

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 Bureau Emergency Medical Services (EMS). (717-787-8740 or Rcooney@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's Bureau of Emergency Medical Services (EMS) (717-787-8740 or Rcooney@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 Bureau of EMS.