

# PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive; Cookeville, TN 38501  
Phone: 931-528-1555; Fax: 931-520-8404  
Email: [tcopeland@putnamco.org](mailto:tcopeland@putnamco.org)

Randy Porter  
Director

Tommy Copeland  
Assistant Director

## AED Program Implementation and Reporting

Thank you for your interest in implementing or considering implementation of an Automated External Defibrillation (AED) program. These exciting devices have proven themselves to be safe, highly effective and simple to operate in clinical trial and in “real world” situations. Citizens in this community are alive today because AEDs have been placed and someone was willing to use the device at the appropriate time. The price of the devices has declined dramatically in the past few years making them more affordable.

Placement of AEDs in this community is not new. A program to place AEDs in the community was initiated in the mid 1990's with Cookeville Regional Medical Center donating the first ten public devices. Putnam County, Cookeville City, Putnam County EMS, Cookeville Fire Department and other local government entities have committed funding and personnel to the expansion of this program. In an effort at expanding the program, we are now encouraging businesses, churches, communities and individuals to purchase the devices. Several local companies and churches, both small and large have already made this investment in their employee, patrons and parishioners. At least one community and one individual have also purchased devices. No price can be placed on saving a life and your organization is well on the way to being able to provide this life-saving therapy.

The attached documents are to assist you in registering your AED device with Putnam County EMS, as required by State Law 1200-12-1-.19. If you have not purchased a device as of yet, the attached documents may help in your decision process. **PLEASE DO NOT LOOK AT THE ATTACHED DOCUMENTS AS A HINDERANCE TO YOUR PROGRAM IMPLEMENTATION. THESE ARE TO HELP YOU IN DEVELOPING AND REPORTING YOUR PROGRAM AS WELL AS PROVIDING VITAL INFORMATION. Putnam County EMS and Cookeville Fire Department are willing to assist you in any way to develop your program. This includes on site visits to complete necessary paperwork and providing free CPR/AED training for up to 24 people if you purchase an AED device.**

Putnam County EMS and Cookeville Fire Department officials would be glad to assist you with any questions you may have. This includes on site visits. This is provided at no cost to the individual or business. We want your program to succeed.  
If you have any questions or need assistance of any type, please contact us:

Putnam County EMS  
Tommy Copeland, EMT-P  
Assistant Director  
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**Save for your records**

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## Registration Checklist

To register your device, please complete the following:

- Complete the AED registration form.
  - Instructions are included in this package
- Complete an AED "Action Plan", a sample is included and may be used in whole or in part.
- Complete a "Written Plan", a sample is included and may be used in whole or in part.
- Adopt an AED Use Report, a sample is included and may be used in whole or in part.
- If possible, include an 8.5 x 11" map of your building that depicts the AED location.
  - A fire escape map would fulfill this requirement perfectly
  - This information will be loaded on the 911 systems and can be used to remind a caller of the device location on premises.
  - The map is not required if you have difficulty obtaining. Fire or EMS personnel would be happy to help you make a map.
  - Please show street locations to allow orientation on our map
- Develop a maintenance/testing schedule and assign personnel to check the device on a regular basis. (Maintain these records on site, it is not necessary to forward the actual records to Putnam EMS.)
- Forward the above information to the above address, Attention Tommy Copeland

**Return copy to EMS and save for your records**

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## AED Registration Form Instructions

1. Owner
  - Please list the device owner. It may be a business, individual, government entity, etc.
2. Site
  - Generally in what building is the device located? This is for businesses that have more than one area/building. Some business operate several buildings. Please briefly indicate in which building the AED is located.
3. Manufacturer
  - The device manufacturer. Example: Zoll, Cardiac Science, Access Cardio, etc.
4. Model
  - This is usually a name such as AED Plus, Life pak 500, etc
5. Serial Number
  - This is usually located on the bottom of the device near the battery compartment.
6. Address of Device
  - We need the physical address that the device is located at. Please do not use a post office box here. This should include a street address, including suite number, city, and zip code.
7. Response off Site?
  - Is your organization willing to respond off your own premises with the AED? This may include neighboring businesses. If you are in close proximity to several business would you be willing to go within quick walking distance. If so, we will add this information to the 911 system. In the event of a cardiac arrest close to your business we might call and see if you could respond. This is not mandatory but is encouraged. As a cost saving measure, you might consider a joint purchase between business in a strip mall or similar arrangement.

Respond to:

  - Where would you be willing to respond? It would be simplist to use geographic references such as naming streets as boundaries. Another approach would be naming specific businesses that you would be willing to respond to.

How to Request off site Response

  - If you are willing to respond off site, how is the best and quickest way to contact your business for a response? This ideally would be a number that could be called by a 911 operator.
8. Response Agency
  - This only applies to emergency agencies that may carry AED devices specifically to respond with them. This will usually be a government agency such as Cookeville Fire Department.

Response Vehicle

  - This applies only to emergency agencies as well. If the device is assigned to a particular responding vehicle, please indicate the vehicles call sign/unit identifier.
9. Contact Person and contact information
  - It may be necessary to contact the facility about the AED program from time to time. The Contact person will be the main liaison between EMS and the entity owning the AED
  - Contact person should be the one person ultimately responsible for the care, maintenance and operation of the AED.
  - The address, mail, email, phone and fax should be the best means to contact this person. We may occasionally send out mail, faxes or emails regarding AEDs

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10. Alternate Contact Person and phone number
  - This person should act as an alternate contact in case of the absence of the primary contact.
11. Specific AED Location on Site:
  - If the AED is located in a building, write specific instructions on the location of the device. They should be adequately worded that a 911 dispatcher unfamiliar with your facility could talk a caller to the device. It would be very helpful to include a basic diagram of your building with the AED location noted. A few basic "landmarks" would also be helpful such as street orientation on the map and main features of your building such as the office.
12. Hours AED available
  - When will the AED be available for use? This is especially important when the AED is subject to off site use.

AED integrated with EMS

  - Is this AED part of the 911 emergency response system? Will it be taken off site or mobile to respond to emergencies? IF so and it is registered as such it would be considered integrated.
13. AED Action Plan on File?
  - Has a State Required Action plan been filed with EMS? A template is included in this package. You can essentially put your organization name on it and use it or develop your own. This plan should be simple.
14. AED Written Plan on File?
  - Has a State Required Written Plan on file with EMS? A template is included in this package. You can use this one or adopt your own. This plan should be simple. It does not require elaborate planning.
15. Training Standard Adopted
  - Are you trained by the American Heart Association, Red Cross, National Safety and Health, etc.?
16. List of Trained Personnel on File
  - Please provide a list of personnel trained to use the device. You may just submit a copy of your CPR roster if you like.
17. Initial Registration Date
  - EMS will fill this date in when we receive your registration.
18. Medical Director
  - Who is the Medical Director for you AED program? If you do not have one, one can be arranged for you.
19. Medical Director contact information
  - How can your Medical Director be contacted if necessary? Please fill out completely.

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## **Suggested Supporting Documents Automated External Defibrillator Program**

**Thank you** for your interest in saving lives with CPR and Automated External Defibrillators. The accompanying sample documents have been reviewed to meet the existing requirements for Automated External Defibrillator (AED) programs as promulgated by the State of Tennessee Department of Health, Division of Emergency Medical Services. The package includes a suggested:

- Written Notice of AED Program
- AED Action Plan
- AED Written Plan
- AED Use Report
- AED Maintenance and Testing Record

You should provide sufficient detail in completing these documents so that someone unfamiliar with your program could find, use, and maintain the device, as well as set up additional training if needed.

Many programs will require special attention to the training and written plans. Will the AED be in an office? Exactly where is it in that office? Will it ever be locked up? (Such strict security is not recommended.) If so, who has the key? Will your program respond off site if needed? (Remember the same protection from liability exists in those circumstances and time is critical.) Extra data cards (or tapes) are suggested to make information transfer easy and timely.

The AED use report is designed to permit easy, consistent data delivery for evaluation and tracking of the AED program. If exact times or circumstances are not known, do the best you can in completing the report. It is recognized that some responders will be medical professionals who will include more detail. Use the back of the page or additional paper or reports as necessary.

The AED Written Notice lists a meeting with EMS. This is strongly encouraged. The intent is to familiarize your EMS provider(s) with the particulars of your AED program. Submit copies of all these documents to your local EMS agency, which may wish to include additional local requirements or information.

For further help with your program, please contact Putnam County EMS (931)-528-1555 or Cookeville Fire Department (931) 526-2121

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## **Automated External Defibrillator Action Plan**

**Name/Agency/Business:** \_\_\_\_\_

Possible Cardiac Arrest or Medical Emergency Recognized

AED Accessed

911 Activated

Send personnel to escort EMS to patient if possible.

AED Delivered to Patient

Establish unresponsiveness

Use AED if unresponsive

Perform Life Support Measures

Give verbal description of Incident to EMS upon arrival

Restock Supplies for AED

Complete Written Account of AED Use

Including Data Card

Submit Report to Medical Director, EMS Agency

**Adopt/revise, return to copy to EMS and save for your records**

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## Automated External Defibrillator Written Plan

### Name/Agency/Business: \_\_\_\_\_

This plan is designed to outline the key components of the implementation of your AED program as required by the State of Tennessee. Please feel free to add additional information as desired.

**Date:**

**Training Course:**

**AED Device:**

**Representative:**

**Phone:**

**AED Maintenance and Testing Schedule** (Refer to manufacturer requirements and recommendations. Written records must be retained.):

**EMS MUST be notified as soon as an emergency exists.**

**EMS will be activated by:**

**Dialing 911**

Other Telephone # \_\_\_\_\_

Other:

**This program is registered with EMS:**       YES     No

**This program will respond offsite if requested.**       YES  No

**Where will the unit be stored?**

**Who can access the AED? How will they be contacted?**

**Who will use the AED?** (A roster of people certified and authorized should be attached, kept on site, and updated regularly.)

**Attach a copy of each record: Maintenance and Testing      AED Use**

One copy of these records will be kept on site, one will be sent to the supervising physician (Medical Director), and one will be sent to the local EMS agency.

**AED Program Medical Director:**

**Adopt/revise, return copy to EMS and saver for your records**

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## Automated External Defibrillator Use Report

**Name/Agency/Business:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date of Use:** \_\_\_\_\_ **Time of Use:** \_\_\_\_\_

**AED Model:** \_\_\_\_\_

**How Were You Notified of the Emergency:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_

Personal Contact     Radio     Telephone  
Other \_\_\_\_\_

### What Happened?

**Patient Information:** Name (if known) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Patient Condition On Your Arrival:** (Circle responses as appropriate)

Conscious	Breathing	Pulse	CPR
Unconscious	Not Breathing	No Pulse	No CPR

### What Did You Do?

Established Unresponsiveness \_\_\_\_\_ Monitored Patient \_\_\_\_\_  
Helped with medication \_\_\_\_\_

Used AED Shock Needed? Yes No  
Shock Delivered? Yes No Number \_\_\_\_\_  
Time of Initial Shock: \_\_\_\_\_

Did Pulse Return? Yes No  
Did Breathing Return? Yes No  
Did Patient Become Conscious? Yes No  
Was CPR Necessary? Yes No  
Was CPR Performed? Yes No  
Who Performed CPR? \_\_\_\_\_

Were More Shocks Needed? Yes No Number \_\_\_\_\_

Did Pulse Return? Yes No  
Did Breathing Return? Yes No  
Did Patient Become Conscious? Yes No  
Was CPR Necessary? Yes No  
Was CPR Performed? Yes No  
Who Performed CPR? \_\_\_\_\_

### Condition on EMS Arrival:

Conscious	Breathing	Pulse	No CPR
Unconscious	Not Breathing	No Pulse	CPR

**Outcome (if known):** Survival \_\_\_\_\_ Deat \_\_\_\_\_  
**Could you do this again if needed?** Yes No Not Sure  
**Additional Information Attached?** Yes No

**Names of AED Responders:** \_\_\_\_\_

**AED Contact Personnel:** Please submit one copy of this report to the EMS agency, one copy to your medical director, and keep one copy for your records.

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## Automated External Defibrillator Maintenance Record

**Name/Agency/Business:** \_\_\_\_\_

***Manufacturer's Requirements May Vary.***

AED Model:

Manufacturer Representative:  
Address:

Phone:

Date AED Inspected:

Who Inspected AED?

Found to Be in Working Order?      Yes      No (Give Details)

Maintenance or Repairs Necessary?      No      Yes (Give Details)

Any Special Checks Performed? (See Manufacturer Recommendations)

No      Yes (Give Details Below)

Date of Next Inspection: \_\_\_\_\_

Please maintain a log of these inspection records on site.

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63-6-218. "Good Samaritan Law."

(a) This section shall be known and cited as the "Good Samaritan Law."

(b) Any person, including those licensed to practice medicine and surgery and including any person licensed or certified to render service ancillary thereto, or any member of a volunteer first aid, rescue or emergency squad which provides emergency public first aid and rescue services, who in good faith:

(1) Renders emergency care at the scene of an accident, medical emergency and/or disaster, while en route from such scene to a medical facility and while assisting medical personnel at the receiving medical facility, including use of an automated external defibrillator, to the victim or victims thereof without making any direct charge therefor; or

(2) Participates or assists in rendering emergency care, including use of an automated external defibrillator, to persons attending or participating in performances, exhibitions, banquets, sporting events, religious or other gatherings open to the general public, with or without an admission charge, whether or not such emergency care is made available as a service, planned in advance by the promoter of the event and/or any other person or association, shall not be liable to such victims or persons receiving emergency care for any civil damages as a result of any act or omission by such person in rendering the emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except such damages as may result from the gross negligence of the person rendering such emergency care.

(c) A receiving medical facility shall not be liable for any civil damages as a result of any act or omission on the part of any member of a volunteer first aid, rescue or emergency squad, which provides emergency public first aid and rescue services, while such person is assisting medical personnel at the receiving medical facility.

(d) If:

(1) A volunteer fire squad is organized by a private company for the protection of the plant and grounds of such company;

(2) Such squad is willing to respond and does respond to calls to provide fire protection for residents living within a six (6) mile radius of the county surrounding such plant; and

(3) The plant is located in a county which does not otherwise provide fire protection to such residents;

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then the members of such volunteer fire squad, while providing fire protection within such area outside the plant, shall be liable to suit under the provisions of the Governmental Tort Liability Act, compiled in title 29, chapter 20, part 2.

[Acts 1963, ch. 46, §§ 1, 2; 1976, ch. 551, § 1; T.C.A., § 63-622; Acts 1985, ch. 338, §§ 1-4; 1994, ch. 556, § 1; 1998, ch. 963, § 5; 1999, ch. 488, §§ 1, 2.]

## **1200-12-1-.19 AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAMS**

- (1) Each entity shall submit a written notice to the local primary emergency medical services provider or emergency communications district that provides the following information:
  - (a) the name of the entity, the owner of the AED, and a contact person and an alternate with telephone numbers, and mailing address of the placement facility;
  - (b) the street location and site within the facility where the AED shall be placed, means to access the AED, hours during the day when the AED may be available, and whether the AED may be used off-site;
  - (c) description of the AED by manufacturer and model;
  - (d) listing of the area emergency medical services and contact information for the EMS agency and emergency communications district;
  - (e) the name and contact information of the physician supervising the AED placement; and,
  - (f) how the use of the AED is coordinated with the local EMS system.
- (2) Each entity shall maintain and submit a copy of a written AED plan to the local primary emergency medical services provider or emergency communications district that includes:
  - (a) designation of the training programs adopted by the entity to prepare expected users;
  - (b) a list of individuals appropriately trained and authorized;
  - (c) a plan of action for proper use of the AED;
  - (d) registration with local emergency medical services with acknowledgement by their representatives of the AED placement, plan, and program;
  - (e) description of how the AED program coordinates with EMS and the dispatching entity;

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- (f) maintenance and testing procedures necessary to maintain the device, as well as sample forms to document proper maintenance; and,
  - (g) reports that shall be made of AED use along with other records to be maintained by the program.
- (3) Each entity shall complete a report of the use of an AED and submit a copy to the responding EMS agency and the supervising physician to document the following:
  - (a) time of use or deployment of the device;
  - (b) the model of AED used;
  - (c) names of the AED responders;
  - (d) patient information, when known, to include name, age, race, and gender of the patient;
  - (e) condition of the patient upon arrival of AED responders and resuscitative actions taken;
  - (f) condition of the patient upon arrival of EMS; and,
  - (g) patient outcome.
- (4) Each placement of an AED shall be supervised and endorsed by a physician with an unrestricted license to practice medicine or osteopathy in Tennessee.
- (5) Each automated external defibrillator shall comply with the provisions of T.C.A. § 68-140-710 and shall perform the following capabilities:
  - (a) analyze heart rhythm and deliver electrical impulses (countershocks) for at least thirty (30) minutes after deployment;
  - (b) deliver visual or audible warnings of low battery power;
  - (c) provide an audible or visual warning of loose connections of the electrodes; and
  - (d) incorporate an internal event record providing the time of activation, times of rhythm analysis, and times of delivery of countershocks.
- (6) The following training programs in cardiopulmonary resuscitation and AED use are consistent with the scientific guidelines of the American Heart Association and have been approved by the Tennessee Emergency Medical Services Board.
  - (a) Heartsaver AED and Basic Life Support for Healthcare Professional CPR and AED Courses of the American Heart Association
  - (b) Advanced Cardiac Life Support Course of the American Heart Association (for Healthcare professionals in conjunction with Basic Life Support for Healthcare Providers)
  - (c) Workplace First Aid and Safety; Adult CPR/AED Training Course of the American Red Cross
  - (d) AED Training Course of the American Red Cross (in conjunction with Adult and Professional Rescuer CPR courses)

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- (e) AED Course of the National Safety Council (in conjunction with AHA, NSC, or ARC Adult CPR Courses)
- (f) Heartsaver FACTS Course of the National Safety Council or American Heart Association;
- (g) Medic First Aid family of programs for Basic Life Support for Professionals and AED Training by EMP International, Inc.
- (h) American Safety and Health Institute programs for Basic CPR and AED education and training.

Authority: T.C.A. §§ 4-5-202, 68-140-504, 68-140-505, and 68-140-705. Administrative History:  
Original rule filed January 24, 2002; effective April 9, 2002

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