

# MEDICAL OVERSIGHT AND FACILITY COORDINATOR AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM AGREEMENT

The Oversight Physician must be licensed in the District of Columbia and oversee all aspects of the defibrillation program, including training, protocol approval, AED deployment strategies, equipment maintenance and coordination with the DC Fire and Emergency Medical Services Department. The Oversight Physician shall review each case in which an AED is used by the PAD program and make sure all pertinent data is forwarded to the DC Fire and Emergency Medical Services Department.

Facility AED Coordinator shall ensure that:

1. Expected AED users receive training from and maintain certification by the American Heart Association, the American Red Cross, or an equivalent nationally or state recognized course in cardiopulmonary resuscitation ("CPR") and use of an AED.
2. Facility defibrillators are maintained and tested according to the manufacturer's operational guidelines, and written records of maintenance and testing are maintained.
3. The AED Program is registered with the DC Fire and Emergency Medical Services Department. Notify the DC Fire and Emergency Medical Services of any changes to the program as soon as possible. Ensure \$25 application fee (check or money order) is payable to DC Treasurer. Direct all inquires and correspondence to: DC Fire and Emergency Medical Services Department, Office of the Medical Director 1923 Vermont Ave. NW Washington, DC 20001. Phone Number (202) 698-1283 and Fax Number (202) 462-0807.
4. Any person who uses an AED to provide emergency care or treatment on a person in cardiac arrest shall contact or designate someone to contact the Emergency Medical Services (911), as soon as possible, and shall report any clinical use of the AED to the licensed physician or medical authority.
5. Data on all AED use is reviewed by oversight Physician and submitted to the DC Fire and Emergency medical Services Department within 72 hours.
6. The Certification of registration is renewed every 4 years in accordance with DC Fire and Emergency medical Services Department guidelines.
7. The Program AED Certificate is clearly displayed in the facility and is available for inspection if needed.

Your signature on this application represents the commitment by your facility to follow the guidelines in "The District of Columbia Public Access to Automated External Defibrillator Act of 2000". You attest that all answers and statements in this application are true and correct. Any falsification of information may result in denial, citation, suspension, or revocation of this registration.

\_\_\_\_\_  
Signature of AED Program Coordinator      Date

\_\_\_\_\_  
Signature of Oversight Physician      Date

\_\_\_\_\_  
Printed Name of AED Program Coordinator

\_\_\_\_\_  
Printed Name of Physician and DC License Number

---

*Date Received* \_\_\_\_\_ *Check/Money Order Number* \_\_\_\_\_ *Certificate Number* \_\_\_\_\_

*Approve*   *Deny*   *Reason for Denial Attached*   *Registration Expiration Date*

*Reviewer's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**District of Columbia  
Fire and Emergency Medical Services  
Department**

**PAD Application**

**Please Print:**

**Date:** \_\_\_\_\_

**Application Type:**    Initial         Renewal         AED Relocated

**Organization Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Website** \_\_\_\_\_

\_\_\_\_\_ **Email** \_\_\_\_\_

**Facility Type:**    Commercial         Gov't         Religious         Educational

                         Industrial         Recreational         Law Enforcement

**Number of Employees** \_\_\_\_\_ **Number of Employees trained in CPR/AED** \_\_\_\_\_

**On site Hazards:**    Gases         Chemicals         Wet Areas         Metal Floors         Other \_\_\_\_\_

**Hazardous Locations** \_\_\_\_\_

**PAD Coordinator** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address** \_\_\_\_\_

**Training Class** \_\_\_\_\_ **Expires** \_\_\_\_\_ **Email** \_\_\_\_\_

**Medical Oversight Physicians Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address** \_\_\_\_\_

**Physicians DC License** \_\_\_\_\_ **Email** \_\_\_\_\_

**Please Complete for Each AED**

**AED Brand** \_\_\_\_\_ **AED Manufacturer** \_\_\_\_\_

**AED Model** \_\_\_\_\_ **AED Serial #** \_\_\_\_\_

**AED Location on Site** \_\_\_\_\_

**AED Electrode Pad Brand** \_\_\_\_\_

**AED Electrode Pad Manufacturer** \_\_\_\_\_

**AED Electrode Pad Model** \_\_\_\_\_ **AED Electrode Pad Serial** \_\_\_\_\_

**AED Electrode Lot** \_\_\_\_\_ **AED Electrode Expires**

**Is the AED equipped with Pediatric Pads**        Yes \_\_\_\_\_ No \_\_\_\_\_

**Is the AED compliant with the 2005 AED update** Yes \_\_\_\_\_ No \_\_\_\_\_

Please Print Clearly

AED Brand \_\_\_\_\_ AED Manufacturer \_\_\_\_\_  
AED Model \_\_\_\_\_ AED Serial # \_\_\_\_\_  
AED Location on Site \_\_\_\_\_  
AED Electrode Pad Brand \_\_\_\_\_  
AED Electrode Pad Manufacturer \_\_\_\_\_  
AED Electrode Pad Model \_\_\_\_\_ AED Electrode Pad Serial \_\_\_\_\_  
AED Electrode Lot \_\_\_\_\_ AED Electrode Expires \_\_\_\_\_  
Is the AED equipped with Pediatric Pads Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the AED compliant with the 2005 AED update Yes \_\_\_\_\_ No \_\_\_\_\_

Please Print Clearly

AED Brand \_\_\_\_\_ AED Manufacturer \_\_\_\_\_  
AED Model \_\_\_\_\_ AED Serial # \_\_\_\_\_  
AED Location on Site \_\_\_\_\_  
AED Electrode Pad Brand \_\_\_\_\_  
AED Electrode Pad Manufacturer \_\_\_\_\_  
AED Electrode Pad Model \_\_\_\_\_ AED Electrode Pad Serial \_\_\_\_\_  
AED Electrode Lot \_\_\_\_\_ AED Electrode Expires \_\_\_\_\_  
Is the AED equipped with Pediatric Pads Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the AED compliant with the 2005 AED update Yes \_\_\_\_\_ No \_\_\_\_\_

Please Print Clearly

Page Number

AED Brand \_\_\_\_\_ AED Manufacturer \_\_\_\_\_  
AED Model \_\_\_\_\_ AED Serial # \_\_\_\_\_  
AED Location on Site \_\_\_\_\_  
AED Electrode Pad Brand \_\_\_\_\_  
AED Electrode Pad Manufacturer \_\_\_\_\_  
AED Electrode Pad Model \_\_\_\_\_ AED Electrode Pad Serial \_\_\_\_\_  
AED Electrode Lot \_\_\_\_\_ AED Electrode Expires \_\_\_\_\_  
Is the AED equipped with Pediatric Pads Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the AED compliant with the 2005 AED update Yes \_\_\_\_\_ No \_\_\_\_\_

Please Print Clearly

AED Brand \_\_\_\_\_ AED Manufacturer \_\_\_\_\_  
AED Model \_\_\_\_\_ AED Serial # \_\_\_\_\_  
AED Location on Site \_\_\_\_\_  
AED Electrode Pad Brand \_\_\_\_\_  
AED Electrode Pad Manufacturer \_\_\_\_\_  
AED Electrode Pad Model \_\_\_\_\_ AED Electrode Pad Serial \_\_\_\_\_  
AED Electrode Lot \_\_\_\_\_ AED Electrode Expires \_\_\_\_\_  
Is the AED equipped with Pediatric Pads Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the AED compliant with the 2005 AED update Yes \_\_\_\_\_ No \_\_\_\_\_

*Make more copies as needed*



# THE DISTRICT OF COLUMBIA PUBLIC ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM

The Public Access to Automated External Defibrillator Act of 2000 was enacted to provide standards for the public use of the automated external defibrillators (AED) and the immunity from civil liability to a person who uses an AED in an emergency care or treatment situation. These provisions only apply to Public Access to Defibrillator Programs that are registered with the DC Fire and Emergency Medical Services Department.

Any person or entity who requires an AED shall notify an agent of the FEMS Chief, the FEMS Medical Director, and the Emergency Communications or Vehicle Dispatch Center of the existence, location, and type of defibrillator. If an AED is moved or removed, the DC Fire and Emergency Medical Services Department shall be notified. The following is an excerpt from the “District of Columbia Public Access to Automated External Defibrillator of Act of 2000”.

#### Section 4. AED use and tort immunity.

- (a) Any person or entity who, in good faith and without compensation, uses an AED to provide emergency care or treatment shall be immune from civil liability for any personal injury resulting from the care or treatment, if the person acts or failure to act in providing or arranging further medical treatment, if the person acts as an ordinary, reasonable prudent person would have acted under the same or similar circumstances.
- (b) The immunity from civil liability provided under subsection (a) of this section shall extend to the licensed physician or medical authority involved in automated external defibrillator site placement, the person who provides training in CPR and the use of the automated external defibrillator, and the person or entity responsible for the site where the automated external defibrillator is located.
- (c) The immunity from civil liability provided under this act shall not apply if the personal injury results from the gross negligence or the willful or wanton misconduct of the person providing the emergency care.
- (d) This section expressly excludes from the provision of the immunity designers, manufacturers, or sellers of the automated external defibrillators who have claims brought against them based upon current District of Columbia law.
- (e) A person, who, in good faith and without compensation, uses a defibrillator at the scene of an emergency, and all other persons and entities providing services without compensation under this section, shall be immune from civil liability for any injury that results from any act or omission in the use of the defibrillator in an emergency situation. This immunity shall apply only if the requirements of section 3 (of the “Public Access to Automated External Defibrillator Act of 2000”) are fulfilled.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT**



**MEDICAL OVERSIGHT AND FACILITY COORDINATOR AUTOMATED  
EXTERNAL DEFIBRILLATOR PROGRAM AGREEMENT**

The Oversight Physician must be licensed in the District of Columbia and oversee all aspects of the defibrillation program, including training, protocol approval, Automated External Defibrillator (AED) deployment strategies, equipment maintenance and coordination with DC Fire and Emergency Medical Services Department (DCFEMS). The Oversight Physician shall:

1. Review each case in which an AED is used by the District of Columbia Public Access to AED Act of 2000 (PAD) (regardless of the person's actual medical condition).
2. Review suspected Cardiac Arrest that occurs at your facility whether or not the AED was applied.
3. Review the facility AED Report form.
4. Forward the AED Report form to the DCFEMS Department (see address below).

**WHO SHOULD FILL OUT THE REPORT FORM?**

The report form should be filled out immediately after an incident occurs at your facility *by the Facility AED Coordinator and the Facility AED Operator* (if a different person). If the Facility AED Operator is not an employee, then only the Facility AED Coordinator should fill out the report. The facility is not responsible for tracking down bystanders who are active in the resuscitation process. However, the report should accurately reflect that a bystander and not a facility employee initiated the CPR process. The Facility AED Coordinator should review the report and help clarify any questions that the caregiver may have concerning the report.

**WHEN DOES A REPORT NOT NEED TO BE FILLED OUT?**

The report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. (Example: A customer feels ill and the AED is brought to the patient's side. The caregiver at the scene does not put the AED pads on the patient because the patient is not suspected of having a cardiac arrest.)

**WHAT ARE THE RESPONSIBILITIES OF THE FACILITY AED COORDINATOR?**

The Facility AED Coordinator shall ensure that:

1. All expected AED users receive training and maintain certification from the American Heart Association, the American Red Cross, or successfully complete an equivalent national or state recognized course in cardiopulmonary resuscitation (CPR) and use of an AED.
2. Notice is provided to DCFEMS within 24 hours anytime an AED is used or a suspected cardiac arrest occurs in your facility whether or not an AED was used. The notice must state that a full AED Incident Report will soon be arriving and include the date and time of the incident.
3. Facility defibrillators are maintained and tested according to the manufacturer's operational guidelines, and written records of maintenance and testing are maintained.

4. The AED Program is registered with the DCFEMS Department.
5. DCFEMS is notified of any changes to the program as soon as possible.
6. Data on all AED use is reviewed by the Oversight Physician and submitted to the DCFEMS Department within 72 hours.
7. The certificate of registration is renewed every 4 years in accordance with DCFEMS Department guidelines.
8. The Program AED Certificate is clearly displayed in the facility and is available for inspection if needed.
9. The Application Fee, AED Report Forms and all other inquiries are mailed or faxed to the following address:  
**DC Fire and Emergency Medical Services Department**  
**Attention: Office of Medical Director**  
**1923 Vermont Avenue, N.W., Suite 201**  
**Washington, DC 20001**  
**Phone: (202) 698-1283 Fax: (202) 462-0807**
10. Ensure that the \$25 application fee is included. Only fees paid by Money Order, Certified Check, Company Check or SF 3881 ACH forms or its equivalent will be accepted. Please remit payment to **DC Treasurer** and mail to the following address:  
**DC Fire and Emergency Medical Services Department**  
**Attention: Office of Medical Director**  
**1923 Vermont Avenue, N.W., Suite 201**  
**Washington, DC 20001**  
**Phone: (202) 698-1283 Fax: (202) 462-0807**

#### **WHAT IS THE RESPONSIBILITY OF THE FACILITY'S AED COORDINATOR REGARDING THE REPORT FORM?**

1. Answer any questions the AED operator has when filling out the form. Any further questions should be directed to DCFEMS (202) 698-1283
2. Ensure that the **form is completed in its entirety**. The AED Coordinator must forward the completed AED Report Form to the Oversight Physician for review.
3. Maintain on file at the facility the original AED Report Form. Due to the confidential nature of this document, it should be stored in a secure room and locked.

#### **WHO WILL SEE THIS REPORT?**

This is a confidential report which contains Protected Health Information and is therefore subject to applicable laws and regulations, including HIPAA and the regulations promulgated there under. The Facility AED Coordinator should keep the original copy on file at the facility and a copy should be sent to DCFEMS for quality control purposes. It will only be viewed by the Facility AED Coordinator, the AED operator (if different than the AED Coordinator), the Oversight Physician and DCFEMS.

*Your signature on this application represents the commitment by your facility to follow the guidelines in "The District of Columbia Public Access to Automated External Defibrillator Act of 2000". You attest that all answers and statements in this application are true and correct. Any falsification of information may result in denial, citation, suspension, or revocation of this registration.*

Printed Name of AED Program Coordinator      Date

Printed Name of Oversight Physician      Date

\_\_\_\_\_  
Signature of Name of AED Program Coordinator

\_\_\_\_\_  
Signature of Physician and DC License Number

Date Received \_\_\_\_\_ Check Number/Money Order Number/ACH Form (or Equivalent.) \_\_\_\_\_

Certificate Number \_\_\_\_\_

Approve \_\_\_\_\_ Deny \_\_\_\_\_ Reason for Denial Attached \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_

Date \_\_\_\_\_