

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 620
ADDENDUM D

SUBJECT: CONTINUOUS QUALITY IMPROVEMENT PROCESS
EMT-I / PUBLIC SAFETY AED PROGRAM

1. **An approved EMT-I/Public Safety Automatic External Defibrillation (AED) Service Provider shall:**

Establish and maintain a Continuous Quality Improvement (CQI) Program. The service provider CQI requirements shall be coordinated with, and in cooperation with, the service provider base hospital.

The service provider CQI program shall meet the following minimal requirements:

- a. The service provider shall employ sufficient staff to assure timely and competent review of EMT-I/Public Safety AED 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 for modifications of system design, performance protocols, or training standards designed to improve patient outcome, as indicated.
- b. The service provider shall collect, store and analyze, 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; and was initial cardiac rhythm 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 arrival of ALS.
 - (3) Personnel Performance: time from arrival to initial defibrillation; time between defibrillation attempts, appropriateness of management for each rhythm encountered, and general adherence to established protocol.
 - (4) Patient Outcome: rhythm after each shock; return of pulse and/or spontaneous respirations in the field, whether the patient was admitted to the hospital; whether the patient was discharged from the hospital alive; and health status on discharge.

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- (5) Written Patient Care Report (PCR) forms and ECG printout shall be reviewed by the base hospital medical director (or his/her designee) as soon as practical, following an emergency response in which the AED was utilized by EMT-I/Public AED Personnel. Follow-up actions will be referred to the AED service provider and, if necessary, to the S-SV EMS Agency.

2. EMT-I/Public Safety AED Personnel Standards:

- a. The EMT-I/Public Safety AED personnel will perform emergency cardiac care in accordance with S-SV policies approved by the S-SV EMS Agency Medical Director.
- b. The EMT-I/Public Safety 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, patient, one (1) year of age and older. For pediatric patients each AED equipment model must be approved for use in 1 – 8 year olds.

NOTE: THE DEFIBRILLATOR PADS SHALL NOT BE APPLIED TO A CONSCIOUS PATIENT, INCLUDING A PATIENT WITH SEVERE CHEST PAIN AND/OR OTHER CARDIAC SYMPTOMS.

- c. The EMT-I/Public Safety AED personnel will be able to recognize that a patient is in cardiac arrest and that CPR and immediate application of the automatic defibrillator are required.
- d. The EMT-I / Public Safety AED personnel will be able to perform Basic Life Support in accordance with American Heart Association Standards.
- e. The EMT-I / Public Safety AED personnel will be able to set up the defibrillator correctly.
- f. The EMT-I / Public Safety AED personnel will be able to record on AED data recorder devices.
- g. The EMT-I / Public Safety AED personnel will be able to deliver shocks for ventricular fibrillation in the shortest time possible following their arrival at the scene, ideally within 90 seconds.
- h. The EMT-I / Public Safety AED personnel will be able to correctly apply the defibrillator pads.
- i. The EMT-I / Public Safety AED personnel will be able to ensure that the patient is not in contact with rescuers or bystanders prior to delivering a shock.

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- j. The EMT-I / Public Safety AED personnel will deliver shocks in accordance with written S-SV policy.
- k. The EMT-I / Public Safety AED personnel will be able to recognize that a shock was delivered to the patient.
- l. The EMT-I / Public Safety AED personnel will be able to provide supportive care to a patient who has been successfully defibrillated.
- m. The EMT-I / Public Safety AED personnel will be able to immediately recognize and respond, in accordance with written S-SV policy, to patients who re-fibrillate.
- n. The EMT-I / Public Safety AED personnel will be able to prepare the patient for transport to the medical facility.
- o. Upon arrival of the ALS ambulance on-scene, the EMT-I/Public Safety AED personnel will be able to communicate pertinent medical information to the ALS personnel.
- p. The EMT-I / Public Safety AED personnel will be able to record the pertinent events of the emergency response on a patient care report form.
- q. The EMT-I / Public Safety AED personnel will be able to prepare the monitor/defibrillator and ECG record or other documentation device for patient care following each use.
- r. The EMT-I / Public Safety AED personnel will be able to maintain the monitor/defibrillator and ECG recorder or other documentation device in accordance with manufactures= recommendations.
- s. The EMT-I / Public Safety AED personnel shall maintain proficiency. This shall include skills maintenance with the ability to defibrillate correctly on a defibrillation manikin within 90 seconds of arrival at the manikins=s side, including pulse checks and recognition that a shock has been delivered.