



Health & Social Services Department

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Adult and Child Services - Eligibility & Employment Services
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POLICY MEMORANDUM #4200

EFFECTIVE DATE: 01/01/94

APPROVED BY:

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REVIEWED BY:

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**SUBJECT: EMERGENCY MEDICAL TECHNICIAN/PUBLIC SAFETY
DEFIBRILLATION**

AUTHORITY: CALIFORNIA ADMINISTRATIVE CODE, TITLE 22, DIVISION 9, CHAPTER 2,
SECTION S10007, 100064.

PURPOSE/POLICY:

To establish the requirements and standards for medical control and accreditation of certified EMTs and/or Public Safety -Ds (PS-D) to perform defibrillation.

- I. **MEDICAL CONTROL** – Solano County Emergency Medical Services Medical Control shall include the following:
 - A. Appointment of an EMT-D/PS-D Physician Medical director.
 - B. Approval of EMT-D/PS-D Program Coordinator/Instructor.
 - C. Initial program development and approval application.
 - D. Direction and supervision for EMT-D/PS-D Coordinator.

II. EMT-D/PS-D COORDINATOR RESPONSIBILITIES shall include:

- A. Review of all EMT-D/PS-D monitor/defibrillation contacts.
- B. Monitor for compliance to Solano County EMS Policies and Protocols for all assigned EMT-Ds/PS-Ds.
- C. Provide for skills maintenance, field care audits, and continuing education requirements.
- D. Submit statistics to Solano County EMS per the EMT-D/PS-D Report Form and the EMT-D/PS-D QA Audit Form.

III. EMT DEFIBRILLATION ELIGIBILITY

- A. Current and valid certification as an EMT-1 in Solano County.
- B. Current and valid BLS CPR certification.
- C. Employed and sponsored by an approved EMT-D service Provider.
- D. Successful completion of an EMT-D training program approved by Solano County EMS.
- E. Approval of the Base Hospital Medical Director.
- F. EMT-D certification will expire on the same date as EMT-1 certificate.

IV. PUBLIC SAFETY DEFIBRILLATION ELIGIBILITY

- A. Current and valid status as a Public Safety personnel as defined in CAC, Title 22.
- B. Current and valid BLS CPR certification.
- C. Employed and sponsored by an approved PS-D Service Provider.
- D. Successful completion of a Public Safety defibrillation training program approved by Solano County EMS.
- E. Approval of the Base Hospital Medical Director.

V. MAINTAINING ACCREDITATION FOR EMT-D/PS-D shall include:

- A. Maintenance of a current EMT-1 certificate.
- B. Maintenance of a current BLS CPR certificate.
- C. Attendance at not less than one (1) field care audit per quarter.
- D. Attendance at a monthly demonstration session for EMT-D/PS-D skills.
- E. Attendance at the first field care audit after performing Defibrillation.

VI. RECERTIFICATION

- A. Provide documentation of current certification status.
- B. Provide documentation of attendance at four (4) field care audits per year, including the field care audit immediately after the candidate delivers defibrillation in the field.

- C. Provide documentation of monthly skills evaluations.
- D. Provide recommendation from EMT-D/PS-D Coordinator and EMT-D/FF-D Provider agency.
- E. Submit an application and above documentation, including all applicable fees, to Solano County EMS Agency.

VI. RESTRICTIONS/EXCLUSIONS

- A. The semi-Automatic Defibrillator shall not be used on any **patient under 12 years of age, under 90 lbs. in weight, who is wet, or when Advanced Life Support is on scene and using their protocols.**
- B. The Semi-Automatic Defibrillator shall not be used in **any explosive environment or while the patient is entangled and requires extrication.**
- C. The Semi-Automatic Defibrillator shall not be used **where there is sufficient reason to withhold CPR and other lifesaving techniques (i.e., obvious death; DO NOT RESUSCITATE Authorization).**

VIII. FIELD PARAMEDIC AND/OR RECEIVING HOSPITAL PROCEDURE

- A. Accept a verbal report and written EMT-D/PS-D report form from the EMT-D/PS-D.
- B. Report any physical side effects to the use of the defibrillator (surface burns, abrasions, reddened areas), or any untoward effects from the field use of the Semi-Automatic Defibrillator (failed battery, rescuer shocked, inappropriate shock, etc.).

IX. RETROSPECTIVE REVIEW of Semi-Automatic Defibrillator

- A. The EMT-D/PS-D Coordinator shall review applications of and subsequent use of the Semi-Automatic Defibrillator by retrospective review of both the EMT-D/PS-D Report Forms and the taped events as recorded by the Defibrillator, by use of the EMT-D/PS-D Audit Report Form and criteria.
- B. Monthly skills evaluations and quarterly field care audits will be conducted by the EMT-D/PS-D Coordinator.
- C. Follow-up with Solano County EMS shall occur in all cases where patient complications from Semi-Automatic Defibrillator use have documented.
- D. Audit forms shall be forwarded to Solano County EMS Office for Data entry and closure of unresolved issues.

X. EMT-D/PS-D SERVICE PROVIDER

- A. The EMT-D/PS-D Service Provider shall have a written agreement with a local EMS Agency to participate in the EMT-D/PS-D Program and comply with all applicable State Regulations and local policies and procedures, including a mechanism to assure compliance.

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- B. The EMT-D/PS-D service provider shall assure its defibrillation training program complies with all educational requirements specified in Title 22, CAC, Sections 100064 and 100020.
- C. The EMT-D/PS-D service provider shall designate an EMT-D/PS-D coordinator to perform educational and quality assurance functions for the agency's defibrillation program.
- D. The EMT-D/PS-D service provider agrees to utilize an automatic and/or semi-automatic defibrillator for prehospital use.
