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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Automated External Defibrillation (AED) Service Provider Standards | | Policy Number 1301 | |
| APPROVED: Administration: Steven L. Carroll, Paramedic | | Date: July 1, 2022 | |
| APPROVED: Medical Director: Daniel Shepherd, M.D. | | Date: July 1, 2022 | |
| Origination Date: September 14, 2000 | | | |
| Date Revised: April 14, 2022 | | Effective Date: July 1, 2022 | |
| Date Last Reviewed: April 14, 2022 | | | |
| Review Date: April 30, 2025 | | | |

I. PURPOSE

- A. To provide for system wide lay rescuer automated external defibrillation standards, review and oversight by Ventura County Emergency Medical Services.
- B. To provide structure to programs implementing automated external defibrillators for use by lay persons treating victims of cardiac arrest.
- C. To provide for integration of public access defibrillation (PAD) programs in the established emergency medical services system.
- D. To provide a mechanism for AED quality improvement throughout the Ventura County EMS System.

II. AUTHORITY

- A. California Health and Safety Code Sections 1797.5, 1797.107, 1797.190, 1797.196 and 104113.

III. SERVICES PROVIDED AND APPLICABILITY

AED programs shall be operated consistent with VCEMS policy and California state statutes and regulations.

IV. DEFINITIONS

- A. "AED Service Provider" means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who is not breathing normally. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.
- B. "Automated External Defibrillator" or "AED" means an external defibrillator that, after user activation, is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

- C. "Lay Rescuer" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of this policy.
- D. "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.
- E. "Internal Emergency Response Plan" means a written Internal Emergency Response Plan of action which utilizes responders within a facility to activate the "9-1-1" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.
- F. "Health studio" means a facility permitting the use of its facilities and equipment or access to its facilities and equipment, to individuals or groups for physical exercise, body building, reducing, figure development, fitness training, or any other similar purpose, on a membership basis. "Health studio" does not include a hotel or similar business that offers fitness facilities to its registered guests for a fee or as part of the hotel charges.

V. AED VENDOR REQUIREMENTS:

Any AED vendor who sells an AED to an AED Service Provider shall:

- A. Notify the AED Service Provider, at the time of purchase, in writing of the AED Service Provider's responsibility to comply with this policy.
- B. Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

VI. GENERAL TRAINING PROVISIONS: APPLICATION AND SCOPE

- A. In an emergency situation, always call 9-1-1 first. A 9-1-1 operator can provide directions on how you can help someone experiencing sudden cardiac arrest. AEDs are not difficult to use, but **training in the use of AEDs is highly recommended**. This training, in connection with CPR training, is offered by major health organizations such as the American Heart Association and Red Cross as well as a number of private companies.
- B. The training standards prescribed by this policy shall apply to employees of the AED service provider and not to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the California Health and Safety Code.

VII. AED TRAINING PROGRAM REQUIREMENTS:

CPR and AED training shall comply with the American Heart Association or American Red Cross CPR and AED Guidelines. The training shall include the following topics and skills:

- A. Basic CPR skills;
- B. Proper use, maintenance and periodic inspection of the AED;
- C. The importance of;
 - 1. Early activation of an Internal Emergency Response Plan,
 - 2. Early CPR,
 - 3. Early defibrillation, and
 - 4. Early advanced life support
- D. Overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel.
- E. Assessment of an unconscious patient, to include evaluation of airway and breathing, to determine appropriateness of applying and activating an AED.
- F. Information relating to defibrillator safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or the Lay Rescuer or other nearby persons to include, but not limited to;
 - 1. Age and weight restrictions for use of the AED,
 - 2. Presence of water or liquid on or around the victim,
 - 3. Presence of transdermal medications, and
 - 4. Implantable pacemakers or automatic implantable cardioverter-defibrillators;
- G. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- H. Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and,
- I. The responsibility for continuation of care, such as continued CPR and repeated shocks, as indicated, until the arrival of more medically qualified personnel.

The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the California Health and Safety Code.

VIII. AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

- A. An AED Service Provider shall do all of the following:
 - 1. Comply with all regulations governing the placement of an AED.
 - 2. Notify an agent of the local EMS agency of the existence, location, and type of AED acquired. (See attachment A)
 - 3. Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.

4. Ensure that the AED is tested at least biannually and after each use.
 5. Ensure that an inspection is made of all AEDs on the premises at least every 90 - days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.
 6. Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.
 7. Notify an agent of the local EMS agency of any application and activation of the AED. (see Attachment B)
- B. When an AED is placed in a building, the building owner shall do all of the following:
1. At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.
 2. At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.
 3. Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.
- C. A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.
- D. When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school’s emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

VIII. HEALTH STUDIO AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

- A. A Health Studio AED Service Provider shall do all of the following:
1. Every health studio, as defined, shall acquire, maintain, and train personnel in the use of, an automatic external defibrillator pursuant to this section.
 2. Comply with all regulations governing the placement of an automatic external defibrillator.

3. Ensure all of the following:
 - a. The automatic external defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
 - b. The automatic external defibrillator is checked for readiness after each use and at least once every 30 days if the automatic external defibrillator has not been used in the preceding 30 days. The health studio shall maintain records of these checks.
 - c. A person who renders emergency care or treatment to a person in cardiac arrest by using an automatic external defibrillator activates the emergency medical services system as soon as possible and reports the use of the automatic external defibrillator to the licensed physician and to the local EMS agency.
 - d. For every automatic external defibrillator unit acquired, up to five units, no less than one employee per automatic external defibrillator unit shall complete a training course in cardiopulmonary resuscitation and automatic external defibrillator use that complies with the regulations adopted by the Emergency Medical Services Authority and the standards of the American Heart Association or the American Red Cross. After the first five automatic external defibrillator units are acquired, for each additional five automatic external defibrillator units acquired, a minimum of one employee shall be trained beginning with the first additional automatic external defibrillator unit acquired. Acquirers of automatic external defibrillator units shall have trained employees who should be available to respond to an emergency that may involve the use of an automatic external defibrillator unit during staffed operating hours. Acquirers of automatic external defibrillator units may need to train additional employees to ensure that a trained employee is available at all times.
 - e. There is a written plan that exists that describes the procedures to be followed in the event of an emergency that may involve the use of an automatic external defibrillator, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911.



and trained office personnel at the start of automatic external defibrillator procedures.

Attachment A

Ventura County EMS Agency Notice of New Public Access Defibrillation Program

| Location of AED | |
|---|--|
| Name of Building / Business | |
| Address of Building City, State, Zip | |
| Floor and/or AED Location Description | |
| Is AED in public view (yes/no) | |
| Can public access the AED (yes/no) | |
| Make/Model of AED | |
| AED Serial Number | |

| On-Site Contact Information | |
|--|--|
| Name of On-Site Contact | |
| Email Address of On Site Contact | |
| Phone Number of On-Site Contact | |
| Mailing Address of On-Site Contact (if different from Business) | |

Please check if you wish to be excluded from our Pulse Point Database.
For more information on the Pulse Point Program, please visit:
<http://www.pulsepoint.org/>

Please complete a separate form for each AED Site. Additional locations on the same site can be listed on page 2

Return this completed form to:
AED Program, Ventura County EMS Agency,
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036-0619.
Fax: 805-981-5300
email to: EMSAgency@ventura.org

Please call 805-981-5301 with any questions.

| | | | |
|-----------------------|----------|-------|-----|
| For Internal Use Only | Received | Date: | By: |
| PSAP Notified | | Date | By |

Requirements for acquiring and placing a public access AED are located in Sections 1797.196 and 104113 of the California Health and Safety Code and 1714.21 of the Civil Code.

Additional Locations on the Same Site

| Location of AED | |
|---|--|
| Building, Floor and/or Room AED Location Description | |
| Is AED in public view (yes/no) | |
| Can public access the AED (yes/no) | |
| Make/Model of AED | |
| AED Serial Number | |

| Location of AED | |
|---|--|
| Building, Floor and/or Room AED Location Description | |
| Is AED in public view (yes/no) | |
| Can public access the AED (yes/no) | |
| Make/Model of AED | |
| AED Serial Number | |

| Location of AED | |
|---|--|
| Building, Floor and/or Room AED Location Description | |
| Is AED in public view (yes/no) | |
| Can public access the AED (yes/no) | |
| Make/Model of AED | |
| AED Serial Number | |

| Location of AED | |
|---|--|
| Building, Floor and/or Room AED Location Description | |
| Is AED in public view (yes/no) | |
| Can public access the AED (yes/no) | |



| | |
|---------------|--|
| Number of AED | |
| Number | |

Attachment B

Ventura County EMS Agency REPORT OF CPR OR AED USE

| | |
|---|--------|
| AED Program (location name) | |
| AED Provider (defibrillator user) | |
| Place of Occurrence (address and specific site) | |
| Date Incident Occurred | |
| Time of Incident | |
| Patient's Name (if able to determine) | |
| Patient's Age (Estimate if unable to determine) | |
| Patient's Sex (Male or Female) | |
| Time (Indicate best known or approximated time lapse between events): | |
| • Witnessed arrest to CPR | min(s) |
| • Witnessed arrest to 9-1-1 Called | min(s) |
| • Witnessed arrest to first shock | min(s) |
| • Patient contact to first shock | min(s) |
| • 9-1-1 to arrival on scene | min(s) |
| • 9-1-1 to first shock | min(s) |
| Total number of defibrillation shocks | |

| | | |
|--|-----|----|
| Was the cause of the arrest determined? | Yes | No |
| Was the cause of the arrest cardiac? | Yes | No |
| Was the arrest witnessed? | Yes | No |
| Was bystander CPR implemented? | Yes | No |
| Was there any return of spontaneous circulation? | Yes | No |

Please attach any additional information that you think would be helpful.

This form must be completed and sent to Ventura County EMS within 96 hours of a cardiac arrest incident at an AED site. Send this completed form to:

Ventura County EMS - AED Program
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036-0619

Phone: 805-981-5301 FAX: 805-981-5300 email: EMSAgency@ventura.org

Office Use Only

| | |
|-------------------------------|--|
| • Date Received by EMS Agency | |
|-------------------------------|--|

| | |
|-------------------------------------|--|
| • Patient prehospital outcome | |
| • Patient discharged from hospital? | |