

TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 8 CARDIAC ARREST TARGETED RESPONSE PROGRAM

7.27.8.1 ISSUING AGENCY: New Mexico Department of Health, ~~Public Health (DOH) Epidemiology and Response Division,~~ (ERD) Emergency Medical Systems bureau (EMSB).
[7.27.8.1 NMAC - ~~NRp, 7/4/2000~~ 27.8.1 NMAC, XX/XX/2017]

7.27.8.2 SCOPE: These regulations are applicable to all persons or entities operating an ~~Automated External Defibrillator~~ automated external defibrillator (AED) Program within the ~~State~~ state of New Mexico. The regulations also apply to all AED training organizations, trainers, ~~Trained Targeted Responders, and Physician Medical Directors~~ and trained targeted responders affiliated with an AED Program.

A. Exemptions: Certain individuals and agencies are exempted from this regulation, as ~~outlined~~ described below:

(1) Individuals ~~Authorized~~ authorized by ~~Physicians~~ physicians: As ~~outlined~~ stated in the Cardiac Arrest Response Act, ~~Section 24-10C-1, et seq.,~~ NMSA 1978, nothing precludes a physician or a physician assistant, advanced practice registered nurse or certified nurse-midwife working within that person's scope of practice from prescribing an ~~AED~~ automated external defibrillator to a patient for use by the ~~patient's caregivers~~ patient's caregiver on an individual patient, and the use does not require the individual to function in an approved program.

(2) Health ~~Care Professionals~~ care professionals: EMS personnel ~~and~~ or other health care professionals, who are authorized by other laws, regulations, and scopes of practice to use and perform defibrillation in the out-of-hospital environment, while performing official duties or within the scope of their employment.

(3) Military services, ~~other federal entities, and AED programs on tribal land~~: The United States ~~Department~~ department of ~~Defense~~ defense, ~~other federal agencies, AED programs on tribal lands,~~ and the New Mexico ~~Department~~ department of ~~Military Affairs~~ military affairs are exempt from this rule ~~when conducting official military operations.~~

[7.27.8.2 NMAC - ~~NRp, 7/4/2000~~ 27.8.2 NMAC, XX/XX/2017]

7.27.8.3 STATUTORY AUTHORITY: These regulations are promulgated pursuant to the following statutory authorities: ~~1) the~~

A. ~~The Department of Health Act, Subsection E of Section 9-7-6.E.,~~ NMSA 1978, which authorizes the ~~Secretary of the Department~~ secretary of Health ~~the department of health~~ to ~~“...“make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions”;~~ “...“make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions”; ~~2) the”.~~

B. ~~The Cardiac Arrest Response Act, Subsection B of Section 24-10C-4.B.,~~ NMSA 1978, which authorizes the ~~Department~~ department of ~~Health~~ health to approve training programs; ~~and;~~ and; ~~3) the.~~

C. ~~The Emergency Medical Services Act, Subsection M of Section 24-10B-4.M.,~~ NMSA 1978, which authorizes the ~~Department~~ department of ~~Health~~ health to adopt ~~“rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act, ...”.~~

[7.27.8.3 NMAC - ~~NRp, 7/4/2000~~ 27.8.3 NMAC, XX/XX/2017]

7.27.8.4 DURATION: Permanent.

[7.27.8.4 NMAC - ~~NRp, 7/4/2000~~ 27.8.4 NMAC, XX/XX/2017]

7.27.8.5 EFFECTIVE DATE: ~~July 1, 2000~~ xx/xx/2017, unless a later date is cited at the end of a section.

[7.27.8.5 NMAC - ~~NRp, 7/4/2000~~ 27.8.5 NMAC, XX/XX/2017]

7.27.8.6 OBJECTIVE: The purpose of these regulations is to outline requirements for the New Mexico ~~Cardiac Arrest Targeted Response Program~~ cardiac arrest targeted response program including: Establishment of a ~~Cardiac Arrest Targeted Response Program~~ cardiac arrest targeted response program, AED ~~Program~~ program registration, medical direction, training, notification of local EMS ~~Services~~ services and ~~Public Safety Answering Points~~ public safety answering points, reporting, fees, and ~~Bureau~~ bureau responsibilities.

[7.27.8.6 NMAC - ~~NRp, 7/4/2000~~ 27.8.6 NMAC, XX/XX/2017]

7.27.8.7 DEFINITIONS:

- A.** “Act” means the Cardiac Arrest Response Act, Section 24-10C-1, ~~et seq.~~, NMSA 1978.
- B.** “~~Advanced Life Support~~**life support (ALS)**” means advanced pre-hospital and inter-facility care and treatment, including basic and intermediate life support, as prescribed by regulation, which may be performed only by a person licensed ~~as a Paramedic~~ by the ~~Bureau~~**bureau** and operating under medical control.
- C.** “~~AED Program~~**program**” means a program of ~~Trained Targeted Responders operating under the supervision of a Physician Medical Director~~**trained targeted responders** that is registered with the ~~Department~~**department**.
- D.** “~~Basic Life Support~~**life support (BLS)**” means pre-hospital and inter-facility care and treatment, as prescribed by regulation, which can be performed by all licensed ~~Emergency Medical Technicians~~**emergency medical technicians**.
- E.** “~~Bureau~~” means the ~~Injury Prevention~~**injury prevention** and ~~Emergency Medical Services Bureau~~**emergency medical systems bureau** of the ~~Public Health Division~~**epidemiology and response division** of the New Mexico ~~Department~~**department** of ~~Health~~**health**.
- ~~_____~~**F.** **F.** “~~Cardiopulmonary resuscitation (CPR)~~” means the manual application of chest compressions and ventilations to patients in cardiac arrest.
- ~~_____~~**G.** “~~Defibrillation~~” means the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.
- ~~_____~~**GH.** “~~Department~~” **(DOH)** means the New Mexico ~~Department~~**department** of ~~Health~~**health**.
- ~~_____~~**HI.** “~~Emergency Medical Service (EMS)~~” means the services rendered by licensed ~~Emergency Medical Technicians, certified Emergency Medical Services First Responder~~**emergency medical technicians, emergency medical services first responders** or ~~Emergency Medical Dispatcher~~**emergency medical dispatchers** in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.
- ~~_____~~**I.** “~~Medical Direction~~” means guidance or supervision provided by a physician as outlined below:
- ~~_____~~(1) ~~For Emergency Medical Services (EMS): Medical Direction means guidance or supervision to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider.~~
- ~~_____~~(2) ~~For the Cardiac Arrest Targeted Response Program: Medical Direction means guidance or supervision for the AED Program including overseeing all aspects of the defibrillation program. This includes training, emergency medical services coordination, protocol approval, AED deployment strategies, quality assurance and reporting.~~
- ~~_____~~**J.** “~~Physician~~” means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.
- ~~_____~~**K.** **J.** “~~Protocols~~” means predetermined, written medical care plans and includes standing orders.
- ~~_____~~**LK.** “~~Provider~~” means a person or entity delivering emergency medical services in New Mexico.
- ~~_____~~**ML.** “~~Semi-Automated External Defibrillation~~**automated external defibrillation (AED)**” means a medical device heart monitor and defibrillator that:
- (1) has received approval of its pre-market modification filed pursuant to United States Code, Title 21, Section 360(k), from the United States Food and Drug Administration;
- (2) is capable of recognizing cardiac arrest that will respond to defibrillation, ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining whether defibrillation should be performed; and,
- (3) upon determining that defibrillation should be performed, automatically charges and is capable of delivering an electrical impulse to an individual’s heart, ~~following upon~~ activation by the equipment user.
- N.** “~~Trained Targeted Responder~~**targeted responder**” means a person who has completed an authorized AED training program and who uses an AED. ~~A designated trained targeted responder will be responsible for guidance or supervision for the AED program including overseeing all aspects of the defibrillation program. This includes training, emergency medical services coordination, protocol approval, AED deployment strategies, quality assurance and reporting.~~
- [7.27.8.7 NMAC - ~~NRp~~, 7/4/2000, 27.8.7 NMAC, XX/XX/2017]

7.27.8.8 Establishment of an AED ~~Program~~program:

- A. Purpose:** The primary reason for establishing an AED ~~Program~~program is to improve response to cardiac defibrillation of a person suffering from sudden cardiac arrest. ~~Studies have shown that there is a better~~

chance for survival to hospital discharge if a person suffering from sudden

B. AED program locations: cardiac arrest is defibrillated within the first four (4) — six (6) minutes following cardiac arrest. While defibrillation does not automatically guarantee to restore a person’s heart into a perfusing normal sinus rhythm, it is the only definitive care available for this purpose. Therefore, persons suffering from sudden cardiac arrest should be defibrillated as quickly as possible. Defibrillation should also be used with all other elements of the “Chain of Survival” as outlined by the American Heart Association (AHA). According to AHA, a break in the “Chain of Survival” will result in poor survival rates. In addition, while links of the “Chain of Survival” (below) must be strong, defibrillation is the single most important factor in determining survival from adult cardiac arrest. The elements of the “Chain of Survival” include:

- _____ (1) _____ Early access to emergency services;
- _____ (2) _____ Early initiation of cardiopulmonary resuscitation (CPR);
- _____ (3) _____ Early defibrillation; and,
- _____ (4) _____ Early advanced care by EMT-Paramedics, physicians and/or specially trained nurses.

B. AED Program Locations: Cardiac Arrest Targeted Response Program targeted response programs may be initiated in any venue environment where people gather, but should be typically targeted to members of the public facilities, businesses, meeting areas, buildings or any location where large quantities of people gather are encountered.

[7.27.8.8 NMAC - NRp, 7/4/2000, 27.8.8 NMAC, XX/XX/2017]

7.27.8.9 AED Program Requirements; program requirements: Prior to submitting an application for registration, the AED Program Director and Medical Director designated supervising trained targeted responder shall insure ensure that the AED Program program incorporates the following requirements:

A. AED Program Director: A Program Director shall be identified who manages the Cardiac Arrest Targeted Response Program. The Program Director shall:

A. AED program supervising trained targeted responder shall:

- _____ (1) _____ Identify a Physician Medical Director to oversee Oversee the AED program, assuming responsibility for how the AED Program program is planned and conducted.
- _____ (2) _____ Select and identify other participating persons as Trained Targeted Responders; trained targeted responders.
- _____ (3) _____ Maintain AED training records for all Trained Targeted Responder trained targeted responders while they are active in the program, and for at least three (3) years thereafter;.
- _____ (4) _____ Maintain AED Program program records including AED maintenance records, Trained Targeted Responder trained targeted responder training records, and AED usage records;.
- _____ (5) _____ Ensure that all Trained Targeted Responder trained targeted responders are trained using a training program which has been approved by the Department; department.
- _____ (6) _____ Provide evidence of coordination of the AED program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies;.
- _____ (7) _____ Register the AED Program program with the Department using the application format outlined in Appendix A, department and pay registration fees, as outlined detailed in this regulation;.
- _____ (8) _____ Report all operational uses of the AED to the Department using the reporting format outlined in Appendix B; department.
- _____ (9) _____ Assist the Physician Medical Director with Perform quality assurance review of all operational defibrillations; and;.
- _____ (10) _____ Ensure AED equipment is maintained in accordance with the manufacturer’s guidelines.

B. Physician Medical Director: Each AED Program shall have a Physician Medical Director who provides oversight of the AED Program. The selected physician shall:

- _____ (1) _____ Provide medical leadership, expertise, and oversee the program;
- _____ (2) _____ Serve as an advocate and spokesperson for the AED Program;
- _____ (3) _____ Ensure that all **Trained** Targeted Responders are properly trained and their skills are maintained;
- _____ (4) _____ Develop and approve medical protocols for the AED Program;
- _____ (5) _____ Ensure quality assurance review for all operational AED defibrillations; and,
- _____ (6) _____ Assume overall responsibility for how the AED Program is planned and conducted.

C. Trained Targeted Responder targeted responders: Individuals selected by the AED Program Director and/or Physician Medical Director to train supervising trained targeted responder that are trained in CPR and use an AED are identified as Trained Targeted Responders. Each Trained Targeted Responder of an AED and

understand how to activate the local emergency medical system for any sudden collapse or cardiac arrest victim:

(1) Prior to participating in an AED program, ~~Trained Targeted Responder~~trained targeted responders shall complete an initial AED training course from a Department approved training program, ~~which is equivalent to the American Heart Association's Heartsaver AED Course.~~ The course shall include both cardiopulmonary resuscitation (CPR) and AED training.

(2) At least every two ~~(2)~~ years, ~~Trained Targeted Responder~~trained targeted responders shall recertify in CPR and AED training, by successfully completing a ~~Department~~department approved AED training course, ~~as outlined in section 9.3.1. above;~~

(3) Activate the emergency medical system ~~using pre-established methods (contact E-911 public safety answering point or local emergency number)~~ during any operational response to a victim of cardiac arrest, and advise that AED is being used;

(4) Comply with ~~Physician Medical Director~~program protocols for operational response to victims of cardiac arrest;

(5) Report all operational responses to victims of cardiac arrest to the ~~AED Program Director and Physician Medical Director~~supervising trained targeted responder and complete a defibrillation report ~~as outlined in Appendix B.~~ A copy of the report shall be submitted to the ~~Department~~department within ~~twenty (20)~~ calendar days.

(6) Ensure AED's are maintained and used in accordance with the manufacturer's guidelines, and inspect AED equipment at least monthly.

DC. Registration: All AED ~~Programs~~programs shall be registered with the ~~Department,~~ ~~as outlined below~~department:

(1) Initial ~~Registration~~registration: The initial registration period shall be for a period of four ~~(4)~~ years. The ~~Program Director~~supervising trained targeted responder for the AED ~~Program~~program shall complete the application provided ~~in Appendix A by the bureau~~ and submit it to the ~~Department~~department, along with the appropriate fees.

(2) Renewal: AED ~~Programs~~programs shall renew the AED ~~Program~~program every four ~~(4)~~ years ~~by completing, with a new~~renewal application ~~(Appendix A), provided by the bureau~~ submitted to the ~~Department~~department, along with the appropriate fees.

(3) Notification of ~~Changes~~changes in ~~Registration;~~ ~~registration~~: The ~~Department~~department shall be notified when there is a:

- (a) change in AED ~~Program Director~~supervising trained targeted responder;
- (b) change in ~~Physician Medical Director~~;
- ~~(c) change in physical address or telephone number; or,~~
- ~~(d)~~ stoppage or cancellation of the AED ~~Program~~program.

E. Fees: The ~~Bureau~~bureau shall establish a fee schedule for AED ~~Programs.~~ ~~A minimum of seventy programs.~~ ~~Seventy-five (\$75) dollars shall be paid by the AED Program~~program to the ~~Department~~department for initial registration. For renewal, AED ~~Programs~~programs shall pay a ~~minimum~~ fee of fifty (\$50) dollars to the ~~Department~~department.

F. Notification: Local EMS services and emergency dispatch agencies shall be notified of the activation and existence of the AED ~~Program.~~program. The notification shall include the name of the AED ~~Program Director,~~ ~~Physician Medical Director~~program supervising trained targeted responder, location of the program, telephone number, a copy of ~~medical director approved~~the program protocols, location of the placement of AED(s), and the operational area where the AED(s) will be used. The local emergency services and dispatch agencies shall also be notified if an existing AED ~~Program~~program stops or cancels the AED ~~Program~~program.

G. AED Selection and Maintenance:

(1) AED Selection: AED ~~Programs~~programs shall acquire and use semi-automated cardiac defibrillators. These devices require the responder to deliver the shock by pushing the shock button. ~~Automated defibrillators~~AED programs that ~~deliver an electrical impulse to the victim's heart without user activation (pushing the shock button) are being phased out and in many cases are no longer available.~~ AED Programs that ~~have~~ want a fully automated defibrillator (analyzes and shocks without operator input) may petition the ~~Bureau~~bureau for a waiver to use an automated defibrillator. ~~A list of manufacturers of AED's is available from the Bureau.~~

(2) Maintenance: AED ~~Programs~~programs shall maintain the AED(s) and associated supplies and batteries in accordance with the manufacturer's suggested guidelines. ~~AED(s) and batteries shall be inspected/tested at least monthly to insure readiness. A variance of this inspection requirement may be granted by the Bureau for just cause. Those AED(s) or batteries, which do not pass the monthly inspection, shall be removed from service and the AED Program Director shall be notified immediately. Trained Targeted Responders shall also~~

be notified when an AED is removed from operational usage. Likewise, Trained Targeted Responders shall be notified when an AED has been placed back into operation following maintenance. Maintenance shall only be performed on AED(s) by the manufacturer or their authorized service center. Batteries shall be checked during the monthly inspection and replaced if they are inoperable.

~~{7.27.8.9 NMAC - N, 7/1/2000}~~

H. Record Keeping: Establish and maintain a record keeping system ~~that is available for audit.~~
Include the following information:

- (1) List of ~~Trained Targeted Responders;~~ trained targeted responders.
- (2) Dates of training for ~~Trained~~ trained Targeted Responders including CPR training and AED training;
- (3) Copy of ~~medical director approved medical program~~ program protocols;
- (4) Copy of ~~the medical director contract/agreement;~~
- ~~(5) Copy of registration and EMS service notification forms;~~
- ~~(6)~~ (5) AED usage reports/Data collection forms ~~(Appendix C);~~ examples may be obtained from the bureau.
- ~~(7)~~ (6) Quality assurance review documentation;
- ~~(8)~~ (7) AED equipment purchase and maintenance records;

~~{7.27.8.9 NMAC - Rp, 7.27.8.9 NMAC, XX/XX/2017}~~

~~7.27.8.10 NMAC - N, 7/1/2000~~ [RESERVED]

7.27.8.11 Limited Immunity Protections: Limited immunity protections are provided for persons or entities associated with an AED ~~Program~~ program, as described in the Cardiac Arrest Response Act, 24-10C-7 NMSA 1978. These protections are provided when the AED ~~Program~~ program is established and operated in accordance with that statute and these regulations. ~~AED Programs shall meet all of the program requirements outlined in Section 9, above, to have this limited liability coverage. The following persons or entities who render emergency care or treatment by the use of an AED under the provisions of the Act, shall not be subject to civil liability provided they have acted with reasonable care and in compliance with the requirements of the Act:~~

- ~~A. A physician who provides supervisory services pursuant to the Cardiac Arrest Response Act;~~
- ~~B. A person or entity that provides training in cardiopulmonary resuscitation and use of automated external defibrillation;~~
- ~~C. A person or entity that acquires an AED pursuant to the Act;~~
- ~~D. The owner of the property or facility where the AED is located; and,~~
- ~~E. The Trained Targeted Responder.~~

~~{7.27.8.11 NMAC - NRp, 7/1/2000, 7.27.8.11 NMAC, XX/XX/2017}~~

7.27.8.12 APPENDIX A [RESERVED]

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

APPLICATION DATE _____ / _____ / _____ INITIAL REGISTRATION
 _____ MO/ DAY/ YR 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
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DATE: ____/____/____	DATE: ____/____/____	
	MO/ DAY/ YR	MO/

DAY/ YR		
SERVICE NAME:	_____	_____

SERVICE CONTACT:	_____	_____
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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 Injury Prevention and EMS Bureau. If you have questions regarding your application, contact the Bureau at 505-476-7701:

Injury Prevention and EMS Bureau
PO Box 26110
Santa Fe, NM 87502-6110

[7.27.8.12 NMAC – N, 7/1/2000]

7.27.8.13 APPENDIX B [RESERVED]

NOTIFICATION OF AED PROGRAM

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

NOTIFICATION DATE: _____ INITIAL/RENEWAL REGISTRATION DATE: _____

_____/_____/_____/_____

MO/ DAY/ YR 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]

**7.27.8.14 APPENDIX C [RESERVED]
AED USAGE DATA COLLECTION FORM**

AED RESPONSE ACTIVITY: Date: ___/___/___ Witnessed Event
_____ MO/DAY Non-Witnessed
Event

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Nursing home	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Health Care Facility
<input type="checkbox"/>	Mass gathering	<input type="checkbox"/>	Recreation		

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 _____

[7.27.8.14 NMAC – N, 7/1/2000]

7.27.8.15 Appendix D [RESERVED]
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 Injury Prevention and EMS Bureau (IPEMS Bureau) 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 IPEMS 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 IPEMS Bureau using the data collection form.

[7.27.8.15 NMAC—N, 7/1/2000]

History of 7.27.8 NMAC: [RESERVED]

History of Repealed Material:

7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program filed 6/16/2000 - Repealed effective XX/XX/2017.

Other History:

7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program, effective xx/xx/20xx.