



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Emergency Medical Technician (EMT) Automatic External Defibrillation (AED) Service Provider Program Standards		Policy Number: 803	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: January 3, 2023	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: January 3, 2023	
Origination Date:	November 1988	Effective Date: January 3, 2023	
Date Revised	April 12, 2018		
Date Last Reviewed:	September 8, 2022		
Review Date:	September 30, 2025		

- I. PURPOSE: To establish criteria and procedure for approval and oversight of EMT AED Service Provider programs.
- II. AUTHORITY: Health and Safety Code 1797.107, 1797.170, 1798 and California Code of Regulations, Title 22, 100063.1.
- III. DEFINITION: An EMT AED service provider is an agency or organization that employs individuals as defined in Title 22, Division 9, Section 100060, and who obtain AEDs for the purpose of providing AED services to the general public.
- IV. POLICY:
  - A. An AED Service Provider shall be approved by Ventura County Emergency Medical Services (VC EMS) prior to beginning service. In order to receive and maintain EMT AED Service Provider approval, an EMT AED Services Provider shall comply with the requirements of this policy.
  - B. An EMT AED Service Provider shall:
    1. Provide orientation of AED authorized personnel to the AED
    2. Ensure maintenance of AED equipment.
    3. Ensure initial training and continued competency of AED authorized personnel
      - a. Demonstration of skills competence at least every six months to the EMT Program Director or his/her designee as identified to the EMS office.
      - b. Skills competency records shall be maintained for at least four years.
    4. Ensure that EMT personnel complete first responder BLS Prehospital Care Record (PCR) or electronic PCR (ePCR) for all patient contacts.
    5. Authorize personnel and maintain a current list of all EMT AED Service Provider authorized personnel and provide a list upon request by the VC EMS Agency. Authorized personnel means EMT personnel trained to operate an AED and authorized by an approved EMT AED Service Provider.
    6. Train all EMTs who have not already been trained in use of AED. Training shall include the following:
      - a. Perform emergency cardiac care in accordance with protocols developed

- and/or approved by the EMS Agency Medical Director.
  - b. Recognize that a patient is in cardiac arrest and that CPR and immediate application of the automated external defibrillator is required.
  - c. Set up the automated defibrillator correctly.
  - d. Correctly apply the defibrillator pads.
  - e. Ensure that rescuers or bystanders are not in contact with the patient while the AED is analyzing or delivering a shock.
  - f. Deliver shocks for ventricular fibrillation in the shortest time possible following their arrival at the patient side, ideally within 90 seconds.
  - g. Recognize that a shock was delivered to the patient.
  - h. Provide supportive care to a patient who has been successfully defibrillated.
  - i. Immediately recognize and respond to patients when an arrest recurs either at the scene or during transport, in accordance with protocols.
  - j. Record the pertinent events of the emergency response on a PCR.
  - k. Maintain the AED and voice/ECG recorder or other documentation device in accordance with manufacturer's recommendations.
7. Develop and maintain a quality improvement program, approved by the VC EMS Medical Director that contains the following:
- a. Assure timely and competent review of EMT managed cardiac arrest cases, accurate logging of required data, and timely, accurate and informative statistical summaries of system performance over time, as well as recommendations, as indicated, for modifications of system design, performance protocols, or training standards designed to improve patient outcome.
  - b. Collect, store and analyze, at a minimum, the following data related to EMT management of cardiac arrest patients:
    - (1) Patient Data:
      - a) Age,
      - b) Sex,
      - c) Whether arrest was witnessed or unwitnessed,
      - d) Distance of collapse from EMT responding unit, and
      - e) Initial cardiac rhythm.
    - (2) EMS System Data:
      - a) Estimated time from collapse to call for help,
      - b) Estimated time from collapse to initiation of CPR,

- c) EMT responding unit response time, and
    - d) Scene to hospital transport time.
  - (3) EMT Performance:
    - a) Time from arrival to actual defibrillation,
    - b) Time between defibrillation attempts,
    - c) General adherence to established protocol.
  - (4) Patient Outcome:
    - a) Rhythm after each shock.
    - b) Return of pulse and/or spontaneous respirations in the field.
- 8. EMT AED documentation submission
  - a. If EMT AED Service Provider has Ventura County Electronic Patient Care Record (ePCR) capabilities, documentation shall be consistent with VCEMS Policy 1000.
  - b. If EMT AED Service Provider does not have ePCR capabilities, documentation submission shall be as follows:
    - (1) EMT documentation (incident printout and prehospital care record (PCR) shall be submitted to the receiving hospital as soon as possible (not more than two hours after patient arrival).
    - (2) EMT documentation for all arrests (incident printout and PCR including times) shall be submitted by the provider to the involved base hospital within 30 days of the end of the calendar month of the occurrence.
    - (3) EMT documentation (incident printout, PCR including times, and audio tape) shall be submitted to the EMT medical director or designee within 10 working days of the occurrence.
- 9. The EMT AED Service Provider shall submit an annual written report to the EMS Agency to include as a minimum the following information.
  - a. The total number of cases in which the AED was activated. The number of those cases where return of spontaneous circulation (ROSC) was achieved.
  - b. The number of cases that presented in Ventricular Fibrillation (VF). The number of those cases where ROSC was achieved.
  - c. The number of cases that presented in witnessed VF. The number of those cases where ROSC was achieved.

- d. The 90% fractile times from first notification to on-scene, to with patient and to first analysis, in case of secondary PSAP, time received.
- e. The number of cases of cardiac arrest responded to where the AED was not activated and the 90% fractile time from first notification to on-scene for those cases, in case of secondary PSAP, time received.

#### IV. PROCEDURE:

##### A. Program Approval

- 1. Eligible programs shall submit a written request for EMT AED Service Provider approval to the EMS Agency and agree to comply with the provisions of this policy.
- 2. Application Receipt Process  
Upon receipt of a complete application packet, the Agency will notify the applicant within fourteen business days that;
  - a. The request for approval has been received.
  - b. The request does or does not contain all required information.
  - c. What information, if any, is missing
- 5. Program Approval Time Frames
  - a. Program approval or disapproval shall be made in writing by the Agency to the requesting program, within sixty calendar days, after receipt of all required documentation.
  - b. The Agency shall establish an effective date for program approval in writing upon the satisfactory documentation of compliance with all program requirements.
  - c. Program approval shall be for four years following the effective date of the program and may be reviewed every four years subject to the procedure for program approval specified by the Agency.
- 6. Withdrawal of Program Approval
  - a. Noncompliance with any criterion required for program approval, use of any unqualified personnel, or noncompliance with any other applicable provision of Title 22 may result in suspension or revocation of program approval by the Agency.
  - b. An approved program shall have no more than sixty days to comply with corrections mandated by this policy.

##### B. Program Review and Reporting

- 1. All program materials are subject to periodic review by the Agency.
- 2. All programs are subject to periodic on-site evaluation by the Agency.

3. The Agency shall be advised of any change in Program staff.
  4. Records shall be maintained by the EMT AED SERVICE PROVIDER for four years and shall contain the following:
    - a. Roster of Authorized Personnel
    - b. Documentation of skills competency
- C. Application for Renewal
- . The EMT AED SERVICE PROVIDER shall submit an application for renewal at least sixty calendar days before the expiration date of their Program approval in order to maintain continuous approval.

## Ventura County Emergency Medical Services Agency Emergency Medical Technician AED Service Provider

### APPROVAL REQUEST

**General Information**

Program/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Requirements**

(All items below refer to Ventura County EMS Policy 803 and Title 22 Regulations)

**1. Program Eligibility**

<p><b>Eligible Programs</b></p> <ul style="list-style-type: none"> <li>Programs eligible for approval shall be limited to public or private organizations that meet the requirements identified in this policy. All private entities must possess a valid business license and proof of organizational registry (partnership, sole proprietorship, corporation, etc.)</li> </ul>	<p><b>Name of Program</b></p>    
<p>Written request for EMT AED Service Provider Approval</p>	<p><input type="checkbox"/> Attached</p>

**2. Records and Quality Improvement**

<p><b>Agree to maintain all records for a minimum of four years.</b></p>	<p>Signature: _____</p>
<p><b>Agree to participate in the VCEMS Quality Improvement Program and in research data accumulation.</b></p>	<p>Signature: _____</p>

*VCEMS Office Use Only*

All Requirements Submitted:	Date:
EMT AED SERVICE PROVIDER Application Approved:	Date:
Approval Letter Sent:	Date:
Re-Approval Due:	Date:
Signature of person approving EMT AED SERVICE PROVIDER	Date
Typed or printed name:	

## Ventura County Emergency Medical Services Agency Emergency Medical Technician AED Service Provider

### ANNUAL REPORT

The Annual Report shall be submitted to [EMSAgency@ventura.org](mailto:EMSAgency@ventura.org), by January 31<sup>st</sup>. It shall be compiled from data obtained the prior calendar year, January 1<sup>st</sup> through December 31<sup>st</sup>.

Program/Agency Name: \_\_\_\_\_

Report submitted by (Name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

#### **Program Data**

(All items below refer to Ventura County EMS Policy 803 and Title 22 Regulations)

The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.	
The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) and not witnessed;	Witnessed: _____ Unwitnessed: _____
The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation	
The total number of cases in which the AED was activated.	
The number of those cases where return of spontaneous circulation (ROSC) was achieved	
The number of cases that presented in Ventricular Fibrillation (VF).	
The number of those cases where ROSC was achieved.	
The number of cases that presented in witnessed VF.	
The number of those cases where ROSC was achieved.	
The 90% fractile times from first notification to on-scene, to with patient and to first analysis, in case of secondary PSAP, time received.	
The number of cases of cardiac arrest responded to where the AED was not activated and the 90% fractile time from first notification to on-scene for those cases, in case of secondary PSAP, time received.	