

Medical Oversight Agreement for Community AED/PAD Programs

Community AED/PAD Program - Medical Oversight Requirements

On behalf of the Organization listed below, I request Medical Oversight through the Austin/Travis County Office of the Medical Director. I understand participation in the Austin/Travis County Community AED Program is completely voluntary.

The Austin/Travis County Office of the Medical Director agrees to provide voluntary medical oversight and technical assistance for AED/PAD programs in Travis County but may extend to other communities within Texas. This agreement also authorizes the Organization to purchase AEDs requiring physician authorization & oversight provided the following conditions are met. The Organization’s PAD Program:

1. has AED/PAD program oversight located within Travis County. When multiple AED sites are involved, the management of the program must reside in Travis County.
2. has AEDs registered through the Austin-Travis County EMS System (www.atcems.org) or the local EMS system for sites outside both the City of Austin and Travis County.
3. ensures an adequate number of persons are currently trained in CPR and the use of the AED (certification is not required).
4. maintains AEDs in accordance with the manufacturer’s recommendations.
5. ensures 9-1-1 is called immediately whenever a person is believed to be in cardiac arrest and/or when an AED is applied to a person. The AED is only applied to persons believed to be in cardiac arrest.
6. notifies the Austin/Travis County AED program coordinator when:
 - a. an AED is applied to a person.
 - b. any malfunction or adverse event involving an AED occurs.
 - c. any change occurs in the Organization’s AED contact information or PAD Program.
7. provides the AED’s data file anytime the AED is applied to a person in addition to other post event documentation as defined in the PAD program.
8. provides the Austin/Travis County AED/PAD program coordinator with a list of all AEDs and locations as well as other data required by the PAD Program, when requested.
9. provides an approved written PAD program outlining how it meets or plans to meet requirements 1 – 7 above before obtaining medical oversight through this document.
10. recognizes the ability to contact the Austin-Travis County AED Program Coordinator for AED questions and assistance with its Community AED/PAD Program.

Our Organization agrees to meet the above stated requirements.

Organization Name: _____

Organization Mailing Address: _____

Primary AED Program Contact Name: _____

Contact Person’s Title: _____

Contact Phone: _____ Contact Email: _____

Organization Signature: _____ Date: _____

Approvals & Contact Information

Approved by: Mark E. Escott, MD, MPH, FACEP, FAEMS, NRP

Medical Director: _____

AED/PAD Prog Coord: Louis Gonzales, MPH, CPPS, CPHQ, LP

Effective Date: _____

Office of the Medical Director 512-978-0000 Phone

Attn: AED Program Coordinator 512-978-0010 Fax

517 S. Pleasant Valley Road www.atcomd.org

Austin, TX 78741