



San Joaquin County

Emergency Medical Services Agency



<http://www.sjgov.org/ems>

MEMORANDUM

Mailing Address
PO Box 1020
Stockton, CA 95201

Health Care Services Complex
Benton Hall
500 W. Hospital Rd.
French Camp, CA 95231

To: San Joaquin County Fire District Chiefs

From: Kevin O'Loughlin, MICP, Sr., EMS Specialist

Date: April 10, 2006

Subject: American Medical Response (AMR)
Automatic External Defibrillator (AED) Program

Phone Number
(209) 468-6818

Fax Number
(209) 468-6725

As part of the AMR contract with the County, AMR is required to purchase and distribute 30 AED's to rural fire departments and community service organizations. Attached is an application for rural fire departments to use to apply for an AED under the program. Please complete the application and return it to EMS Agency office by April 28, 2006. Distribution of the AED's will begin sometime in mid May.

Please be advised the American Heart Association (AHA) has changed its guidelines for CPR and defibrillation. The new AHA guidelines and the Agencies new protocols will require defibrillation once and then CPR for 2 minutes and this cycle is repeated. The EMS Agency is currently revising the Basic Life Support (BLS) treatment Protocols to incorporate the new AHA guidelines. This is a good time to inspect your current AED's to ensure that they are complaint with the new American Heart Association Guidelines. Newer model AED's (built within the last year) can be converted to be in compliance with the new AHA guidelines, but older models will have to be replaced. In the new protocols and Standard Drug and Equipment list there will be a mandatory compliance date for AED's established, but that date will be at least two years out, this will allow departments to budget and purchase the new AED's. The EMS Agency will work with the effected department's to develop a standard protocol and methodology for using non-compliant/non-upgradeable AEDs during the transition.

If you have any questions, please contact me.

**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)
DONATION REQUEST FORM**

Type of Agency: Fire Law

Other: _____

Provider Name: _____

Agency Point of Contact: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ Agency Web Page: _____

of Calls Annually: _____ What percentage are EMS calls: _____

of Employees: _____ # of Fulltime: _____ # of Volunteers: _____

Agency's Annual Budget: _____ Community Population: _____

Please answer all of the following:

1. Does your agency currently have any AED's? Yes No
2. If yes, how many AED's does your agency have? _____
3. What year and model AED's do you have? _____
4. How many AED's do you have in service? _____
5. Are all safety employees trained in the use of the AED? Yes No
6. If no, what is the estimated completion date of training? _____
7. Are non-safety employees trained in the use of the AED? Yes No
8. If yes, is there an AED available for their use? Yes No
9. If no to #7, do you plan on training non-safety employees? Yes No
10. How many times in the last year has your agency applied the AED? _____
11. How many times in the last year has your agency used the AED? _____
12. If your agency has AED's how many documented saves has the agency had? _____
13. If your agency has AED's how often do you conduct AED training? _____
14. If your agency has AED's how often is maintenance performed on the AED? _____
15. Who provides your AED training _____
and their level of training _____.

Please return completed form to:
San Joaquin County EMS Agency
Attn: Kevin O'Loughlin
P.O. Box 1020
Stockton, CA 95201
Fax: (209) 468-6725