



AED SERVICE PROVIDER ANNUAL REPORT

January 1, 2018 - December 31, 2018

As required by State law and local polices, the following statistical information is required annually. **Deadline for submission is March 31, 2019.**

AED Service Provider Name _____

1. Population served (estimate): _____

2. Number of ALS and/or BLS responses to patients who suffered sudden cardiac arrest: _____

Number of resuscitations attempted: _____

Number not attempted _____

- Reference No. 814 determination, valid DNR, AHCD, POLST, personal physician or family at scene request withholding resuscitation efforts.

3. Number of patients on whom an AED was applied: _____

Total number witnessed arrest	Number with bystander CPR prior to EMS arrival	Number with initial rhythm of V-fib or V-tach (AED shock advised with initial application)	Number who regained pulse prior to ALS care	Number discharged alive from hospital
				<input type="checkbox"/> Info Unavailable
Total number unwitnessed arrest	Number with bystander CPR prior to EMS arrival	Number with initial rhythm of V-fib or V-tach (AED shock advised with initial application)	Number who regained pulse prior to ALS care	Number discharged alive from hospital
				<input type="checkbox"/> Info Unavailable

5. Total number of patients who received defibrillatory shocks from an AED: _____

Adult: _____ Child (8-17): _____ Child (1-7): _____ Infant (< 1 year): _____

6. Problems associated with AED operation or application: **Yes** **No**
If you answered yes, check appropriate box below and provide additional information.

a) **Equipment failure**

- Machine shocks rhythm other than V-Fib or V-Tach
 - No discharge
 - Tape/battery malfunction
 - Other
-
-

b) **Lack of skill proficiency**

7. Name of MD, RN, PA or Paramedic primary reviewer of AED application (s): _____

Contact number: _____ Email address: _____

8. Manufacturer/Model of AEDs: _____ No. AEDs in service: _____ Peds Pads:

9. Number of personnel by level authorized to use AEDs within your agency:

- a. EMT: _____
- b. Public Safety personnel (**Non-EMT**):
(Peace Officers, Lifeguards and Firefighters) _____
- c. Non-licensed/non-certified personnel:
(Lay public/employees) _____

10. Frequency of individual AED/CPR skill competency verification:

- Every 2 years (EMT only)** **Annually** **Every 6 months** **Other:** _____

AED Program Coordinator: _____ Title: _____

Email: _____ Contact Number: _____

AED Program Coordinator's Signature: _____ Date: _____

Submit report via mail, e-mail or fax to:

Los Angeles County EMS Agency
Attn: AED Coordinator
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670

e-mail: aedprograms@dhs.lacounty.gov

Fax: (562) 941-5835