Provider shall have thirty (30) days within which to supply documentation to the EMS Agency to refute the allegation or provide in detail the measures taken to correct any deficiencies. However, the EMS Agency may immediately suspend approval of AED Service Provider status in the event of a threat to public health and safety and as determined by the County of El Dorado EMS Agency Medical Director or Health and Human Services Agency Director.
 16. Upon notice of suspension or termination of approved AED Service Provider status, the AED Service Provider shall have the right to submit a written request that the EMS Agency Administrator and/or the EMS Agency Medical Director reconsider proposed or actual suspension or termination of approval. EMS Agency Administrator and/or the EMS Agency Medical Director shall respond in writing to any such request for reconsideration within ten (10) days following receipt of the request. The AED Service Provider shall be given the opportunity to meet with the EMS Agency Administrator and/or the EMS Agency Medical Director to discuss the suspension or termination in an attempt to resolve the issues.
 17. The County Officer or employee with responsibility for administering this Compliance Agreement is the El Dorado County Health and Human Services Agency EMS Agency Administrator, or successor.
 18. AED Service Provider status as an approved EMT/Public Safety AED Service Provider shall continue from year to year. However, the EMS Agency shall have the right to audit compliance to these requirements at any time and yearly continued approval shall be contingent upon compliance to these requirements.
 19. This AED Compliance Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
 20. Either of the parties hereto may terminate this AED Compliance Agreement in the event the other party ceases to operate, or otherwise becomes unable to substantially perform any term or condition of this AED Compliance Agreement.
 21. Either of the parties hereto has the option to withdraw from this AED Compliance Agreement, at its sole discretion, without cause, upon thirty (30) calendar days written notice thereof to the other.
 22. In the event of a change in address for AED Service Provider's principal place of business or Notices to AED Service Provider, AED Service Provider shall promptly notify EMS

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Agency in writing pursuant to the provisions contained herein this AED Compliance Agreement under the below Item 25. Said notice shall become part of this Agreement upon acknowledgment in writing by the County Contract Administrator, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

- 23. All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid, and certified receipt requested.
- 24. Notices to the County of El Dorado EMS Agency shall be in duplicate and addressed as follows:

County of El Dorado EMS Agency
 415 Placerville Drive, Suite J
 Placerville, CA 95667
 Attn: EMS Agency Administrator
 Attn: EMS Agency Medical Director

Or to such other location as the EMS Agency directs.

Notices to _____ shall be addressed as follows:

Attn: _____

Or to such other location as _____ directs.

- 25. The AED Service Provider shall defend, indemnify, and hold the County, its Officers, employees, agents, and representatives harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney’s fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the AED Service Provider's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the AED Service Provider, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of AED Service Provider to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.
- 26. County, promptly after receiving notice of litigation, shall notify the AED Service Provider in writing of the commencement of any claim, suit, or action against the County, or State of California, or its officers or employees for which the AED Service Provider must provide indemnification under this AED Compliance Agreement. The failure of the County to give such notice, information, authorization, or assistance shall not relieve the AED Service Provider of its indemnification obligations.
- 27. AED Service Provider, promptly after receiving notice of litigation, shall immediately notify County in writing of any claim or action against it which affects, or may affect, this AED

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IN WITNESS WHEREOF, the parties hereto have executed this AED Compliance Agreement on the day and year first above written.

-- COUNTY OF EL DORADO --

By: _____

Terri Daly
Chief Administrative Officer
"County"

Dated: _____

-- AED SERVICE PROVIDER --

Organization's name

By: _____

Executive Director
"AED Service Provider"

Dated: _____

By: _____

Corporate Secretary

Dated: _____