

|  |   |                     |          |
|--|---|---------------------|----------|
|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY  | Document #          | 4503.06  |
|  | <u>PROGRAM DOCUMENT:</u>  | Initial Date:       | 12/17/14 |
|  | <b>Public Safety/Emergency Medical Technician (EMT) Automated External Defibrillation (AED) Service Provider Approval</b> | Last Approved Date: | 12/12/24 |
|  |   | Effective Date:     | 05/01/25 |
|  |   | Next Review Date:   | 12/01/26 |

Signature on File

Signature on File

EMS Medical Director

EMS Administrator

**Purpose:**

- A. To establish the training standards and program approval requirements for the use of an Automated External Defibrillator (AED) by any public safety agency employing lifeguards, firefighters, and/or peace officers or EMTs trained in first aid, CPR, and use of an AED.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Definitions:**

- A. **Automated External Defibrillator (AED)** – An external defibrillator capable of cardiac rhythm analysis that will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.
- B. **AED Provider** – An organization that employs Public Safety First Aid (PSFA), Emergency Medical Responder (EMR), and/or Emergency Medical Technician (EMT) personnel and who obtains AEDs for the purpose of providing AED services to the general public.

**Policy:**

- A. An AED provider shall be approved by SCEMSA and continually meet all requirements set forth by State law, regulations, and SCEMSA policies. AED provider approval may be revoked or suspended for failure to comply with the requirements of this policy.

**Procedure:**

- A. AED Provider Approval Process:
  - 1. An EMS prehospital service provider desiring to provide AED services to the general public shall submit a written request to SCEMSA for approval to provide such services. The written request shall include the following:
    - The organization's name, address, and contact information.
    - A description of the number, type, and location of AEDs being utilized.
    - The organization's AED equipment orientation training for PSFA, EMR, and/or EMT personnel.
    - The organization's AED equipment maintenance program.

- The organization's procedures for collection and retention of AED utilization medical records.
  - The organization's quality improvement (QI) monitoring and oversight processes related to AED utilization.
- B. Approved AED Provider Requirements:
1. Collect and submit the following information as part of the EMS Prehospital services provider's Emergency Medical Services QI Program annual report:
    - The number of patients with sudden cardiac arrest receiving CPR prior to the arrival of emergency medical care.
    - The total number of patients on whom defibrillator shocks were administered, witnessed (seen or heard), and not witnessed.
    - The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.
    - A summary of QI issues or concerns related to the organization's AED program
  2. AED providers shall notify SCEMSA by the end of the next business day of any AED equipment malfunction or inappropriate application of an AED.