

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 475

**SUBJECT: EMT-I / PUBLIC SAFETY AED PROGRAM:
APPLICATION AND APPROVAL PROCESS**

PURPOSE:

To establish the initial application process and procedure for approval of EMT-I / Public Safety Automatic External Defibrillation (AED) Service Providers in the S-SV EMS region.

AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.182, 1797.220, 1798.2 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2

POLICY:

An EMT-I / Public Safety AED Service Provider shall meet all requirements set forth by State law, regulations and S-SV EMS policy.

A. EMT-I / PUBLIC SAFETY AED PROGRAM APPLICATION FOR APPROVAL REQUIREMENTS:

1. Any service provider wishing to utilize automated external defibrillation (AED) as a skill for EMT-I and/or an optional skill for Public Safety employees shall submit an S-SV EMT-I / Public Safety AED Service Provider: Application for Approval, packet to the S-SV EMS Agency (Reference No. 475, Addendum A).
2. All applicant agencies shall **fully complete** the application packet. **Incomplete applications will not be processed.**

The required information/documentation of a complete application includes the following:

- a. A **letter of intent** to provide AED services from the Fire Chief expressing willingness to abide by all S-SV EMS Agency policies, procedures and AED program requirements.
- 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

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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with the area that may impact the program; such as, tourist impact, recreational activities, large number of elderly patients, etc.)

- c. **Equipment location.** Identification and location of the proposed engine companies or basic life support vehicles to be equipped and staffed with AED personnel. Include a list of engine company(ies), fire station(s), address of each station, hours of operation, staffing level; number of personnel assigned to each station and level of certification (EMT, First Responder, Public Safety, full-time, part-time and/or volunteer). Include EMS response unit(s) identification number, response times, dispatch procedures and advanced life support response. (Include map of the response area, with fire station(s)/engine company (ies) location(s) marked.)
- d. **Training program** - outline and objectives and name of S-SV authorized AED instructor(s) - See Policy Reference No. 474, Page 3.
- e. **Letter of support** from the base hospital documenting acceptance of the AED program. The names of the base hospital AED program medical director and registered nurse coordinator shall be included.
- f. Specify the **type** (automatic or semiautomatic) **and the brand name of the AED equipment** proposed for use. (Attach an equipment brochure)
- g. A written service provider **Continuous Quality Improvement (CQI)** Program, including name(s) of personnel responsible for the program.
- h. AED service provider **policies and procedures** to:
 - 1. Provide orientation of AED authorized personnel to the AED
 - 2. Ensure continued competency of AED authorized personnel
 - 3. Collect and report data to the S-SV EMS Agency
 - 4. Provide for collection, disposition and retention of all pertinent medical records.
- i. Personnel information:
 - 1. Number of proposed EMT-I / Public Safety AED personnel to be employed.
 - 2. Number of vehicles staffed with EMT-I / Public Safety AED personnel.

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3. Proposed number of EMT-Is to be trained to EMT-I / Public Safety AED personnel.
4. Proposed target date for beginning service.

B. S-SV EMS AGENCY EMT-I / PUBLIC SAFETY AED PROGRAM APPROVAL PROCESS:

1. The S-SV EMS agency shall notify the service provider submitting its application for AED service provider approval within seven (7) days of receiving the request that:
 - a. The application has been received;
 - b. The application contains or does not contain the requested information; and
 - c. What information, if any, is missing from the application.
2. Program approval or disapproval shall be made, in writing, to the applicant within a reasonable period of time, after receipt of all required documentation. This time period shall not exceed sixty (60) days.

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

1. An S-SV EMT-I / Public Safety Personnel AED Program Service Provider Agency Agreement shall be executed prior to implementation of the AED program.
2. Prior to implementation of an S-SV approved EMT-I / Public Safety AED Program, the service provider shall complete the following:
 - a. A list of all EMT-I / Public Safety AED Authorized Personnel with the following:
 - (1) EMT-I certification/public safety first aid expiration date
 - (2) American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR expiration date
 - (3) Proof of completion of an initial four (4) hour AED training program and successful completion of written and skills examinations.

Note: An approved EMT-I Public / Safety service provider and their authorized personnel shall be recognized statewide.

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- b. The fire chief, program instructor and other appropriate department administrative personnel with AED program responsibilities shall complete an S-SV AED program orientation.

CROSS REFERENCES:

Prehospital Care Policy Manual

EMT-I Public Safety AED Program: Base Hospital Medical Control Requirements, Reference No. 375.

EMT-I/Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474.

Continuous Quality Improvement Process: EMT-I / Public Safety AED Service Provider Requirements, Reference No. 620, Addendum D.

Automatic/Semiautomatic AED Treatment Guidelines, Reference No. 895.