## AED PROGRAM WRITTEN PLAN

 **has established an AED Program.**

**AED Coordinator in charge of the organization unit’s program and contact info is:**

**The AED is located at:**

**The AED will be used** **within** (specific location/geographic area):

**The AED will be transported to the scene of a cardiac arrest:**

**A list of individuals currently trained and authorized to use the AED** is attached on Attachment A. (include first name, last name, training expiration date, trained by)

**Explain how AED related activities will be coordinated between your organization and the local EMS:**

 Anytime the AED is removed from its location for use, 911 will be contacted immediately.

**Medical supervision of the AED program will be conducted by** Jeff Adams, MD Medical Director of Curry Health Center, The University of Montana, Missoula, MT 59812 (406)243-2122, who will supervise the AED program off-line in retrospective quality assurance, quality improvement and continuing education and practice sessions.

**His designee is** Chuck Emnett, Office of Risk Management (406)243-4504

**The AED will be maintained**, tested, and operated in conformance with the manufacturer’s recommendations of best practice (see attached manufacturer’s specifications).

**Written records will be kept** of all maintenance and testing performed on the AED. These records will be kept on-file at:

**In addition to records for maintenance and testing of the AED, written records** of initial training and continuing training will be kept for each employee at:

**Required reports of AED** use will be made in person with Jeff Adams, MD or Chuck Emnett (his designee), within 24 hours of the occurrence of the event. Required components of the written reports that must be sent to the DPHHS will be mailed within 48 hours of the occurrence of the event.

ATTACHMENT A

## List of Individuals Currently Trained and Authorized in AED Usage

## *Your list of individuals will be entered on the electronic site.*