

Southern Tier Regional Emergency Medical Services

Policies and Procedures for EMS Agencies Providing AED



STREMAC Approved August 2, 2005

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**Southern Tier Regional
Emergency Medical Services
Policies and Procedures
for
EMS Agencies Providing
AED**

Purpose:

To provide a mechanism for the authorization and approval of EMS agencies to provide AED (automated external defibrillation) level care within the Southern Tier Region. This mechanism will ensure that AED is provided effectively within the regional system and is of the highest quality possible.

1. AED Permits

1.1 Purpose: The purposes of the AED permit process are as follows:

- a. To provide for formal authorization and approval of the appropriate STREMAC approved, NYS Department of Health (Policy #95-07) defined, EMS Agency providing AED.
- b. To provide a means of coordinating provider service accountability to the STREMAC and the AED service's medical director.
- c. To ensure a common standard of care among all AED provider services in the Southern Tier Region.

1.2 Description: Permits may be issued for the operation of an AED agency only when the following conditions have been met:

- a. All AED care is provided under Medical Control.
- b. All AED providers serve with a STREMAC approved AED agency
- c. All AED providers successfully completed a State approved AED Course
- d. All AED providers successfully participate in an AED Skills Maintenance Program

1.3 Issuing Agency: Permits are issued jointly by the Council and the STREMAC.

1.4 Requirements for permits: No agency may operate at the AED level without a Council and STREMAC issued AED permit and STREMAC approved Service Medical Director. The Service's Medical Director must meet the requirements of the STREMAC Service Medical Director's Job Description (STREMAC approved 5/10/94) and complete the Letter of Intent for Service Medical Directors

(STREMAC approved 5/10/94). The service's CEO must also complete the Letter of Intent for Service Medical Directors (STREMAC approved 5/10/94).

2. Application Procedure and Probationary Permit

2.1 Issuance of a Probationary Permit: Probationary Permits are issued to agencies providing evidence that they can meet the requirements listed under Part 5, AED Service Requirements, and have met the requirements for permits, under 1.4 above.

2.15 A Probationary permit may be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.

2.2 Application Eligibility: Any non-transporting EMS agency or certified transporting agency approved to provide Emergency Medical Response under the New York State Public Health Law, may apply for an AED permit. New transporting services not previously in operation must complete the Certificate of Need process as specified by New York State Public Health Law.

2.3 Application Submission: An agency may apply for an AED permit by submitting a completed AED permit application to the Council. This application should be complete and contain the attached materials:

- a. Level of care desired
- b. Area to be serviced by the AED agency
- c. Anticipated startup date
- d. Current list of technicians and their certification information for the level of care desired
- e. Description of the agency's ability to meet the requirements described in Part 5, AED Service Requirements
- f. Receiving institutions' CEO letter of approval of the service's operation
- g. For transporting agencies ONLY:

Provide One of the following:

- (1) Copy of the New York State Ambulance Service Certificate obtained through a Certificate of Need Process of the Southern Tier Regional EMS Council

OR

- (2) Copy of the New York State Ambulance Certificate issued prior to January 1, 1976 (consistent with the description in Article 30, Section 3009.1)

OR

- (3) New York State Ambulance Service Certificate with the following documentation:
- (a) Documented absence, reduced availability or an inadequate level of care {as evidenced by an inability of current ambulance service(s) to meet STREMAC determined standards of patients care - including but not limited to response times, adherence to patient care protocols and items 5.1 - 5.9 of this document} in the geographic area identified in the certificate of operation.
 - (b) Document the impact of the new ambulance service on the existing EMS system.
 - (c) Provide letters of support attesting to items 2.3,g, 2A,B of this document from the following:
 - (i) All existing EMS agencies operating in or contiguous with the geographic area identified in the operating certificate
 - (ii) County EMS organizations contiguous with county in which the geographic area of the operating certificate is located
 - (iii) CEOs of municipalities in which the geographic area of the certificate of operation is located AND contiguous with
 - (iv) Regional Council and Regional Medical Director in which the service operates or may operate if the service exists in or serves areas outside of the counties of Steuben, Schuyler or Steuben

2.4 Review of Application: The Council (Systems Committee) will review the application for completeness. The completed application will be forwarded to the STREMAC. The STREMAC will review the application and assess the agency's ability to meet the requirements specified in Part 5, AED Service Requirements. A recommendation will be made to the Council for approval of the permit. Any decision of the STREMAC may be appealed to the SEMAC.

2.5 Approval: Final approval of the permit will be made by the Council. No permit may be issued without STREMAC approval. A probationary permit will be issued upon approval of both the STREMAC and the Council, except as outlined in 4.2.

2.6 Initial term: A probationary permit is issued for a period of two years; at the end of the two year period, the STREMAC will review the agency's adherence to the requirements in Section 5. The STREMAC will then make recommendation to the Council concerning whether or not to issue a standard permit (see Section 3).

2.7 Entry into effect: All AED services operating within the Southern Tier EMS Region must have a valid probationary or standard AED permit by June 1, 2000.

3. Standard Permit and Issuance of Term:

- 3.1 Issuance of Standard Permit: Agencies having satisfactorily completed the two year probationary period as described in Part 2 will be issued a Standard Permit. Renewal of standard permits for agencies will occur according to a schedule determined by the STREMAC.
- 3.2 Term: The standard permit will expire 60 months after it was initially issued.
- 3.3 Renewal: Each agency's permit will be considered for review and renewal by the STREMAC and the Council upon resubmission of an updated letter of intent (Section 2.3), no later than six months prior to the permit's expiration date.

4. Revocation of Permit:

- 4.1 Grounds for revocation: Any agency may have its permit for AED care revoked for failure to meet the requirements of Part 3.3 or Part 5, by the STREMAC, the Council, or the Regional Medical Director. A Probationary permit may then be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.
- 4.2 Service Medical Director's authority to revoke: In accordance with New York State Law, the Service Medical Director may at any time withdraw his authorization to provide supervision from any service for any reason with or without concurrent approval of the Council or the STREMAC. The AED permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.
- 4.3 In the event of the unexpected departure of the Service Medical Director, all AED standing orders are suspended, and any AED care must be provided with on-line Medical Control, only for a period not to exceed 72 hours. Seventy-two hours after the unexpected departure of the Service Medical Director, the AED permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.

5. AED Service Requirements: For permit issuance and retention, each AED service must meet the following requirements:
 - 5.1 Delivery of AED patient care in accordance with all current requirements outlined in the New York State Public Health Code and Regulations, including but not limited to Articles 30 and 30A, Parts 80 and 800, and Regional and State EMS Protocols.
 - 5.2 Adherence to and enforcement of all applicable patient care protocols established by the STREMAC.
 - 5.3 Active participation in a service and regional QI program.
 - 5.4 Adherence to the standards for providers' continuing educational requirements established by the Service Medical Director and/or the STREMAC. See attached Appendix A, STREMAC AED Requirements.
 - 5.5 Completion of other records as required by the Service or Regional Medical Director.
 - 5.6 Provide documentation from service's insurance carrier acknowledging intent to provide AED.
 - 5.7 Provide documentation of appropriate and proper defibrillator, adequately maintained.
 - 5.8 If the service is non-transporting, provide documentation of all potential transporting agencies' support and willingness to transport patients treated by the service.
6. If the service is providing AED as EMT or EMT-I agency, policies and procedures, as well as letters of agreement, must be in place to ensure appropriate interface with ALS agencies providing EMT-CC or EMT-P where available.
 - 6.1 Current, complete permit application.

Appendix A

- I. MAINTENANCE OF DEFIBRILLATION UNIT
 - A. The AED will be checked on a regular basis using a standardized maintenance checklist. Three sample maintenance checklists are attached (Appendix D-1, D-2, D-3). The checklist is to be kept in a notebook and be readily available for inspection by the medical director or his designee.
 - B. Battery maintenance will be conducted according to the manufacturer's recommendation.
- II. PROTOCOLS
 - A. All AED certified personnel must follow the NYS BLS AED protocol (attached).
- III. PERSONNEL
 - A. The following are the requirements for personnel utilizing an AED within the EMS system:
 1. They must have taken a NYS approved course that authorized AED use.
 2. All personnel requesting to utilize the AED must be on the department's AED roster. Anyone not on the roster will not be able to utilize the AED.
 3. In-services will be documented on an "In-service Sheet", which will be sent to the medical director or his designee. Anyone not listed on the in-service sheet will not be allowed to utilize the AED.
 4. Personnel must attend semiannual in-services. A person missing two (2) consecutive semiannual in-services will not be allowed to use the AED without first meeting with the physician medical director or designee, to have their skills verified.
 - B. Requirements for AED Inservice Instructors
 1. Should be someone with instructor training such as American Heart Association, American Red Cross, National Safety Council, or other New York State approved instructor, authorized in writing by the Service Medical Director to conduct instruction.
 2. If such a person is not available, someone with thorough knowledge of AED use may be authorized in writing by the Service Medical Director upon demonstration to the Service Medical Director of his or her knowledge and ability to teach.
- IV. AFTER CALL REPORTING PROCEDURES
 - A. Within twenty-four (24) hours of the call, all call materials must be submitted to the physician medical director or his designee. Call materials include:
 1. PCR copy (separate from hospital copy)
 2. AED run sheet
 3. AED printout
 4. Voice tape (if available and utilized)
 - B. A RUN IS DEFINED AS ANY TIME CPR IS REQUIRED, REGARDLESS OF WHETHER OR NOT A SHOCK IS DELIVERED.
- V. WARNING
 - A. An AED, used in NYS, can only be used by personnel who have been trained utilizing the NYS AED curriculum and belonging to a recognized NYS EMS agency. Personnel using the AED equipment must be approved by the agency's physician medical director. ANY PERSONNEL NOT APPEARING ON THE AED ROSTER WILL NOT BE ALLOWED TO OPERATE THE AED.

Appendix B

Southern Tier Regional EMS Council
Southern Tier Regional Emergency Medical Services
AED APPLICATION

- Name of Agency _____
- Address _____

- Phone _____ Fax _____
- Agency CEO Name _____ Phone _____
- Address _____
- Signature _____ Date _____
- Current level of care provided: First Response CFR EMT EMT-I
- Agency Profile
 - Total Number of Providers _____
 - Total Number of Members Certified at
 - CFR only _____ EMT only _____ EMT-I only _____
 - CFR-D only _____ EMT-D only _____ EMT-CC/P only _____
- Anticipated start-up date _____
- If Transporting agency*, attach copy of Agency's current NYS Certification
- If Transporting agency*, List all Southern Tier receiving hospitals and designated alternative destinations to which you routinely take patients (and attach CEO's letter of approval for each) _____
- If Transporting agency*, Identify source(s) of on-line Medical Control and attach documentation from facility(s) agreeing to provide on-line Medical Control.
- If Non-transporting agency*, list all EMS agencies who will routinely transport the patients you care for and attach documentation as required in section 5.8.
- Attach completed "AED Part V Declaration"
- Attach completed Service Medical Director's Letter of Intent.

APPENDIX C

SERVICE MEDICAL DIRECTOR JOB DESCRIPTION

Requirements:

1. Licensed to practice medicine in New York State.
2. Completed a Basic and Advanced Cardiac Life Support course.
3. Commitment to prehospital emergency care and to Southern Tier Regional emergency Medical Services system.

Duties and Responsibilities:

1. Is considered a non-voting members of the Southern Tier Regional Emergency Medical Advisory Committee.
2. Advise the prehospital agencies on medical aspects of out of hospital care.
3. Participate in the regional Quality Improvement program.
4. Assist in the development and implementation of EMS treatment protocols.
5. Participate in provider training and evaluation.
6. Accept the responsibility for the care provided by EMS providers within the service.
7. Understand that providers rendering care in an off-line medical control situation, do so as an extension of the Service Medical Director's license to practice medicine.

LETTER OF INTENT FOR SERVICE MEDICAL DIRECTORS

I, _____, M.D./D.O., have agreed to serve as the Service Medical Director of the _____ [agency name] EMS agency [hereinafter referred to as "the agency"] within the Southern Tier Regional EMS system. This establishes that my medical license will be the license through which off-line medical care provided by the agency will be rendered in conformity with the providers' New York State certification.

In doing so, I acknowledge my understanding with the Southern Tier Regional EMS Council's and the Southern Tier Regional Emergency Medical Advisory Committee's EMS protocols and policies and will require the agency personnel to adhere to these protocols and policies for the out of hospital care of patients.

I will expect prehospital care reports (PCRs) to be readily available to me and that these will be detailed, accurate records of the care provided by the agency's personnel.

I will serve as a medical resource for continuing education and will actively participate in the Southern Tier Regional EMS system's Quality Improvement program. I have read and accept the Job description of the Southern Tier Regional EMS system's Service Medical Director, and meet its requirements and accept its duties and responsibilities.

Service Medical Director

EMS Agency Representative

Signed _____

Signed _____

Address:

Address:

Date _____

Date _____

1. Monthly Inspections

Ensure that all AED equipment is inspected in accordance with the manufacturer's recommendations, not less than on a monthly basis. The following items should be verified:

- The unit is clean and free of excessive wear.
- The housing contains no cracks or loose parts.
- The electrodes have not expired and are connected to the AED and are in a sealed package.
- All cables are free of cracks, cuts, exposed or broken wires.
- The unit is tested in accordance with the manufacturers recommendations verifying:
 - Energy delivery
 - ECG analysis results
 - Indicators and display illumination
 - Voice prompts (if available) are audible
- Unit powers up properly and indicates it is ready for use.
- Batteries are within expiration dates and do not need replacement.
- Inventory list is complete and the materials are within their expiration dates.

2. Routine Servicing

Ensure that the AED is serviced following every incident. Servicing should include the following:

- Replacing used materials, including
 - AED pads
 - Gloves
 - CPR barrier mask
 - Victim preparation kit
- Down loading recorded event data
- Checking battery condition
- Cleaning the AED unit in accordance with the manufacturer's recommendations.

NOTE: Copies of all event data should be forwarded to the Service Medical Director for his/her review and any recommendations deemed necessary.

3. Battery Replacement

- Batteries should be checked and their operational condition verified following each event.
- Batteries should be replaced at any point in time that their charge level indicates less than manufacturer's recommended minimum level or when they have passed their expiration date.

4. Electrode & Pad Replacement

There are three conditions under which electrodes and pads should be replaced:

- A regular inspection indicates damage to either the pads or electrodes.
- Following an event.
- They have passed their expiration date.

5. Inventory

Inventory supplies need to be replaced under three sets of circumstances:

- A regular inspection indicates they have been tampered with and their integrity is suspect.
- Following an event.
- They have passed their expiration date.

Signed _____

Date: _____

Automated External Defibrillator Maintenance Checklist

Date _____ Location _____

Inspection Performed by _____
(PRINT) (Signature)

Criteria	Status	Corrective Action/comments
AED		
Verify battery installation		
Check the status/ service indicator light		
Note absence of visual/ audible service alarm		
Inspect exterior components and sockets for cracks		
Supplies		
Two sets of AED pads in sealed package		
Check expiration date on pad packages		
Pocket mask with one-way valve		
Examination gloves		
Razors		
Absorbent gauze or hand towel		

Please refer to manufacturer's User's Manual for more information and proper annual maintenance procedures.

AED Maintenance Checklist

Date: _____

AED Location: _____

Inspected by: _____
 (Print) (Signature)

All equipment and accessories necessary for use of the AED shall be maintained in a state of readiness. At least once each calendar month an inspection shall be conducted and documented including an inspection of AED kit supplies, AED battery life and AED operation and status. Inspection and maintenance records shall be retained for review by the Service Medical Director. All equipment maintenance shall be performed according to the user’s manual and operating instructions. The following checklist should be completed once each month.

Criteria	YES/ NO	Comments/Corrective Action
AED in assigned place on vehicle		
Inspect exterior components and sockets for cracks		
Clean AED exterior with soft damp cloth using either soapy water, 70% isopropyl alcohol or an ammonia based cleaner such as Windex if needed.		
Check the status/service light indicator		
Battery maintenance per manufacturer’s recommendation		
Check presence of two sets of AED pads in sealed package		
Check expiration date on pad packages		
Check presence of pocket mask with one-way valve		
Are examination gloves present in kit		
Are scissors found in the kit		



New York State
Department of Health
**Bureau of Emergency
Medical Services
POLICY STATEMENT**

Supercedes/Updates:

No. 95-07

Date: Sept. 15, 1995

Re: Providing Automated
External Defibrillation

Page 1 of 4

The purpose of this policy statement is to provide guidelines for:

1. Regional Emergency Medical Advisory Committees (REMACs) to develop policies and procedures for the approval of EMS agencies to provide automated external defibrillation (AED) level care.
2. EMS agencies who want to develop and provide AED level care.

Introduction

Recently the Commissioner of Health adopted regulatory changes to the State EMS Code (Part 800) which defines AED as a basic life support skill. EMS agencies providing non-transport first responder service are no longer required to obtain Certificate of Need (CON) approval in order to provide AED level care.

In order to provide AED, all EMS services, are required to have a medical director and meet the requirements of and be approved by the appropriate Regional Emergency Medical Advisory Committee (REMAC).

Under the new provisions of the State EMS Code a certified first responder or emergency medical technician may use an automated external defibrillator, **only** when the following three conditions have been met:

- (1) the care is provided under medical control ; **and**
- (2) when authorized by and serving with an EMS agency that provides emergency medical service. The EMS agency has received approval by the REMAC to provide AED level care within the EMS system; **and**
- (3) after successfully completing a State approved AED course.

Issued by: John J. Clair Authorized by: Edward G. Wronski
Associate Director - Operations Deputy Director

Medical Control

Every EMS agency providing AED level care must have a designated qualified physician, who meets the credentialing standards of the REMAC, to provide medical supervision and direction. There must be a single, identifiable physician who assumes responsibility for the overall quality of prehospital care provided by an EMS agency.

The agency's designated physician must establish a mechanism for quality assurance, training and continuing education of AED operators, including regular case review of all instances where an AED was used to care for a patient, and provide periodic retraining and assessment of the service.

Regional Emergency Medical Advisory Committee (REMAC) Approval

A certified first responder or emergency medical technician may only use an AED when authorized by and serving with an agency providing emergency medical services (as defined in the Public Health Law, Article 30, Section 3001.1).

Agencies wishing to provide AED level care must apply to and receive approval of the Regional Emergency Medical Advisory Committee (REMAC) to provide AED level care within the local EMS system.

Each REMAC will have application procedures that detail its requirements for training, continuing education, quality assurance, medical control, EMS system participation and ambulance agency agreements.

Documentation Requirements

Each EMS agency approved to provide AED level care must:

1. Maintain personnel records in accordance with the provisions of 800.21(k) of the State EMS Code. For AED this includes documentation of initial, refresher and in-service and/or continuing education training and any medical director authorization.
2. Documentation of care provided using the AED using the NYS PCR in accordance with all applicable policies.

AED Training Requirements

Please refer to NYS-EMS Policy 95-06 for information relating to course sponsors conducting and documenting the required training programs for AED.

DOH Notification

The REMAC shall notify the Department, within ten days, of each authorization of a service to provide AED.

PART II

GUIDELINES FOR REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEES

Approving EMS Agencies to Provide AED Level Care

Each Regional Emergency Medical Advisory Committee (REMAC) needs to develop and implement a written policy that describes application procedures and requirements to authorize services and individuals to provide AED level care.

REMACs should consider the following when developing their policy for AED:

A. Assessing the Agency's Current Level of Service

1. **Registered Ambulance Services**
When considering AED approval the REMAC should review whether the registered ambulance service has appropriately trained staff, adequate equipment and the resources to support the services' basic mission and the provision of AED level care.

The REMAC may require certification, or at minimum should encourage the service to work with the appropriate Regional EMS Council to meet certification standards.

2. **BLS First Response Agency**
There is currently no statewide definition of, or minimum requirements for, Basic Life Support First Response agencies. To provide AED, an agency must meet the definition of "providing emergency medical service" found in PHL Section 3001.1 which means initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies.

When considering a BLS First Response agency for AED approval, the REMAC should identify the type and level of EMS to be provided by the agency including dispatch, equipment, communications and the type of response. These non-transport agencies, must provide a written agreement with an appropriate ambulance agency, to assure the continuity of AED level care.

REMACs may place other requirements on a BLS service to insure that the service is a full participant in the local EMS system.

BLS First Response agencies are not required to apply for a Certificate of Need (CON). The area or population to be serviced should be described by the agency and agreed to by the REMAC.

B. Medical Control and Quality Assurance

The agency must provide a description of their quality assurance and evaluation mechanism. The agency must identify the Medical Director who will assume responsibility for regular case review, quality assurance, periodic retraining and assessment of the service and AED operators. A letter of agreement from the Medical Director must be included in the application.

C. Type of Automated External Defibrillator

The agency must identify, by make and model number, the defibrillator(s) they plan to utilize. The Automated External Defibrillator (AED) must incorporate an electronic rhythm analysis system that limits the delivery of an electrical counter shock to a rhythm for which defibrillation is indicated. The external defibrillator may be either a fully automatic or semiautomatic (shock-advisory) type.

D. Public Access, Community CPR and Early ACLS

A successful prehospital defibrillation program starts with public awareness and recognition of early warning signs, quick access and activation of the EMS System and basic CPR. Agencies applying for AED approval should include a description of how the public accesses EMS and what efforts the agency is taking to promote access information and citizen CPR training.

Early Advanced Cardiac Life Support (ACLS) is another critical link in the successful management of cardiac arrest patients. BLS units should deliver their patients to a higher level of care as soon as

possible, either by intercepting with a mobile ALS unit or, by transporting to the nearest hospital. Agencies should include a brief description of how they will provide for ALS intercept.

E. Receiving Hospitals

The agency should identify the hospital(s) in their area that will receive patients treated with the AED. It is important that the local hospital(s) understand AED level care and actively participate in quality assurance programs. Agencies applying for AED approval must demonstrate that the local hospital(s) are aware of all aspects of and will cooperate with the AED program.

F. Documentation

The agency must attest to how it will use the New York State PCR and agree to submit PCR's in accordance with state and regional requirements. Any additional documentation of the use of the AED must be described.

The REMAC should include a requirement to report equipment failures which occur during patient care use.

G. Transporting Ambulance Service

Non-transporting first responder agencies need to identify the transporting ambulance service(s) and provide a letter of agreement from the governing authority indicating support for the prehospital defibrillation program, agreeing to transport any patient and AED-Technicians and to assure the continuity of AED level care.

H. Application

The REMAC must describe the form and content of the application an agency must submit for AED approval. The application should contain at least the following:

- All pertinent agency information
- Description of service area, including any needed endorsements
- Staffing levels and patterns
- Response vehicles, type, location, etc.
- BLS equipment
- Medical Director information and letter of agreement
- Transport ambulance letter of agreement
- Defibrillator information, type, model, etc.
- Agency access and dispatch information
- Agreement to participate in the EMS system including PCR documentation, QA, etc.

CARDIAC ARREST – ADULT

Note:

**Determine if the patient has a Do Not Resuscitate (DNR) order.
Treatment must not be delayed while making this determination.**

**Request Advanced Life Support if available.
Do not delay transport to the hospital.**

ALL LEVELS

- I. Perform initial assessment.
- II. If patient is confirmed to be absent of respirations and pulse, begin Cardiopulmonary Resuscitation as per current AHA/ARC/NSC guideline.
 - A. Artificial ventilation and/or CPR must not be delayed to attach supplemental oxygen. Initial ventilations without supplemental oxygen should be used until supplemental oxygen can be attached.
 - i. Deliver each breath over 1 second.
 - ii. Give sufficient tidal volume to produce visible chest rise.
 - iii. Avoid rapid or forceful ventilations.
 - iv. When a secure/advanced airway is in place with 2-person adult CPR, ventilations are to be given at a rate of 8 – 10 breaths per minute without attempting synchronization between compressions. Do not pause compressions for delivery of ventilations.
 - B. If cardiac arrest was unwitnessed by EMS or EMS arrival to the patient is more than 4 to 5 minutes since the patient went into cardiac arrest, begin CPR for 2 minutes (5 cycles for adult CPR) prior to defibrillation.
 - i. During this initial administration of CPR, the AED should be attached to the patient.
 - ii. Initial AED analysis of the patient's rhythm should occur 2 minutes after CPR has been initiated.
 - C. If cardiac arrest was witnessed by EMS or EMS arrival to the patient is less than 4 minutes since the patient went into cardiac arrest, attach the AED to the patient and check rhythm prior to beginning CPR.
- III. During application of the AED pads:
 - A. Assure proper application and adhesion of the pads to the patient's chest.
 - B. If present, remove **any** medication patch from the patient's chest.
 - i. Assure that the patient's medication patch does not come into contact with your skin (wear appropriate PPE).

- ii. Assure proper disposal of the medication patch at the Emergency Department through use of properly identified biohazard bags.
- IV. Once the AED has analyzed the patient's rhythm, follow the voice prompts to either "check patient" or administer a "shock".
- V. After the first and all subsequent defibrillations immediately begin CPR for 5 cycles (approximately 2 minutes), without checking for a pulse, before the next rhythm check and/or defibrillation. Do not check for a pulse or rhythm after defibrillation until 5 cycles of CPR has been completed or the patient appears to no longer be in cardiac arrest.
- VI. All actions and procedures occurring during a cardiac arrest should be accomplished in a way that minimizes interruptions of chest compressions.
- VII. Transport to the closest appropriate Emergency Department:
 - A. A maximum of 3 defibrillations may be delivered at the scene prior to initiating transport. If transportation is unavailable, continue your AED/CPR sequence until transportation is available.
 - B. If the AED advises that no shock is indicated, initiate transport with rhythm checks by the AED occurring approximately every 2 minutes.
 - C. During transport, the AED should perform rhythm checks approximately every 2 minutes with as few interruptions of chest compressions as possible.
- VIII. If patient is no longer in cardiac arrest, complete an initial assessment, support airway and breathing, place the patient in recovery position, obtain vital signs, and treat according to appropriate protocol while continuing transport.
- IX. Record all patient care information, including the patient's medical history and all treatment provided (including the total number of defibrillations administered), on a Prehospital Care Report (PCR).
- X. EMT-CC/P utilize appropriate cardiac arrest protocol for treatment of cardiac rhythm present.

PEDIATRIC PULSELESS CARDIAC ARREST

