

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **EMT AED SERVICE PROVIDER  
PROGRAM REQUIREMENTS**

REFERENCE NO. 412

**PURPOSE:** To establish policies and procedures for EMT AED service providers in Los Angeles County.

**AUTHORITY:** Health and Safety Code Sections; 1797.170, 1797.190, 1797.196  
California Code of Regulations, Title 22, Division 9, Chapter 2 Sections  
100056, 100056.1, 100063, 100063.1.

**DEFINITIONS:**

**AHA ECC:** American Heart Association Emergency Cardiovascular Care

**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 ventricular tachycardia.

**Authorized Individual:** EMT personnel employed by an EMT AED service provider who has met the training requirements and is authorized to use an AED.

**CPR:** Cardiopulmonary Resuscitation

**EMT (Emergency Medical Technician):** An individual who is currently certified in California as an EMT.

**EMT AED Service Provider:** An agency or organization approved by the EMS agency and is responsible for and authorizes EMTs to operate an AED for the purpose of providing services to the general public.

**PRINCIPLES:**

1. All EMT AED service provider agencies shall meet State regulations and established EMS Agency policies.
2. Only agencies or organizations that employ EMTs are eligible for approval as an EMT AED service provider.
3. An approved EMT AED service provider and their authorized personnel shall be recognized statewide.
4. Agencies that employ both EMTs and public safety personnel and seek approval as an AED service provider agency must comply with the policy requirements for each entity.


EFFECTIVE DATE: 8-1-88


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SUPERCEDES: 01-30-09

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APPROVED:

  
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Director, EMS Agency

  
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Medical Director, EMS Agency

POLICY:

I. Approving Authority

The EMS Agency shall be the approving authority for all EMT AED service provider programs whose headquarters/local operations are located within Los Angeles County.

II. Program Approval

The EMS Agency:

- A. Shall notify the applicant within ten (10) working days that the application was received and specify what information, if any, is missing or deficient.
- B. Shall review and approve all CPR/AED training programs which are not approved by American Heart Association (AHA), American Red Cross (ARC), or the EMS Authority.
- C. May conduct a site survey prior to approval.
- D. Shall provide written approval authorizing AED services within fourteen (14) working days, when all requirements have been met.
- E. May revoke or suspend an EMT AED program, prohibiting the use of AEDs, if the EMT AED service provider:
  - 1. Is found to be out of compliance with applicable State regulations and/or EMS Agency policies, procedures or reporting requirements.
  - 2. Fails to correct identified deficiencies within the specified length of time after receiving written notice from the EMS Agency.

III. Program Staff Requirements

Each program shall designate a program coordinator.

A. Requirements

An individual designated by the fire chief or general manager of the EMT AED service provider organization or agency.

B. The duties shall include but are not limited to:

- 1. Program management.
- 2. Data collection.
- 3. Annual report submission.
- 4. Ensure that a California licensed physician, physician assistant, registered nurse or paramedic, who has the ability to interpret ECG rhythms, will timely and competently:

- a. Review all cases where an AED was applied.
  - b. Log required data.
  - c. Review and summarize system performance.
  - d. Make recommendations, as indicated, for modification of system design, performance protocols or training standards designed to improve patient outcome.
5. Comply with department and EMS Agency policies and procedures.

IV. Program Requirements

A. Initial Application

An organization or agency employing certified EMTs may seek approval by submitting the following:

1. A complete application.
2. All required documents as outlined in the application packet.
3. A written request or letter of intent which includes the following:
  - a. A statement that the organization or agency is willing to abide by Los Angeles County EMS Agency Reference No. 412, EMT AED Service Provider Program Requirements.
  - b. An assurance that all AED devices in use meet current AHA ECC guidelines.
  - c. Changes in key personnel or equipment will be reported to the Los Angeles County EMS Agency within thirty (30) days.
  - d. Notification of discontinuance of an approved EMT AED program will be sent to the Los Angeles County EMS Agency within thirty (30) days.

B. Training and Competency

Requirements are as follows:

1. CPR with AED training to the level of health care provider or professional rescuer in accordance with current American Heart Association/Emergency Cardiovascular Care guidelines.
2. Orientation to the use and maintenance of the EMT service provider's specific AED device(s).

3. Instruction in documentation, internal response and operational plan, reporting requirements and EMS Agency policies and procedures related to AED use.
  4. Continued competency training and documented demonstration of skills proficiency which shall occur, at a minimum, every two (2) years.
- C. Provide the following to the EMS Agency or EMS Authority upon request for each EMT AED authorized user:
1. EMT certification number with expiration date and issuing agency.
  2. Date of most recent CPR/AED training.
  3. Most recent AED skills competency date.
- D. Maintenance of Equipment/Supplies
1. Have a written policy with the procedure to be used to ensure AED equipment is properly maintained.
  2. All AEDs and supplies shall be maintained and inspected after each use and, at a minimum, every thirty (30) days.
- E. Response and Operational Plan
- All EMT AED service providers shall have a response and operational plan for AED use to include the following:
1. How emergency response will be activated e.g. 9-1-1 call, internal number, radio, etc.
  2. Geographical response area, location of each AED and number of AEDs in service.
  3. Response personnel.
  4. Scene safety.
  5. Documentation post AED application.
- V. Program Review and Reporting
- A. Approved programs shall be subject to periodic on-site surveys by the EMS Agency, in conjunction with other surveys whenever possible.
  - B. The EMS Agency shall be notified in writing within thirty (30) days of any change in program coordinator, and/or changing, adding or upgrading of AEDs.
  - C. The EMS Agency annual report shall be submitted by March 31<sup>st</sup> for the previous year. The annual report shall include, but may not be limited to the following:
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1. The total number of cardiac arrest responses.
2. The total population served.
3. The number of patients with sudden cardiac arrest receiving CPR prior to arrival of the EMT AED service provider on whom an AED was applied.
4. The number of persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation on whom an AED was applied.
5. The number of patients who were defibrillated:
  - a. Witnessed
  - b. Un-witnessed
6. Number of personnel who are authorized to perform defibrillation by the EMT AED service provider:
  - a. EMTs
  - b. Lay public

VI. Record Keeping

- A. Each program shall maintain the following records for four (4) years which shall be available for review:
  1. All documentation required for program approval.
  2. Training and competency rosters.
  3. Instructional and testing material.
  4. Maintenance/inspection log sheets.
  5. Curriculum vitae and qualifications for program coordinator.
- B. Patient care records shall be maintained in accordance with EMS Agency policies.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 412.1, **EMT AED Service Provider Program Application**

Reference No. 413, **Public Safety AED Service Provider Program Requirements**

Reference No. 602, **Confidentiality of Patient Information**

Reference No. 606, **Documentation of Prehospital Care**

Reference No. 610, **Retention of Prehospital Care Records**

Reference No. 814, **Determination/Pronouncement of Death in the Field**