



DATE: November 12, 2003

SUBJECT: Rural Access to Emergency Devices Grant 03-04

TO: Regional EMS Council Directors Thru: Margaret E. Trimble, Director
EMS Office

FROM: Andrew Gilger EMT-P
Rescue and Special Programs Coordinator
Emergency Medical Services Office
(717) 787-8740

Attached you will find an updated application and instructions for this cycle of funding for the Rural Access to Emergency Devices Grant. Additionally, a form letter of support is included. This form letter will need to be completed with the application in order to meet grant requirements. Additions have been made to the application requirements based on grant reporting requirements. These additions involve reporting all uses of devices placed as a result of this grant funding to the regional EMS councils, and ensuring that manufacturer maintenance requirements are being met over the long term of the project.

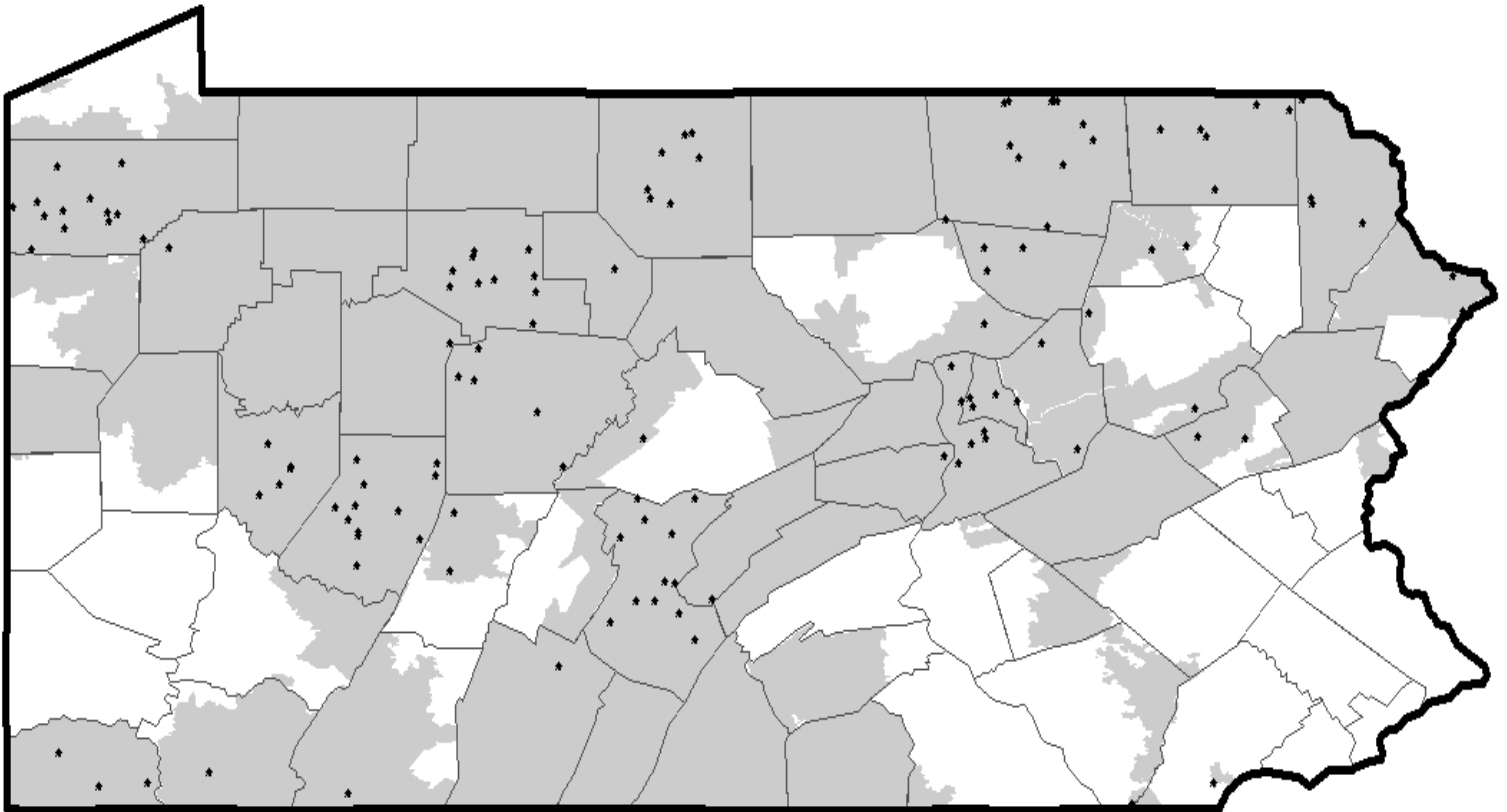
Some other issues to keep in mind regarding this year's program:

- Monies are available for approximately 130 devices. They will be awarded to the first 130 applications that meet requirements for grant supported AED placement.
- As discussed at the September Directors Meeting, training/evaluation monies will be split evenly among the participating regional EMS councils.
- In light of the reporting requirements, regions will need to submit annual reports to the EMS Office documenting use of devices placed with grant funding, the outcome of the use if possible, as well as, training initiatives funded with grant monies. These will be similar to the information requested for this past years grant.
- My goal is to make one order this year, if possible, in late January.
- Please keep in mind how devices are dispersed in your region, where they were placed in the first cycle of funding, and the guidance given last year related to the number of cardiac arrests and response times; again paying particular attention to BLS services (QRS included) that do not carry AEDs at present.

As information becomes available regarding the program, I will keep you posted. Please advise me if a specific staff member will be dealing with this program so that I can communicate directly with them as necessary. If you have any questions regarding this year's grant, please contact me via email at agilger@state.pa.us

Thank you in advance for your continued support and cooperation.

RURAL ACCESS TO EMERGENCY DEVICES GRANT 2002 AED PLACEMENTS



Legend

 **AED ELIGIBLE AREA**

 **AED LOCATION**

May 2003

**Eligible Pennsylvania Counties
for
Rural Access to Emergency
Devices (AED) Grant**

Adams

Armstrong

Bedford

Bradford

Cameron

Clarion

Clearfield

Clinton

Crawford

Elk

Forest

Franklin

Fulton

Greene

Huntingdon

Indiana

Jefferson

Juniata

Lawrence

McKean

Mifflin

Monroe

Montour

Northumberland

Potter

Schuylkill

Snyder

Sullivan

Susquehanna

Tioga

Union

Venango

Warren

Wayne

Eligible Pennsylvania Zip Codes in Urban Counties

| Beaver County | Cambria County | Centre County | Cumberland County |
|----------------------|----------------|------------------------|-----------------------|
| 16120 | 15714 | 16666 | 17007 |
| Berks County | 15722 | 16677 | 17013 |
| 17067 | 15724 | 16686 | 17065 |
| 17087 | 15737 | 16820 | 17081 |
| 19507 | 15738 | 16829 | 17240 |
| 19538 | 15760 | 16832 | 17241 |
| 19543 | 15762 | 16845 | 17257 |
| 19559 | 15773 | 16852 | 17266 |
| Blair County | 15775 | 16854 | 17324 |
| 16611 | 15927 | 16859 | Dauphin County |
| 16631 | 15931 | 16866 | 17048 |
| 16662 | 15940 | 16872 | 17097 |
| 16673 | 15943 | 16874 | 17098 |
| 16686 | 15948 | 16882 | 17980 |
| 16693 | 16624 | Chester County | Erie County |
| Butler County | 16630 | 19311 | 16401 |
| 16001 | 16636 | 19362 | 16403 |
| 16002 | 16646 | 19374 | 16407 |
| 16020 | 16668 | Columbia County | 16412 |
| 16021 | 16675 | 17814 | 16413 |
| 16022 | Carbon County | 17815 | 16423 |
| 16025 | 18012 | 17820 | 16438 |
| 16027 | 18030 | 17839 | 16444 |
| 16029 | 18071 | 17846 | Fayette County |
| 16030 | 18210 | 17858 | 15401 |
| 16034 | 18212 | 17859 | 15410 |
| 16035 | 18216 | 17878 | 15415 |
| 16038 | 18229 | 17888 | 15416 |
| 16039 | 18230 | 17920 | 15420 |
| 16040 | 18232 | 17927 | 15421 |
| 16041 | 18235 | 17985 | 15422 |
| 16045 | 18240 | 18241 | 15424 |
| 16048 | 18244 | 18603 | 15425 |
| 16049 | 18250 | 18631 | 15430 |
| 16050 | 18254 | | 15431 |
| 16051 | 18255 | | 15435 |
| 16052 | 18624 | | 15436 |
| 16053 | 18661 | | 15437 |
| | | | 15439 |
| | | | 15440 |
| | | | 15442 |

Eligible Pennsylvania Zip Codes in Urban Counties

| | | | |
|-------------------------|-----------------------|---------------------------|------------------------|
| 16057 | | | |
| 16061 | | | |
| 16373 | | | |
| Fayette County | 17527 | 18251 | Pike County |
| 15443 | 17529 | 18256 | 18325 |
| 15445 | 17534 | 18601 | 18336 |
| 15446 | 17535 | 18603 | 18337 |
| 15449 | 17536 | 18635 | 18340 |
| 15451 | 17555 | 18660 | 18425 |
| 15454 | 17557 | 18661 | 18426 |
| 15455 | 17567 | Lycoming County | 18435 |
| 15456 | 17570 | 16930 | 18451 |
| 15458 | 17581 | 16938 | 18457 |
| 15459 | 19501 | 17737 | 18458 |
| 15460 | 19543 | 17740 | 18464 |
| 15461 | Lebanon County | 17742 | Somerset County |
| 15462 | 17016 | 17752 | 15411 |
| 15463 | 17026 | 17756 | 15424 |
| 15464 | 17039 | 17762 | 15485 |
| 15465 | 17042 | 17765 | 15501 |
| 15467 | 17046 | 17774 | 15520 |
| 15468 | 17064 | 17810 | 15530 |
| 15469 | 17067 | Mercer County | 15531 |
| 15470 | 17073 | 16113 | 15540 |
| 15472 | 17083 | 16114 | 15541 |
| 15474 | 17085 | 16125 | 15542 |
| 15476 | 17087 | 16127 | 15544 |
| 15478 | 17088 | 16130 | 15546 |
| 15480 | 17963 | 16133 | 15547 |
| 15484 | Luzerne County | 16134 | 15548 |
| 15486 | 17814 | 16137 | 15549 |
| 15488 | 18201 | 16145 | 15551 |
| 15489 | 18219 | 16151 | 15552 |
| 15490 | 18221 | 16153 | 15555 |
| 15610 | 18222 | 16156 | 15557 |
| Lancaster County | 18223 | 16311 | 15558 |
| 17503 | 18224 | Northampton County | 15560 |
| 17506 | 18225 | 18013 | 15561 |
| 17507 | 18234 | 18063 | 15562 |
| | 18239 | 18343 | 15563 |
| | 18246 | 18351 | 15564 |
| | 18247 | | 15565 |
| | 18249 | | 15936 |



Eligible Pennsylvania Zip Codes in Urban Counties

17509

17517

17519

17522

Westmoreland County

15610

15620

15627

15655

15658

15661

15670

15671

15677

15681

15693

15696

15717

15779

15923

15944

15954

Wyoming County

18623

18629

18630

18657

York County

17329

17331

Rural Automated External Defibrillator (AED) Application Instructions

1. Please provide the complete name and contact information for the organization requesting inclusion in the program.
2. Please provide the complete name and contact information for the person who will oversee this program and who is easily contacted during business hours.
3. Are you affiliated with or been approached by your local Community Health Improvement Partnership (CHIP)? If yes, please complete this contact information (#4).
4. Please provide the name of CHIP and the person who will oversee this program, and easily contacted during business hours.
5. Which choice best describes your organization?
6. Please provide the name(s) of organization(s) involved in partnership or CHIP.
7. Please provide the name and contact information for the Physician providing AED medical direction and advice for your organization. Medical direction is a requirement for EMS services seeking an AED and is strongly recommended for public access providers.
 - Assistance recruiting a Physician to fill this position can be arranged through the regional EMS council.
 - Many models for Public Access Medical Direction/Advice exist through the American Heart Association, the American Red Cross, the National Center for Early Defibrillation and other similar organizations. This information will be made available upon request to the Department of Health Emergency Medical Services (EMS) Office. (717-787-8740 or agilger@state.pa.us)
8. Please provide the name and contact information of the individual who will serve as the AED Program Coordinator.
 - This individual should have intimate knowledge of the organizations emergency response plan and ideally have previous experience in CPR/AED responses.
 - Assistance securing an individual to fill this position can be arranged through the regional EMS council, the American Heart Association, the American Red Cross, the National Center for Early Defibrillation and other similar organizations.
9. Please provide a brief description of how you will coordinate with the local EMS service and 911 center.

OVER

ATTACHMENTS

- Please attach a copy of the prescription to obtain the AED.
- Many models for Public Access AED Quality Assurance exist through the American Heart Association, the American Red Cross, the National Center for Early Defibrillation and other similar organizations. This information will be made available upon request to the Department of Health Emergency Medical Services (EMS) Office (717-787-8740 or agilger@state.pa.us). This plan must include a method for reporting all uses of the device to your regional EMS council.
- AEDs have standard maintenance requirements recommended by the manufacturer. Please indicate how this maintenance will be accomplished and documented.
- Please provide a copy of your proposed response to cardiac emergencies.

10-14. Please affix all required signatures and return the application to your regional EMS council for review and forwarding, for final disposition at the PA Department of Health EMS Office.

APPLICATION FOR RURAL AUTOMATED EXTERNAL DEFIBRILLATION GRANT

(Print or Type All Information)

NAME/ADDRESS:

1. _____ 2. _____
Name of Organization *Name of Contact Person*

Street Address *P.O. Box /Suite/Apartment Number*

City *State* *Zip Code* *Telephone*

E Mail Address *Fax*

3. ☐ YES ☐ NO Are you affiliated with a local Community Health Improvement Partnership (CHIP)
If yes, please complete #4.

4. _____
Name of CHIP *Name of Contact Person*

Street Address *P.O. Box /Suite/Apartment Number*

City *State* *Zip Code* *Telephone*

E Mail Address *Fax*

5. **TYPE OF ORGANIZATIONS IN PARTNERSHIP:**

☐ Ambulance Service
☐ Business/Industry
☐ Fire Service

☐ Police Department
☐ QRS
☐ Rescue

☐ Security Agency
☐ Public Access
☐ Other: _____

6. **NAMES OF ORGANIZATIONS INVOLVED IN PARTNERSHIP:**

7. **MEDICAL ADVISOR (REQUIRED FOR EMS)**

Name of Prescribing/Advisory Physician

Street Address *P.O. Box /Suite/Apartment Number*

City *State* *Zip Code* *Telephone*

E-mail Address *Fax*

8. AED PROGRAM COORDINATOR

Name of AED Coordinator

Street Address

P.O. Box /Suite/Apartment Number

City

State

Zip Code

Telephone

E Mail Address

Fax

9.

If your organization is not a recognized QRS or a licensed EMS service, please provide a brief description of how your organization will coordinate efforts with the EMS System and the local 911 center.

Please attach: A copy of prescription to obtain device.

Signed letter of commitment

Provide a copy of proposed Quality Assurance plan including a plan for reporting all AED uses to the regional EMS council. (Public access only)

Provide a maintenance plan for the device.

Provide a copy of plan for how the AED would be used to respond to cardiac emergencies.

10.

I have reviewed this application and all of the information contained herein, or submitted separately in support of the application is accurate and complete.

Signature of Organization Representative

Date

11. (Required for EMS)

I do hereby acknowledge and accept the role of providing medical advice and direction and am in support of this AED application. I have reviewed attached quality assurance plan and concur with its contents.

Signature of Physician

Date

12.

I do hereby acknowledge and accept the position as the AED Program Coordinator and am in support of this AED application. I have reviewed the attached requirements and agree to maintain the standards required.

Signature of AED Program Coordinator

Date

13.

Name of Individual Completing the Application

Title

Telephone

E Mail Address

14.

REGIONAL EMS COUNCIL USE ONLY:

I HAVE REVIEWED THE ATTACHED APPLICATION AND INFORMATION PROVIDED AND RECOMMEND FUNDING TO THIS PARTNERSHIP.

SIGNATURE _____ TITLE _____

Printed Name _____ **Date:** _____ **Region:** _____

Letter of Commitment Rural Access to Emergency Devices Grant Program

This letter of commitment is being written to express this organization's commitment to the Rural Access to Emergency Devices Grant sponsored by the Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health, and being administered by the Pennsylvania Department of Health, Emergency Medical Services Office. (EMS Office)

As a member of this partnership, we will ensure that the awarded AED is maintained and serviced to the manufacturer's standard; and that the minimum requirements for medical advice, training, reporting and quality assurance activities are maintained in a cooperative effort with the involved community health improvement partnership, training agencies, local EMS authorities, the regional EMS council and the Pennsylvania Department of Health, EMS Office.

We further commit to continue these efforts in order to ensure the sustainment of the program in a continued effort to increase the survivability of sudden cardiac events in the rural areas of the Commonwealth.

AED Coordinator

AED Coordinator Signature

Date

Regional EMS Director

Regional EMS Director Signature

Date