

# **Chapter 23 – Public Access Defibrillation Program Automated External Defibrillators**

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## **23.1 Foreword**

The County of Santa Clara is concerned for the health and safety of all persons on its property. The American Heart Association states the use of an Automated External Defibrillator (AED) in conjunction with CPR techniques can significantly improve the survival rate of an individual suffering from a cardiac related medical emergency. As always, 911 should be called immediately in the event of a medical emergency. To support a Public Access Defibrillation (PAD) Program the County has installed AED's throughout its facilities.

## **23.2 Introduction**

A Public Access Defibrillation Program (PAD) is designed to allow anyone, including members of the public, the opportunity to use an Automated External Defibrillator in order assist someone experiencing a cardiac related medical emergency. Those using an AED should be trained in their use in addition to CPR. The County has designated its Emergency Response Team Members as the primary users of AED's in emergency situations. This chapter describes the County PAD program.

## 23.3 Roles and Responsibilities

### 23.3.1 Emergency Response Team Program Manager

The Countywide administration of the Public Access Defibrillation Program will be the responsibility of the program manager. This position is staffed in the Insurance Division of the ESA Risk Management Department.

Responsibilities:

- Oversees the Countywide Emergency Response Team (ERT) program.
- Maintains central records for the administration of the program. (i.e. training, inspections, active and inactive ERT members).
- Acts as liaison with Santa Clara Health and Hospital Emergency Medical Services Department.

### 23.3.2 Agency/Department ERT Coordinator

Acts as liaison between his/her department and the Countywide ERT program manager. The department head should appoint this position.

Responsibilities:

- Coordinates or delegates Emergency Response Team training for the agency or department.
- Ensures that ERT personnel attend training classes.
- Confirms monthly AED inspections (Appendix A) are performed and forwarded to the Emergency Response Team Program Manager.
- Completes and forwards AED use form (Appendix B) to HHS Emergency Services Department and ERT Program manager.

### 23.3.3 Emergency Response Team Members

Employees appointed to the ERT should be conscientious, have good communication skills, and be physically capable of performing necessary tasks and hold positions that do not routinely require their absence from the facility. ERT Members are considered the primary assigned users of the AED's.

Responsibilities:

- Responds to medical emergencies, including notification of 911.
- Receives and maintains required certification in CPR, first aide, and AED's.
- Become familiar with the location of AED units in the work area.

### 23.3.4 Emergency Medical Services (EMS) Agency

The Santa Clara County EMS Agency is charged with the oversight and regulation of the delivery of emergency medical services within the County. The EMS agency regulates the County's Public Access Defibrillation (PAD) program.

## 23.4 Inspections

Inspections shall be performed by, or by the direction of, the Agency/Department Emergency Response Team Coordinator using the AED Inspection check list (Appendix A). The Senior Loss Prevention Specialist with ESA Risk Management will maintain the AED inspection records. The following items need to be addressed by the designated person performing the inspection:

- There should not be any obvious signs of damage to the AED Cabinet.

- The AED location is accessible with no debris or other stored items blocking access.
- Determine the AED battery is fully charged by confirming a green check mark is present in the lower left corner of the unit.
- Confirm the cabinet alarm is set to the "On" position for those units where the alarm is required.
- Forward the inspection checklist to ESA Risk Management by the 10<sup>th</sup> day of each month.

## **23.5 Reporting Requirements for AED Use**

In the event that an Automated External Defibrillator (AED) is used, a Public Access Defibrillation (PAD) AED Use Notification form (Appendix B) must be completed. The form must be faxed within 96 hours to The Santa Clara County EMS Agency at 408-885-3538. A copy of the use form also needs to be faxed to ESA Risk Management Insurance at 408-441-4341.

## **23.6 Applicable Regulations**

- Health and Safety Code, Division 2.5, Automated External Defibrillators, Section 197.190. January 1, 2006
- California Code of Regulations, Title 22, Division 9, Chapter 1.8 Lay Rescuer Automated External Defibrillator Regulations. January 8, 2009.

## **23.7 Appendices**

23.7.1 Appendix A: AED Inspection Report

## AED Monthly Inspection Report

Location of AED (Address and Floor #): \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspection Task	Yes	No	Action Taken (*)
The AED and cabinet show no signs of any physical damage?			
Is the AED location accessible with no debris or other stored items blocking access?			
Is the AED battery fully charged? A charged battery is signified by a green check mark in the lower left corner of the AED unit.			
Is the Cabinet Alarm set to the "On" position? The arrow on the upper left cabinet key hole should point to the right to "On".			

(\*) – Action must be taken & documented whenever a "No" response is recorded.

Inspection completed by: \_\_\_\_\_

### Emergency Response Team (ERT) Status

Have any ERT Members moved retired, changed locations, etc.? Please list name(s) and status.

- 1.
- 2.
- 3.
- 4.
- 5.

Completed form to be emailed to [hank.ford@esa.secgov.org](mailto:hank.ford@esa.secgov.org), or faxed to 408-441-4341, or Ponied to ESA Insurance 2310 N. 1<sup>st</sup> St., Suite 203 Attn; Hank Ford

23.7.2 Appendix B: Access Defibrillation (PAD) AED Use Notification form

**County of Santa Clara  
Emergency Medical Services Agency**

Public Health Department  
645 South Bascom Avenue  
San Jose, California 95128  
(Tel) 408.885.4250  
(Fax) 408.885.3538



**EMS 915**

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**Public Access Defibrillation (PAD)  
AED Use Notification**

**Directions:**

- Please use one form for each AED Use
- Submit to the Santa Clara County EMS Agency

**AED Program Name:** \_\_\_\_\_

**Incident Information**

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Street Address: \_\_\_\_\_

Patients Name (if known): \_\_\_\_\_

Patients Estimated Age: \_\_\_\_\_ Patients Sex: \_\_\_\_\_

Was CPR performed?: \_\_\_\_\_ CPR Provider: \_\_\_\_\_

What was the total number of defibrillations delivered? \_\_\_\_\_

**Times**

Witnessed Arrest	
Start of CPR	
Call to 911	
First Defibrillation	
911 Arrival On the Scene	

PAD Program Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_