



Vermont Emergency Medical Services District Number Three  
Fletcher Allen Health Care  
Medical Center Hospital of Vermont Campus  
Medical and Health Care Information Center  
Burlington, VT 05401

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### **Policy on Acquisition and Implementation of Defibrillation Equipment**

Pursuant to the Vermont EMS Rules (section 8), services acquiring new defibrillators must have medical direction approval to provide such treatment in addition to the purchase of any basic or advanced life support equipment.

The following policy outlines both criteria to acquire defibrillation equipment and conditions to be met to allow a service to begin and continue its usage. This policy shall be adhered to for services acquiring defibrillators for the first time, or for those replacing any units. Services may not use any advanced life support equipment without approval by the District's Medical Direction.

#### **Criteria for acquiring a new or replacement defibrillator:**

- The defibrillator must be FDA approved, have a voice recording capabilities along with EKG playback. The service shall be responsible for providing a playback mechanism if none are available for call reviews.
- An electronic data component shall be made available for all calls in the form of computerized modules or code summary printouts.
- The requesting service shall assure at least 95% coverage for all unscheduled calls with a defibrillation trained member.
- The service must arrange for an approved Local Medical Advisor (physician, physician's assistant, or nurse) to assist with quality improvement. The Local Medical Advisor shall be approved by the District Medical Advisor.
- A member of the service shall act as the Service's Defibrillation Coordinator. This member must be trained in the usage of the defibrillator and work along side the Local Medical Advisor in maintenance of skills and equipment.
- The new or replacement defibrillator application and checklist (attached) must be submitted and approved by the District Medical Advisor prior to purchase.

#### **Conditions of usage after approval: The service shall:**

- Assure at least 95% coverage of all unscheduled calls with a defibrillation trained member.
- On all cases in which the defibrillator is used on a patient complete a state approved "Incident Report Form" and a "Defibrillation Program Cardiac Arrest Report Form".
- Provide a voice, EKG recording, and electronic data summary to the Local Medical Advisor within 24 hours of the call (to be used in call reviews).
- Maintain a training plan to include a minimum skill review by all defibrillation trained members three times a year. The plan shall be approved by the Local Medical Advisor and the District Medical Advisor.



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- Review all cases of defibrillation usage with the Local Medical Advisor in a timely manner (not greater than 90 days after incident in which the defibrillator is used).
- Provide public education towards the improvement of the “chain of survival” in their community. This shall include, though not limited to, early access to the EMS system, recognition of emergencies, and/or community based CPR instruction.
- Provide an annual report to the District Medical Director documenting training sessions, case reviews, and public education provided during the year of the report.
- Use the State’s Defibrillation Maintenance Checklist to assist with the service’s defibrillation maintenance program. This program should be approved by the District Medical Advisor.

Checklists and agreement forms shall be made available by the district in accordance with the District Medical Advisor’s approval.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
VTEMSD#3 Chair Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of District Medical Director Date

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Signature of District Co-Medical Director Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Vermont EMS Office Date



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Any new or replacement defibrillator used in pre-hospital care by a VTEMSD#3 licensed service shall require approval of such equipment by the District Medical Advisor. To assist in this process the following application and checklist should be completed by the requesting service. This approval shall be made prior to the purchase of any defibrillator.

**Please complete the following:**

**1. Proposed Service and Key Personnel (Please Print):**

Name of Service: \_\_\_\_\_

Name of Service Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Service AED Coordinator \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Local Medical Director \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2. Defibrillator Information:**

Manufacturer's Name of Defibrillator: \_\_\_\_\_

Model Number: \_\_\_\_\_

**Check off the following:**

The unit is FDA approved.

The unit has a voice recording for playback of usage – a playback unit must be available.

The unit has an EKG playback function – a playback unit must be made available.

The unit has an electronic data function (such as a data module or code summary printout following usage).

**3. Conditions for usage once approved:**

Once approved, the service shall follow the VTEMSD#3 policy on "Acquisition and Implementation of Defibrillation Equipment". Please attach an explanation of the following:

Maintenance plan on testing equipment on a regular basis, including operation of the defibrillator, condition of batteries, and adequate quantities of supplies for use.

Quality Improvement plan including training updates three times a year (how will updates be conducted?), case reviews with Local Medical Advisor, and assistance for EMT's requiring remediation of skills.

**4. Agreement of Acquisition and Implementation**

The service agrees to abide to all conditions set forth by the VTEMSD#3 Policy on "Acquisition and Implementation of Defibrillation Equipment". The service will provide documentation for all calls in which the defibrillator is used on a patient as requested by the State EMS Office and the District Medical Director.





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Here are some examples to help when preparing the application for “Acquisition and Implementation of Defibrillation Equipment”. These are only examples, feel free to contact the VEMSD#3 Board Chair, Training Chair, or Medical Director for clarifications.

- ❑ Maintenance plan on testing equipment on a regular basis, including operation of defibrillator, condition of batteries, and adequate quantities of supplies for use.

“Daily the AED will be tested with a simulator for recognition of shockable rhythms, intact and functional cables/controls, and adequate supplies. In addition, batteries will be rotated with freshly charged spares. These duties will be confirmed by using the Vermont EMS Defibrillation Maintenance checklist. All abnormalities will be documented and immediately reported to the Service Defibrillation Coordinator.”

- ❑ Quality Improvement plan including training updates every three months (how will updates be conducted?), case reviews with Local Medical Advisor, and assistance for EMT’s requiring remediation of skills.

“Every four months a code drill requirement and defibrillation check-off will be conducted in squad. Scenarios will be provided by the Service Defibrillation Coordinator. Once a year each EMT shall review their skills with the Local Medical Advisor. Those who show weakened skills will be provided with a remediation plan coordinated by the Service Defibrillation Coordinator (and if need by the Service Training Officer, if the Coordinator is not the same person) in agreement with the Local Medical Advisor.

- ❑ Public Education (these are only a few examples).

“Spoke with the local PTO in regards to emergency phone numbers including access to EMS in general terms.”

“Became a training center for the American Heart Association. The service will commit to conducting community-based CPR courses through the year (a minimum of three a year).

“The service hosted a blood drive for the American Red Cross at a local church and handed out phone stickers on dialing 911”.

“Published an article in the local newspaper (see copy attached) explaining mission of the service and the need for prompt recognition of emergencies and who to call.”

“Taught American Red Cross CPR course for local day care center. Twelve adults attended the course.”

“Service stood by at local safety fair at elementary school discussing safety tips such as seat belt and bicycle helmet use. Distributed pamphlets from the Vermont Safe Kids Coalition”.