APPENDIX D

Middle Tennessee State University
Automated External Defibrillator Written Plan

Date:

Facility where AED located: Location within facility:

Required Training Course: AED Model:

AED Director: Phone:

AED Maintenance and Testing Schedule (Per manufacturer. Written records must be kept):

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 device be stored?

Who can access the AED?

How will they be contacted?

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

What is the plan of action for proper use of the AED?

What reports will be made following use of AED?

Attach a copy of each record: Written notice of the Establishment of the AED Program (including acknowledgment of receipt from Rutherford Co. EMS), AED Procedures and Guidelines for Use, Maintenance and Testing Plan, and AED Post-Incident Report. 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 Medical Director: