



Greater Wenatchee EMS and Trauma Care Council

1250 N. Wenatchee Ave, Ste H, #372
Wenatchee WA 98801
gwemscouncil@gmail.com

Dear Sir or Ma'am,

Thank you for your interest in placing and registering an AED (Automated External Defibrillator) for your company/organization.

Your effort in participating in this PAD program is important:

1. Helps provide you with legal protection in accordance with state law.
2. Helps provide you with physician over-site in accordance with state law.
3. Provides the ability for EMS (Emergency Medical Services) to contact you with AED updates or changes.
4. Provides 911 dispatch with the ability to tell lay responders of location of your AED during an emergency.
5. Provides EMS the ability to help you place your AED in the best location for an emergency.
6. Provides the EMS system the ability to determine for future AED placement needs.
7. Provides EMS the ability to obtain data from your AED after an emergency event.
8. Provides EMS an ability to give you a feedback report of how the AED helped during the emergency event.
9. Provides EMS the ability to contact you and give you assistance and help you with any questions / problems.
10. Increases the success of your AED used appropriately and safely.

Approximately 250,000 people have a sudden cardiac arrest, a complication of a heart attack annually. AED's (Automated External Defibrillator) provide a life saving shock during a cardiac arrest.

What is an AED? An AED is a computerized medical device that checks a person's heart rhythm, recognizes a rhythm that requires a shock and can advise the rescuer when a shock is needed. It uses voice prompts, lights and text messages to tell the rescuer the steps to take to operate the AED and perform CPR.

The success of defibrillation diminishes rapidly with each passing minute, decreasing the chance of successful return of normal heart rhythm by 10% for each passing minute.

This is why you are so important!

Clinical studies confirm linking CPR with the use of AEDs by lay rescuers creates an even greater chance to improve survival from cardiac arrest. You can make the difference !

Thank you again-Sincerely,

Lance Jobe, MD FACEP
Greater Wenatchee EMS and Trauma Care Council

Chelan/ Douglas County
Public Access
Defibrillation
Community Program



(RCW 70.54.310)

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INTRODUCTION

This packet is intended to help you complete the registration process and placement of your AED for use. The following pages are intended to give you:

1. Direction on what is expected accordance with Washington State Law
2. Provide you a clear and easy way to understand your responsibility and role of having an AED in your organization.
3. Provide you with the tools you need to have a successful AED Program.

STEP 1-Assign a site Coordinator(s). A site coordinator is a person in your organization who will be responsible to:

1. Maintenance your organization's AED and its AED program
2. Be a contact/ representative for organization to EMS re: AED

STEP 2- Please complete this packet.

(If you need assistance in completing this packet please contact the Greater Wenatchee EMS Council)

Chelan /Douglas County Public Access Defibrillation (PAD) Checklist

Complete the following:

- _____ **Review Copy of RCW 70.54.310 (Enclosed)**
- _____ **Optional-Contact your Jurisdictional EMS Agency to complete this documentation (if you do not know your local EMS agency Call 509-664-4032 or visit ncecc.net for name & contact info)**
- _____ **Arrange and complete a Washington State Approved CPR-AED Training Course for staff who will use the AED (help with this can found at ncecc.net)**
- _____ **Maintain a Copy of CPR-AED training Class Roster(s) of your staff**
- _____ **Review the manufacture's recommendations for your AED maintenance and operation**
- _____ **After any "real event" use of the AED - Contact the RiverCom Dispatch center - (509-663-9911) and report that your PAD-AED has been used and the following information:**
 - 1. The date of use
 - 2. The location it was used, and
 - 3. Which specific AED was used.
- _____ **Email or postage mail- The Greater Wenatchee EMS and Trauma Care Council with the following information:**
 - 1. Return Completed AED Registration Form (one per AED) (enclosed)
 - 2. Return Completed Regional PAD Registration Form (one per AED) (enclosed)

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Chelan /Douglas County PAD Program AED Registration Form

Please check all that apply:

Request Medical oversight of AED Program

I currently have an Automated External Defibrillator and would like to obtain medical oversight.

Request Registration of an Automated External Defibrillator (AED)

I currently have an Automated External Defibrillator and medical oversight and would like to register the device.

Medical Director _____ Program Name _____

Request to update information _____

My device is registered and I would like to update my site information.

Customer Information:

Company or; _____	
<i>If Private Resident list</i>	
Customer Name: _____	
<i>First Name</i>	<i>Last Name</i>
Business Type: <i>(Ex: Law offices, School, Manufacturer, Public pool)</i> _____	
Physical Address:	
Address 1: _____	<i>Suite/Apt #</i>
<i>Street Address</i>	
Address 2: _____	<i>Suite/Apt #</i>
<i>Street Address</i>	
City, State, Zip: _____	<i>Zip</i>
<i>City</i>	<i>State</i>
Mailing Address: <input type="checkbox"/> <i>Same as Physical Address</i>	
Address 1: _____	<i>Suite/Apt #</i>
<i>Street Address</i>	
Address 2: _____	<i>Suite/Apt #</i>
<i>Street Address</i>	
City, State, Zip: _____	<i>Zip</i>
<i>City</i>	<i>State</i>
Days of Operation: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 7days/Week	
<i>Please check all that apply</i>	
Hours of Operation: _____ <input type="checkbox"/> 24/7 <i>(Ex: Private Residence, 24hr Business)</i>	
<i>Start Time</i>	<i>End Time</i>

Contact Information: *If you have more than one site coordinator, please use a blank sheet to provide the following Contact information for each Site Coordinator and Site Manager. Please identify the AED # or Location of device he/she is responsible for.*

1st Contact: <i>List your Site Coordinator</i>		2nd Contact: <i>List your supervisor</i>	
Name _____	<i>First</i>	<i>Last</i>	
Title _____			
Phone _____			
Cell _____			
Email _____			

Training Information:

Training Program: <i>Ex: American Heart Assoc., American Red Cross</i> _____	
Number of People trained: _____	Date initial Training completed: _____

Total Number of AED's:	<i>If you have more than one device please use the section below to list each device individually. Please use additionally copies of this form to record a complete list of your devices.</i>		
AED # _____ of _____ Serial # _____	Date AED put into operation _____		
Make _____	Model _____		
Location of the Device: <input type="checkbox"/> Same as <input type="checkbox"/> Physical Address			
Address 1: _____	<small>Street Address</small>	<small>Suite/Apt #</small>	
Address 2: _____	<small>Street Address</small>	<small>Suite/Apt #</small>	
City, State, Zip: _____	<small>City</small>	<small>State</small>	<small>Zip</small>
Number of Employees at this location _____	Number of Visitors _____	Private Residence: <i>List number of people who reside at this location</i> _____	
Placement of the Device: <i>Describe the location your device is placed in your home, business or vehicle:</i>			
Site Visit Completed by: _____			
	<small>First Name</small>	<small>Last Name</small>	<small>Agency</small>
Date of Site Visit: _____			

Disclaimer Statement:

The agencies, employees, or assigns of the Greater Wenatchee County EMS & Trauma Care Council hold no responsibility individually or collectively for the activities performed pursuant to this document, in relation to the public use of automated external defibrillators in Chelan /Douglas Counties, or resulting from the Community Responder CPR-AED Program in Chelan / Douglas Counties.

Medical direction is extended to the Community Responder Site based on documentation supplied by the site that requirements established in RCW 70.54.310 have been met.

"I/We hereby affirm and declare that the information provided herein is true & correct and I/We will:

- Assure that state-approved training for the Community Responder CPR-AED Program will be completed.
- Will follow protocol related to the use, ownership, maintenance, and other aspects of public use of automated external defibrillators as described in this document and via the above mentioned CPR-AED training.
- Will provide "CPR-AED event data" to Greater Wenatchee EMS and Trauma Care Council per the format requested by them.

Have read and understand and am/are in compliance with RCW 70.54.310 and will remain in compliance with that statute.

Agree to maintain knowledge of and implement this program consistent with the current standard of care during the life of this program.

Executed this ____ day of _____, _____

User Entity _____

Signature _____

Printed Name _____

Regional PAD Registry Form

Agency	Contact Name
Location Address	Contact Phone
County	Contact Email
AED Brand	Responsible EMS Agency
AED Model	First Responder Agency
Serial Number	Physician Oversight
ID Number	Physician City
Type of Training and Date	Training Grant
Date AED Placed	Grant Year
Replacement AED	AED- specific location description-
Notes:	

Community Responder CPR-AED Program
RCW 70.54.310

Semiautomatic external defibrillator—Duty of acquire—Immunity from civil liability.

(1) As used in this section, “defibrillator” means a semiautomatic external defibrillator as prescribed by a physician licensed under chapter 18.71 RCW or an osteopath licensed under chapter 18.57 RCW.

(2) A person or entity who acquires a defibrillator shall ensure that:

(a) Expected defibrillator users receive a reasonable instruction in defibrillator use and cardiopulmonary resuscitation by a course approved by the department of health;

(b) The defibrillator is maintained and tested by the acquirer according to the manufacturers operational guidelines;

(c) Upon acquiring the defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation;

(d) The person or entity who acquires a defibrillator shall notify the local emergency medical services organization about the existence and the location of the defibrillator; and

(e) The defibrillator user shall call 911 or its local equivalent as soon as possible after the emergency use of the defibrillator and shall assure that the appropriate follow-up data is made available as requested by the emergency medical service or other health care providers.

(3) A person who uses a defibrillator at the scene of an emergency and all other persons and entities providing services under this section are immune from civil liability for any personal injury that results from any act or omission in the use of the defibrillator in an emergency setting.

(4) The immunity from civil liability does not apply if the acts or omissions amount to gross negligence of willful or wanton misconduct.

(5) The requirements of subsection (2) of this section shall not apply to any individual using a defibrillator in an emergency setting if that individual is acting as a good Samaritan under RCW 4.24.300.

Contacts:

Any Questions contact;



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OR

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