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 and 1797.196.
B. California Code of Regulations Title 22, Division 9, Chapter 1.8 Sections 100031 through 100042, as revised January 8, 2009.

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. “Medical Director” means a physician and surgeon currently licensed in California, who provides medical oversight to the AED Service Provider as set forth in California Code of Regulations, Title 22, Section 100040.

E. “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.

F. “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.

V. GENERAL TRAINING PROVISIONS: APPLICATION AND SCOPE

A. Any training program, AED Service Provider or vendor may authorize a Lay Rescuer to apply and operate an AED on an unconscious person who is not breathing only if that Lay Rescuer has successfully completed a CPR and AED course according to the standards prescribed in this policy.

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 Health and Safety Code.

VI. MEDICAL DIRECTOR REQUIREMENTS

Any AED Service provider shall have a physician Medical Director who:

A. Meets the qualifications of a Medical Director per California Code of Regulations, Title 22, Section 100036.

B. Shall ensure that the AED Service Provider’s Lay Rescuer CPR and AED training meets the requirements of this policy.

C. Shall review each incident where emergency care or treatment on a person in cardiac arrest is rendered and to ensure that the Internal Emergency Response Plan, along with the CPR and AED standards that the Lay Rescuer was trained to, were followed.

D. Is involved in developing an Internal Emergency Response Plan and to ensure compliance for training, notification, and maintenance as set forth in this policy.

E. The Medical Director shall maintain a list of authorized individuals that s/he has trained.

F. The Medical Director (or his/her designee) shall maintain a record of authorized individuals that are currently participating in the AED program under that physician’s control. The record shall include the authorized individuals:
1. Name
2. Address
3. Telephone Number
4. Copy of CPR certificate
5. Date of initial training
6. Dates of retraining

G. VCEMS may audit or review this information upon request.
H. The Medical Director shall review each incident of application and the recordings of such.
I. The Medical Director (or his/her designee) shall submit a “Report of CPR or AED Use” form (attachment A) 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 130
Oxnard, CA 93036-0619
FAX: 805-981-5300

VII. 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, both orally and in writing of the AED Service Provider’s responsibility to comply with this policy.
B. Notify the local EMS Agency of the existence, location, and type of AED at the time it is acquired.
C. Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

VIII. AED TRAINING PROGRAM REQUIREMENTS: REQUIRED TOPICS AND SKILLS
The Lay Rescuer shall maintain current CPR and AED training, as prescribed in this policy. 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 of 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.

IX. TESTING

CPR and AED training for Lay Rescuers shall include a competency demonstration of skills on a manikin, directly observed by an instructor which tests the specified conditions prescribed in California Code of Regulations, Title 22, Section 100038.

X. AED SERVICE PROVIDER OPERATIONAL REQUIREMENTS

A. An AED Service Provider shall ensure their internal AED programs include all of the following:
   1. Development of a written Internal Emergency Response Plan which describes the procedures to be followed in the event of an emergency that may involve the use of an AED and complies with this policy. The written Internal Emergency Response Plan shall include but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.
   2. Maintain AEDs in working order and maintain current protocols on the AEDs.
   3. That all applicable VCEMS policies and procedures be followed.
4. That Lay Rescuers complete a training course in CPR and AED use and maintain current CPR and AED training that complies with requirements of this policy at a minimum of every two years and are familiar with the Internal Emergency Response Plan.

5. For every AED acquired up to five units, no less than one Lay Rescuer per AED unit shall complete a training course in CPR and AED use that complies with the requirements of this policy. After the first five AED units are acquired, one Lay Rescuer shall be trained for each additional five AED units required. AED Service Providers shall have Lay Rescuers who should be on site to respond to an emergency that may involve the use of an AED unit during normal operating hours.

6. That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, 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.

7. Every AED shall be checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these periodic checks shall be maintained at least three years.

8. That a mechanism exists to ensure that any person, either a Lay Rescuer as part of the AED Service Provider, or member of the general public who renders emergency care or treatment on a person in cardiac arrest by using the service provider’s AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the Medical Director and the local EMS Agency.

9. That there is involvement of a currently licensed California physician and surgeon that meets the requirements of California Code of Regulations, Title 22, Section 100040.

10. That a mechanism exists that will assure continued competency of the CPR and AED trained individuals in the AED Service Provider’s employ to include periodic training and skills proficiency demonstrations.

XI. INTERNAL EMERGENCY RESPONSE PLAN

A. AED programs are required to establish and utilize an AED medical control program meeting the requirements of Title 22, Division 9, Chapter 1.8, Section 1000.35
B. The Medical Director of Ventura County EMS is responsible for authorizing AED programs, and assuring those programs comply with the medical control requirements of Title 22, Division 9, Chapter 1.8, Section 100035.
Ventura County EMS Agency
REPORT OF CPR OR AED USE

<table>
<thead>
<tr>
<th>AED Program (location name)</th>
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</thead>
<tbody>
<tr>
<td>AED Provider (defibrillator user)</td>
<td></td>
</tr>
<tr>
<td>Place of Occurrence (address and specific site)</td>
<td></td>
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<tr>
<td>Date Incident Occurred</td>
<td></td>
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<tr>
<td>Time of Incident</td>
<td></td>
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<tr>
<td>Patient’s Name (if able to determine)</td>
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<tr>
<td>Patient’s Age (Estimate if unable to determine)</td>
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<tr>
<td>Patient’s Sex (Male or Female)</td>
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</tbody>
</table>

**Time (Indicate best known or approximated time lapse between events):**
- Witnessed arrest to CPR \( \text{min(s)} \)
- Witnessed arrest to 9-1-1 Called \( \text{min(s)} \)
- Witnessed arrest to first shock \( \text{min(s)} \)
- Patient contact to first shock \( \text{min(s)} \)
- 9-1-1 to arrival on scene \( \text{min(s)} \)
- 9-1-1 to first shock \( \text{min(s)} \)

**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 130
Oxnard, CA 93036-0619
FAX: 805-981-5300

**Office Use Only**
- Date Received by EMS Agency
- Patient prehospital outcome
- Patient discharged from hospital?