

# **Spokane County Public Access Defibrillation**

**(RCW 70.54.310)**

**Spokane County EMS & Trauma Care Council  
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Spokane, WA 99201  
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Revised July 2019**

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Attachment: Defibrillator Medical Authorization\*

\*Copy must be returned to:

Spokane County EMS Council  
44 W. Riverside Ave.  
Spokane, WA 99201

# Spokane County Public Access Defibrillation

Thank you for your interest in Public Access Defibrillation. Cardiovascular disease is the single largest cause of death in the United States.

Every year more than 480,000 adult Americans die of a heart attack or its complications. About half of these deaths (250,000) result from sudden cardiac arrest, a complication of a heart attack.

Ventricular fibrillation, a disturbance in the electrical heart rhythm, is the most common cause of sudden cardiac arrest. Defibrillation is the only definitive treatment for ventricular fibrillation.

The success of defibrillation diminishes rapidly with each passing minute, decreasing the chance of successful return of normal heart rhythm by 10% for each passing minute.

## This is where you are so important!

Clinical studies confirm trained emergency responders can successfully perform early defibrillation using AEDs. Linking CPR with the use of AEDs by lay rescuers creates an even greater chance to improve survival from cardiac arrest. As well, a 1998 Washington State law protects lay responders in the use of Automatic External Defibrillators (AEDs).

Again, thank you for your interest.

# Spokane County Checklist

## Public Access Defibrillation (PAD)

- Review Copy of RCW 70.54.310, Community CPR-AED Program (enclosed)
- Call or visit with closest fire station to let them know you will be purchasing an AED
- Contact defibrillator distributors/manufacturers (recommend at least 2 contacts)
- Arrange for a training course. (The training course must include most current national guidelines for CPR and use of the AED (i.e. American Heart Association, American Red Cross, Medic First Aid, etc.)
- Maintain a copy of the class roster for the training course as well as a copy of all documents in this packet
- Schedule 2 year renewal training
- Fill out and return the Site Information Sheet (enclosed), the Disclaimer Statement (enclosed), and the Defibrillator Medical Authorization to:

Spokane County EMS Office  
44 W. Riverside Ave.  
Spokane, WA 99201

Spokane County  
Public Access Defibrillation (PAD)  
Site Information

Date\_\_\_\_\_User name\_\_\_\_\_

Address location of AED\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Contact name\_\_\_\_\_Phone\_\_\_\_\_Fax\_\_\_\_\_

Briefly describe type of business\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe layout of location\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exact Location of AED\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special instructions/directions EMS should know in the event of their arrival?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **DISCLAIMER STATEMENT**

To: James M. Nania, MD, FACEP

From: \_\_\_\_\_ (insert organization name here)

Subject: Disclaimer

### **Disclaimer Statement:**

The agencies, employees or assignees of Spokane County, the City of Spokane, and the Spokane County EMS & Trauma Care Council hold no responsibility individually or collectively for the activities performed pursuant to this document, in relation to the public use of automated external defibrillators in Spokane County, or resulting from the Community Responder CPR-AED Program in Spokane County.

Medical direction is extended to the community Responder Site based on documentation supplied by the site that requirements established in RCW 70.54.310 have been met.

“I/We hereby affirm and declare that the information provided herein is true and correct, and I/We will:

- Assure that state-approved training for the Community Responder CPR-AED Program will be completed.
- Follow protocol related to the use, ownership, maintenance and other aspects of public use of automated external defibrillators as described in this document and via the above mentioned CPR-AED training.
- Provide event data to Spokane County EMS and Trauma Care Council per the format requested by them.
- Have read and understand and am/are in compliance with RCW 70.54.310 and will remain in compliance with that statute.
- Agree to maintain knowledge of and implement this program consistent with the current standard of care during the life of this program.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in Spokane, WA

User Organization \_\_\_\_\_

Organization Representative Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

## Spokane County Protocol for AED Use

1. Make sure the environment is safe for rescuers and victim.
2. Recognition of cardiac arrest:  
Check for responsiveness (i.e. shake, shout), no breathing or only gasping (i.e. no normal breathing), no definite pulse felt within 10 seconds.
3. Activation of Emergency Medical Response System:  
Witnessed collapse:  
If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR.  
Otherwise, send someone and begin CPR immediately and use the AED as soon as it is available.  
Unwitnessed collapse:  
Give two minutes of CPR. Leave the victim to activate the emergency response system and get the AED. Resume CPR and use the AED as soon as it is available.
4. High-quality CPR:
  - Adults and adolescents:  
Compression to ventilation ratio without advanced airway: 30:2
  - Children and infants:  
Compression to ventilation ratio without advanced airway:  
1 rescuer 30:2  
2 or more rescuers 15:2

Chest compressions only CPR (no rescue breaths) may be performed until help and/or EMS with breathing devices arrive. Compression rate: 100-120

  - Compression depth:  
Adult: At least 2 inches (5cm) using two hands on the lower one-half of the breastbone (sternum).  
Children: At least one-third AP diameter of chest (about 2 inches or 5cm) using two or one hand (optional for very small child) on the lower half of the breastbone (sternum).  
Infants: At least one-third AP diameter of chest (about 1.5 inches or 4cm). One rescuer: 2 fingers in the center of the chest, just below the nipple line. If two or more rescuers, 2 thumb-encircling hands in the center of the chest, just below the nipple line.
  - Chest recoil: Allow full recoil of the chest after each compression; do not lean on the chest after each compression.

- Minimizing interruptions: Limit interruptions to less than 10 seconds.
5. AED:
- Power on the AED
  - Attach pads to the patient's bare chest in the proper location and allow the device to do a rhythm check.  
If a shock is indicated, clear all rescuers (avoid contact with the victim) and deliver the first shock. Immediately re-initiate CPR for two minutes until prompted by the AED to allow a rhythm check and repeat this sequence if additional shocks are indicated until ALS providers take over or victim starts to move.  
If no shock is indicated, resume CPR immediately for about two minutes until prompted by the AED to allow a rhythm check and repeat this sequence until ALS providers take over or the victim starts to move.



AED Manufacturers  
Updated July 2019

Freedom Sales and Supply, LLC

Matthew Zerbe

509-414-6403

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