



PUBLIC ACCESS DEFIBRILLATION (PAD) AGREEMENT

"Pursuant to California Code of Regulations (CCR, Title 22, Division 9, Chapter 1.8) all AED service providers in PAD programs must meet and agree to the following requirements.

I certify that this AED Service Provider agrees:

1. The AED training component shall comply with the American Heart Association or American Red Cross standards prescribed in Section 100038.
2. That expected AED users complete a training course in CPR and AED use that complies with requirements of this chapter and the standards of the American Heart Association or the American Red Cross and a mechanism exists that will assure the continued competency of the authorized individuals in the AED Service Provider's employ to include periodic training and skills proficiency demonstrations.
3. Development of an Internal Emergency Response System which complies with the regulations and that there is involvement of a California licensed physician and surgeon in developing an Internal Emergency Response System and to ensure compliance with these regulations and requirements for training, notification and maintenance.
4. Notification of the local EMS agency of the existence, location and type of AED at the time it is acquired. (Please complete "Public Access Defibrillation AED Site Notification" form.)
5. That all applicable local EMS policies and procedures are followed.
6. That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, and according to any applicable rules and regulations set forth by the government authority under the federal Food and Drug Administration and any other applicable state and federal authority.
7. That the defibrillator is checked for readiness after each use and at least once every 30 days if the AED has not been used in the previous 30 days. Records of these periodic checks shall be maintained.
8. That a mechanism exists to ensure that any person, either an employee or agent of the AED service provider, or member of the general public who renders emergency care or treatment on a person in cardiac arrest by using the service provider's AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the local EMS agency (A Notification of AED Use Form is included in this PAD packet).

Signature: _____
Medical Director

Date: _____

Signature: _____
Site Program Coordinator

Date: _____

Please sign and return by mail, fax or email to:

AED Program Coordinator
San Luis Obispo County EMS Agency
2156 Sierra Way
San Luis Obispo, CA 93401
Fax: (805) 788-2517 | Email: vstone@co.slo.ca.us