

NEW MEXICO CARDIAC ARREST RESPONSE - AED PROGRAM
REGISTRATION APPLICATION

7.27.8.12

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**NEW MEXICO CARDIAC ARREST RESPONSE AED PROGRAM
REGISTRATION APPLICATION**

APPLICATION DATE _____ / _____ / _____
MO/ DAY/ YR

INITIAL REGISTRATION
 RENEWAL REGISTRATION

AED PROGRAM NAME: _____

AED PROGRAM DIRECTOR: _____ PHONE: () _____

ADDRESS: _____

OPERATING LOCATION: _____

AED MEDICAL DIRECTOR: _____

ADDRESS: _____

PHONE: () _____ NM LICENSE #: _____

Medical Director Signature _____

AED TRAINING PROGRAM: _____

ADDRESS: _____

INSTRUCTOR NAME: _____

PHONE: () _____ # TRAINED RESPONDERS:
(See Required Attachments) _____

AED PLACEMENT LOCATION(s): _____

ADDRESS: _____ PHONE: () _____

EMS NOTIFICATION:

EMS SERVICE

EMERGENCY DISPATCH

DATE: _____ / _____ / _____
MO/ DAY/ YR

DATE: _____ / _____ / _____
MO/ DAY/ YR

SERVICE NAME: _____

SERVICE CONTACT: _____

APPENDIX A

NEW MEXICO CARDIAC ARREST RESPONSE AED PROGRAM
REGISTRATION APPLICATION (continued)

I/We, _____ agree to comply with all AED Program Requirements as set forth in the State of New Mexico, Cardiac Arrest Targeted Response Program, Section 9. A fee of \$75.00 (Initial Application)/\$50.00 (Renewal Application) is attached.

Program Director

DATE: ____/____/____
MO/ DAY/ YR

REQUIRED ATTACHMENTS:

- Medical Protocols
- List of Responders, include Name, Address, Phone #, and Training Completion Documentation

Mail your application, fee and attachments to the address below. Make your check payable to the EMS Bureau. If you have questions regarding your application, contact the Bureau at (505) 476-8200:

NM EMS BUREAU
NM AED REGISTRY
1301 Siler Road, Bldg. F
Santa Fe, NM 87507

[7.27.8.12 NMAC - N, 7/1/2000]

7.27.8.13

APPENDIX B

NOTIFICATION OF AED PROGRAM

(Copy to be provided to local EMS Services and Emergency Dispatch Agencies)

NOTIFICATION DATE:

____/____/____
MO/ DAY/ YR

INITIAL/RENEWAL REGISTRATION DATE:

____/____/____
MO/ DAY/ YR

NOTIFICATION TO:

EMS Service

Emergency Dispatch Agency

AED PROGRAM NAME: _____

AED PROGRAM DIRECTOR: _____

PHONE: () _____

ADDRESS: _____

EFFECTIVE AED PROGRAM START DATE: _____

NOTIFICATION OF: (CHECK ONE)

PROGRAM ACTIVATION (PROVIDE ALL INFORMATION BELOW)

PROGRAM CANCELLATION

PROGRAM CHANGES

AED PROGRAM LOCATION: _____

ADDRESS: _____

PHONE: () _____

EMS/911 NOTIFIED: YES

NO

OPERATIONAL AREA: _____

AED PLACEMENT: _____

DIRECTIONS TO LOCATION FOR EMS: _____

AED MEDICAL DIRECTOR: _____

PHONE: () _____

ADDRESS: _____

AED EQUIPMENT AT SITE: LOCATION: _____

of AEDs

MANUFACTURER

MODEL

ADDRESS: _____

PHONE: () _____

[7.27.8.13 NMAC- N, 7/1/2000]

AED USAGE DATA COLLECTION FORM

AED RESPONSE ACTIVITY: Date: / /
MO/ DAY/ YR

Witnessed Event
 Non-Witnessed Event

Residential
 Nursing home
 Mass gathering

Commercial
 Agricultural
 Recreation

Industrial
 Health Care Facility

Other, Please identify: _____

NAME of AED RESPONDER(S): _____

EMS RESPONDING/TRANSPORTING SERVICE(S): _____

RESPONSE TIMES:

Estimated Collapse/Arrest _____ AED Responder Scene Arrival _____
1st AED Defibrillation _____ EMS Scene Arrival _____
1st CPR _____ Transport from Scene _____

Total time of event (Time of collapse to transport time) Hrs. _____ Min _____
Patient Response to AED defibrillation (indicate all that are appropriate): _____

Pulse restored Breathing restored Consciousness restored
Pulse Rate _____ Respiration _____

Apparent cause of arrest _____

Report Submitted By:

Signature

(____) _____
Telephone number

HOSPITAL DATA: (if obtainable from the receiving hospital)

Arrival Time: _____

Facility Name: _____ Location (City/State): _____

Hospital record number _____

APPENDIX C
AED USAGE DATA COLLECTION FORM (continued)

On Admission: Presenting rhythm _____ Vital Signs _____

ER Disposition:

Discharged to Home

Hospital admission to (list Unit) _____
(ICU, CCU, etc.)

Transfer to _____ for _____
Facility Name Transfer Reason

Expired Cause of death _____

Diagnosed Cause of Arrest _____

Any Device Failure or Injury Associated with AED Use? _____

COMMENTS: _____

Report Submitted By:

Signature

() - _____

Telephone number

Print

Date

[7.27.8.14 NMAC - N, 7/1/2000]

Guidelines for Establishment of an AED Program

The following guidelines may assist with establishing an AED Program for your agency, business, facility, or company.

- Determine the need or support for an AED Program in your company or facility. This should be in the form of a letter of support from the chief executive of the company or facility. Attach the letter to the application.
- Appoint a Physician Medical Director as described in DOH Regulation NMAC 7.27.8, “Cardiac Arrest Targeted Response Program”. This may or may not require entering into a contract. It also may require funds to pay for the medical director. The Physician Medical Director should complete a “Medical Director Agreement” if a contract is not used. This written document provides the clear communication of the expectations for the medical director and he/she acknowledges these responsibilities by signing the agreement.
- Identify individuals and establish a team to implement the AED Program within the company or facility. If the company or business has already established a medical response team, they may be utilized as long as the requirements of the regulation are maintained.
- Assure that all team members are trained in cardiopulmonary resuscitation (CPR) and AED operation in accordance with the regulation. The Department uses the American Heart Association (AHA) “Heartsaver AED” course as the standard. Other courses may also be used for this training as long as they have been approved by the EMS Bureau (EMSB) of the Department of Health. This training may be scheduled through an AHA Community Training Center (CTC).
- Purchase a semi-automated AED. The AED may be purchased through several different vendors. The requirements for the AED are outlined in the Cardiac Arrest Targeted Response Program Regulations.
- The Physician Medical Director should develop written medical protocols for response to victims of sudden cardiac arrest, although these could be the standard national protocols outlined by the AHA. However, all team members should understand these protocols. In addition, the medical director should approve the team members selected for response. This ensures that he/she is familiar with the individuals and their level of training/competence.
- Complete an application for registration as an AED Program and forward it to the IPEMS Bureau along with all supporting documentation. Include support letters, Physician Medical Director contract, or agreement, written medical protocols, list of all approved team members and their training documentation.
- Once approval of registration is received from the EMS Bureau, notify the local EMS Services and emergency dispatch agencies of the establishment of the AED Program, along with location of defibrillators, boundaries of the program operational response area, name of the AED Program Director/Medical Director, and contact information. A copy of the medical protocols will also be helpful for these agencies to understand how the AED Program Trained Targeted Responders will handle victim encounters.
- Report all operational usage of the AED to the Physician Medical Director and EMS Bureau using the data collection form.

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History of 7.27.8 NMAC Reserved