



Public Access Defibrillation (PAD) Provider Application Form EMS 913

To become an authorized PAD provider, complete and submit this application to the Santa Clara County EMS Agency, per California Code of Regulations, Title 22. Social Security, Division 9. Pre-Hospital Emergency Medical Services, Chapter 1.8., Training Standards for Use of the AED by Non-Licensed or Non-Certified Personnel.

If you should have any questions or require assistance regarding PAD programs, training institutions, Automated External Defibrillator (AED) equipment or other PAD issues, please contact the Santa Clara County EMS Agency, AED Program Coordinator, at 408-885-4250.

The standards for Public Access Defibrillation programs may be found in the following locations:

All Providers

- Health and Safety Code, Division 2.5, Automated External Defibrillators, Section 197.190. January 1, 2006
- California Code of Regulations, Title 22, Division 9, Chapter 1.8 Training Standards and Utilization for Use of the Automated External Defibrillator by Non-Licensed or Non-Certified Personnel. January 1, 2009.

Health Studios

- Health and Safety Code, Division 2.5, Cardiac Health, Automatic External Defibrillators: Health Studios, Section 104113. Effective July 1, 2007.
- Assembly Bill 1507

Personnel Information

Program Coordinator

Name: _____

Address: _____

Phone: _____

FAX: _____

Email address: _____

Physician/PAD Medical Director

Name: _____

Office Address: _____

Office Phone: _____

Office FAX: _____

Email address: _____

Medical License #: _____

State: _____

Attach a photocopy of the Physician and Surgeon License of the Prescribing Physician to this application.

The PAD Medical Director must sign the statement below.

In consideration for being accepted as a Public Access Defibrillator Prescribing Physician in Santa Clara County, I certify that I have read, understand, and will comply with the requirements of the California Health and Safety Code, Sections 1797.107, 1797.190, and 1797.196, California Code of Regulations, Title 22, Sections 100031 through 100041 relating to Public Access Defibrillation.

Name: _____ Date: _____

Signature: _____

Training Organization

Please identify who will be conducting the training for your organization.

Primary Training Organization: _____

Contact Name: _____

Contact Phone Number: _____

Do you have a written contract? _____ If so, what is the term: _____

Medical Control, Program Oversight, and Quality Assurance

The Prescribing Physician is responsible for medical control, oversight, and quality assurance of the AED program.

Medical Protocols and Standing Orders

Attach the plan for utilizing the AED, including written medical protocols, which may include, but are not limited to, authorization of personnel, standing orders and case by case reviews.

Personnel Training Standards

Attach the plan for training and testing authorized individuals in the use of the AED.

Competency Evaluation and Testing

Attach your plan to assure the competency of authorized individuals. This plan must include periodic training and demonstration of skill proficiency. The prescribing physician, or an individual that s/he authorizes, may train and test authorized individuals.

Medical Control

Attach the plan to assure medical control, including case review of each AED use or non-use. This plan should include a recording by magnetic tape or other means.

Forms

AED Locations

Complete and attach an "AED Site Notification Form" (EMS 914) for each site where AED's are located. This information will be provided to each cities/County 911 dispatch center.

Report of AED Use

Complete and attach a "Report of AED Use Form" (EMS 915) completed and faxed to the Santa Clara County EMS Agency within 96 hours of a cardiac arrest incident at an AED site at 408-885-3538.