



Automated External Defibrillator (AED) Guidelines

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Background

These guidelines are for districts dedicated to establishing, maintaining, and overseeing a successful automated external defibrillation (AED) program¹. The purpose is to provide guidance on program requirements, placement, care and use, training, and other components that may be required by districts to ensure that an effective AED program is in place. These guidelines also provide information regarding the mandates to include CPR education for most districts and to comply with the Eric Paredes Sudden Cardiac Arrest Prevention Act.

To begin, the Health & Safety Code (section 1797.196²) in coordination with the Education Code (section 49417) provides that a district which acquires automated external defibrillators (AEDs) for emergency use is **not** liable for any civil damages resulting from the use of AEDs to provide emergency care if the district does the following:

- Complies with all regulations governing the placement of AEDs;
- Notifies its local EMS agency of the existence, location, and type of AEDs;
- Maintains and tests its AEDs per the manufacturer's guidelines;
- Tests the AEDs at least twice a year and after each use;
- Inspects all AEDs on the premises at least every 90 days;
- Maintains records of the maintenance and testing of the AED as required by the statute; and
- Requires its school principals to ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED.³
- Establishes a calendar to check every AED District-wide

Failure to comply with all of these obligations puts the district at risk of losing its statutory immunity. A district may also lose its statutory immunity if it acts in a grossly negligent or willful or wanton manner.

The Health & Safety Code mandates (a) regular maintenance and testing of the AED, (b) development, implementation, and compliance with specified emergency protocols and disclosures, and (c) employee training in compliance with regulatory standards.

¹ These procedures are largely adopted from those promulgated by the Santa Barbara Self Insured Program for Employees (SIPE) for SIPE Schools in Santa Barbara County as well as updated and edited.

² Also, except for gross negligence or willful misconduct, "if an employee of a school district complies with Section 1714.21 of the Civil Code in rendering emergency care or treatment through the use, attempted use, or nonuse of an AED at the scene of an emergency, the employee shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment." (Education Code Section 49417)

³ Technically, if a district designates specifically trained and paid employees who are available to respond to emergencies that may involve the use of an AED during specified, normal operating hours, such an immunity may not be available.

RECENT AED LEGISLATION

Education Code Section 51225.6:

Commencing with the 2018–19 school year, districts and charter schools that require a course in health education for graduation from high school must include instruction in performing compression-only cardiopulmonary resuscitation (CPR) as part of their required health education course offering. This instruction shall include the following:

1. An instructional program based on national evidence-based emergency cardiovascular care guidelines for the performance of compression-only CPR, such as those developed by the American Heart Association or the American Red Cross, and
2. Instruction to pupils relative to the psychomotor skills⁴ necessary to perform compression-only CPR.

Assembly Bill 1766 – Swimming pools: public safety:

AB 1766 requires every public swimming pool that is required to provide lifeguard services and that charges a direct fee shall provide on its premises an automated external defibrillator (AED) unit. This AED unit must be readily available during pool operations. This bill amended Health & Safety Code section 116045.

Also, AB 1766 added Health & Safety Code section 116046 which requires the California Department of Education to promulgate best practices guidelines related to pool safety at K–12 schools. Such best practices guidelines, pursuant to their parts that relate to the use or placement of automated external defibrillators, must be consistent with the requirements imposed under Health & Safety Code Section 1797.196.

Assembly Bill 2009 – Interscholastic athletic programs: school districts: written emergency action plans: automated external defibrillator:

AB 2009 requires that if a district or charter school elects to offer any interscholastic athletic program, the district or charter school shall:

1. Ensure that there is a written emergency action plan in place, and posted as specified, that describes the location and procedures to be followed in the event of sudden cardiac arrest or other medical emergencies related to the athletic program's activities or events,
2. Acquire, commencing July 1, 2019 at least one AED for each school within the district or the charter school to be available on campus,
3. Encourage that the AED or AEDs are available for the purpose of rendering emergency care or treatment, as specified,
4. Ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at the athletic program's on campus activities or events, and
5. Ensure that the AED or AEDs are maintained and regularly tested, as specified.

⁴ For purposes of that bullet, "psychomotor skills" means skills that pupils are required to perform as hands-on practice to support cognitive learning.

Senate Bill 1397 – Automated external defibrillators: requirement: modifications to existing buildings.

Existing law had required that certain occupied structures that were not owned or operated by any local government entity and were constructed on or after January 1, 2017, have an automated external defibrillator (AED) on the premises. SB 1397 applies these AED requirements to similar certain structures that are constructed prior to January 1, 2017, and subject to subsequent modifications, renovations, or tenant improvements, as specified. Health and Safety Code Section 19300(d)(1), however, specifically excludes a legal requirement for public schools in California to comply with this requirement. Nevertheless, as a best practice, it is prudent to install and maintain an AED in any new or existing high occupancy building.

FDA Regulations – Purchasing AEDs

FDA regulations state that AEDs "**can be sold with prescription only.**" However, in practice, AEDs are sold under to FDA's **510(k) premarket approval (PMA) process** wherein, effectively, the prescription comes from the manufacturer when you purchase the product (*with respect to using AEDs for emergency purposes and to be used on undetermined persons*).

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=MKJ>

With respect to California, **Health and Safety Code Section 1797.196(b)(3)** specifically states that "**A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.**"

Thus, best practice would be to have a prescribing physician select, oversee, and direct a district's AED program. However, this does not appear to be a legal necessity for AEDs (*unless the AED is specifically prescribed to a single person; for example, an individual with a condition who is subject to sudden cardiac arrest*).

District AED Use

PROCEDURES

1. Districts wishing to acquire AEDs **may** acquire them in accordance with the regulations embedded in Education Code section 49416.
2. Once a district acquires AEDs, it must abide by the regulations embedded in Health & Safety Code section 1797.196. In summary, these regulations are as follows:
 - a) In order to ensure that a district that acquires an AED is not liable for any civil damages resulting from any acts or omissions with respect to the AED, the district must do all of the following:
 - i. Comply with all regulations governing the placement of an AED.
 - ii. Perform the following:
 - (1) Maintain and regularly test the AED according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
 - (2) Readiness check the AED after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Keep written records of these checks.
 - (3) Report any use of the AED to a licensed physician and to the local EMS agency.
 - b) For every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in cardiopulmonary resuscitation and AED use that complies with the regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross. For each additional five AED units acquired, one employee shall be trained beginning with the first AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours.
 - c) Prepare and maintain a written plan that describes the procedures to be followed in the event of an emergency that may involve the use of an AED. The written plan shall include, but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.
 - d) In each school with an AED, the principal shall do all of the following:
 - i) Ensure that the school administrators and staff annually receive a brochure, approved as to content and style by the American Heart Association or the American Red Cross, that describes the proper use of an AED, and that similar information is posted next to every AED.
 - ii) Notify school employees at least annually as to the location of all AED units on the campus.

- iii) Designate only employees who volunteer to be designated as AED volunteers to respond to an emergency that may involve the use of an AED during normal operating hours.
- e) “Normal operating hours” means during the hours of classroom instruction and any school-sponsored activity occurring on school grounds.
- f) School employees shall not be required to pay for the cost of any training that may be required on the proper use of an AED.
- g) Any person or entity that supplies an AED shall do all of the following:
 - i) Notify an agent of the local EMS agency of the existence, location, and type.
 - ii) Provide to the potential users of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

Once an AED unit is installed and/or placed in service, it needs to be maintained in accordance with the Health & Safety Code indefinitely. If, at some point after an AED is placed in service, it is decided that the device was not as useful as had been anticipated or is cost-prohibitive and is removed, certain potential liabilities could arise. Should it be alleged that such an AED might have saved a life if it had been left in place for emergency use, it may prove difficult to justify such actions.

Since an AED represents a perpetual expense, long term budgeting may be an issue. One critical decision which should be tackled concerns deciding how many AEDs are desired and where such AEDs should be installed.

School site obligations, budgetary constraints, and/or turnover of employees responsible for these statutory requirements can result in a failure to meet all of these obligations on a daily/yearly basis. If the district’s statutory immunity is lost due to noncompliance with these obligations (even if the involved employee(s) is immune because he/she acted reasonably under the circumstances), the district may face liability unless such risks are transferred to the AEDs distributor/manufacturer. The district must recognize, however, that the protections afforded under the manufacturer’s or distributor’s indemnity or insurance agreements will likely be lost if it is shown that a failure of maintenance or compliance with other AED instructions and/or requirements led to the resulting claim of injury.

The Response Team

Choosing dedicated staff to be part of a response team is essential to ensure an effective program. The response team roles should include an AED program administrator (usually the district's safety officer or equivalent), medical director or lead school nurse or equivalent (medical director is not required), site coordinators (in most cases, individual school principals or designees), volunteer responders (teachers or staff), and the district risk manager or equivalent (if applicable). Below are examples of the types of responsibilities for each role:

AED Program Administrator (or Safety Officer or equivalent)

It is the responsibility of the district safety office (or equivalent) to:

1. Oversee the implementation of the program
2. Designate the AED site coordinators(s)
3. Communicate with key decision makers
4. Review the program annually to evaluate effectiveness
5. Accurately maintain and update the AED monthly inspections

Medical Director or Nursing Director or equivalent—(medical director is not required)

The medical director provides program oversight, offers leadership and medical expertise to ensure safe implementation and is responsible to:

1. Develop and approve AED program protocols
2. Approve training programs
3. Identify and review national training programs
4. Communicate with program administrator and local EMS
5. Review all incidents involving the use of an AED
6. Provide post-event debriefing and support
7. Assure overall program quality. The Medical Director has the authority to suspend or terminate volunteer responder privileges based upon deficiencies in compliance with District protocols, policies and procedures, training, or inappropriate actions that are not consistent with program policies.

Site Coordinator (or Principal or designee)

It is the responsibility of the Site Coordinator to:

1. Communicate with District with respect to:
 - a. Medical director and medical oversight
 - b. Program administration, management and EMS notification
 - c. Volunteer responders
 - d. Compliance with district policies and procedures

2. Maintain a current list of trained volunteer responders
3. Facilitate event review, data collection and quality initiatives
4. Adhere to the district guidelines for maintenance and upkeep involving the AED(s) they are responsible for
5. Accurately maintain and update their AED monthly inspections via the Internet or maintenance work order.

Volunteer Responders (Teachers or Staff)

Volunteer responders may, if desired, at their sole discretion, and if funding allows:

1. Successfully complete all training and skills evaluation as detailed by the AHA and the medical director
2. Comply with the Emergency Response Guide and respond to emergencies as designated
3. Maintain current certification and participate in re-certification

At all times, instructions, in no less than 14-point type, on how to use the AED are posted next to every AED, and ***AEDs can be used for emergency applications by any district employee without prior training or certification.***

District Risk Manager (or Safety Manager or Other Staff or Consultants)

It is the responsibility of the district safety manager to:

1. Provide medical direction and oversight by a local medical director and comply with the guidance set forth by the medical director
2. Identify and review local and state regulations
3. Notify the local EMS or regulatory agency of the location of AED's where applicable by law or regulation
4. Identify local EMS policy and procedures and communicate them to the Program Administrator
5. Share AED use data per local and state regulations
6. Notify the site coordinator of upcoming consumable or volunteer responder expirations in a reasonable amount of time so that replacements and re-certifications may be obtained prior to expiration.

Training Requirements

“When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school’s emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.” (Health and Safety Code Section 1797.196 (c)(1)).

At all times, instructions must be posted next to each AED, in no less than 14-point type, on how to use the AED. Specifically, no one is required to take CPR or AED training as a requisite for AED use. However, at least once a year, the district (as the building owner) is required to notify staff, teachers, students, and parents (as tenants) as to the location of the AED units and to provide information to these people about whom they can contact if they want to voluntarily take AED or CPR training.

Response and Equipment

Any employee who recognizes an emergency must first call 9-1-1 immediately. When the victim is a child and the responder is alone, give 2 minutes of care and then go call 9-1-1. Notifying emergency medical services is the first link in the chain of survival and is a very crucial step. After the call (or simultaneous with the call if a person other than the ultimate AED responder is present), use the AED. AEDs should be used per manufacturer instructions and training.

AEDs and other emergency response equipment support the chain of survival in the event of a sudden cardiac arrest. Each device should be maintained per policy and following the manufacturer's guidelines. The AED shall only be applied to:

1. Unresponsive and not breathing victims and
2. Victims at least 8 years of age or weighing at least 55 pounds⁵.

All accessory equipment must remain with the AED and includes the following:

Figure 1
AED Accessories

Item Description	Quantity
Adult Electrode pads	2
Pediatric Electrode pads	1
AED battery	1 or more
Rescue essentials Kit: Contents: EMT shears, razor, paper towel, 2 pairs of exam gloves, 1 CPR breathing barrier	1

All equipment and accessories must be inspected routinely for readiness of use and integrity of device.

⁵ Pediatric electrodes, if available, for victims younger than 8 years of age or fewer than 55 pounds.

Equipment Maintenance

The district must establish guidelines and schedules for AED maintenance checks. Staff must report immediately, any defects, missing, damaged, or expired accessories to district staff that is managing the AED program.

The site coordinator is required to complete a periodic maintenance verification checklist on each AED to ensure the quality of the AED program. Monthly checks are required to be recorded monthly. If the AED has not been checked within three business (3) days following the end of the month maintenance deadline, the program administrator and the site coordinator will be notified that the site has reached an out-of-compliance status.

To check your device:

- 1 Go to the location in your facility where the device is located. Verify that the AED still indicates a “ready status.” Refer to the manufacturer’s guidelines for further information on verifying “ready status.”
- 2 Check the expiration date on the electrode pads and the batteries. Note: The AED’s self-diagnostic may detect the expiration status of your AED battery.

Inspection Records:

Monthly inspection and maintenance records for each device must me maintained.

If at any point the deveice is not in the ready status, the device must be checked according to manufacturer directions. If the problem cannot be corrected, the device should be taken out of service and replaced.

Storage and Accessibility

The district's AED program administrator with oversight from a medical/health care provider must determine the locations to place AEDs within each school site. AEDs must be placed for the most efficient response time. The American Heart Association recommends using a three minutes response time as a guideline to assist in determining how many AEDs needed and where to place them.

The following should be taken into consideration when designating locations for AED placement:

- Assess each building for optimal location for storage of the AED. Locations should be readily accessible but secure.
- Staff should be notified of the location and how to access the AED in an emergency.
- Access and use of the AED by third parties and facility users as necessary.

Post Incident Follow-up

After the victim has been attended to by professional first responders, staff must complete the following post incident procedures:

1. Notify district office immediately,
2. Complete a district **Confidential School Incident Report**⁶ to document the event,
3. Complete post incident equipment maintenance as follows:

A. Data Retrieval

The event data will be retrieved from the AED and submitted to the overseeing Emergency Room physician for review and filing according to local requirements. Data cards may also be submitted in lieu of AEDs for data retrieval. (State EMS protocol is for the EMS agency to transport the AED unit with the patient to the ER.)

- It is the responsibility of the school administration to retrieve the AED device used for the cardiac event from the Emergency Room.

• AED Return to Service

Once the AED has been returned to the specified location, inspect the AED for any damage and/or missing parts. Replace all supplies used during the event such as batteries and electrode pads.

4. Participate in a critical incident debriefing session. A critical incident debriefing session should be held as soon as possible following an event. This will be done on an informal basis. The purposes of debriefing are as follows:
 - A. Determine the need for emotional support for the volunteer responders
 - B. Evaluate the effectiveness and quality of the Emergency Response Plan
 - C. Determine the need for additional training
 - D. Recommend corrective actions

No changes to the AED Protocol should be made without conferring with the program administrator, and the expressed authorization from district based on consultation with and approval by the medical director (or equivalent).

⁶ This form is available from your ASCIP Risk Services Consultant. For an AED use event, please check the Other box in the "Apparent Nature of Injury" field and type "AED" in the space to the right of the box.

Confidentiality

The Post Incident Report is part of the patient care record and is confidential information. This report should not to be copied or altered after it is completed by the signatory reporter. Compliance with HIPAA is mandatory. Volunteer responders must refrain from any discussion with co-workers about any aspects of the emergency, including outcome. A critical incident debriefing session will be held with the volunteer responders involved with the care of the patient. This is the only time that confidential information is allowed to be shared with the Medical Director and the AED Site Coordinator.

Report Misuse or Defects

Any defects in the AED operation or deviation from the protocols must be reported to the District's AED program administrator. Any suspected tampering and/or misuse must be reported immediately so the AED can be inspected for proper operation.

Eric Paredes Sudden Cardiac Arrest Prevention Act

The Eric Paredes Sudden Cardiac Arrest Prevention Act:

1. Mandates a **return-to-play protocol** for students who pass out or faint during an athletic activity,
2. Requires coaches to complete a sudden cardiac arrest **training** course, and
3. Requires schools to retain a copy of a sudden cardiac arrest **information sheet** before a student participates in an athletic activity.

1) RETURN-TO-PLAY PROTOCOL

- Requires that a student who passes out or faints or who is known to have passed out or fainted while participating in or immediately following an athletic activity be removed from participation by the athletic director, coach, or athletic trainer.
- Authorizes an athletic trainer or authorized person to remove from participation a student who exhibits unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue during an athletic activity, if the athletic trainer reasonably believes that the symptoms are cardiac related.
- Prohibits a student who is removed from play from being permitted to return to an athletic activity until the student is evaluated and cleared to return in writing by a physician and surgeon, or a nurse practitioner or physician assistant.
- Requires, in the absence of an athletic trainer, any coach who observes any of the symptoms of sudden cardiac arrest to notify the parent so that the parent can determine what treatment, if any, the student should seek.
- Exempts from these protocols athletic activities during the regular school day or as part of a physical education course unless it constitutes a practice, interscholastic practice, or scrimmage.

2) TRAINING (BY JULY 1, 2019)

- Requires coaches, prior to coaching athletics, to complete the sudden cardiac arrest training course using the information posted on the California Department of Education's (CDE's) website.
- Requires coaches to retake the training course every two years.
- Makes a coach ineligible to coach an athletic activity until the coach completes the training course.
- Requires that a coach who does not receive the training, be suspended from coaching until completion of the required training.

3) SUDDEN CARDIAC ARREST INFORMATION SHEET

- Requires the school to collect and retain a copy annually of the sudden cardiac arrest information sheet required by the California Interscholastic Federation

(CIF) before a student participates in an athletic activity governed by the CIF.

- Requires the student and the student's parent to sign and return to the school an acknowledgment of receipt and review of the information sheet posted on the CDE's website before a student participates in athletics not governed by the CIF.

POSTING OF GUIDELINES AND INFORMATION

- Requires the CDE to post on its website guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs, etc. to inform students and parents, and to train coaches about the nature and warning signs.
- Authorizes materials to include those developed or used by the National Federation of High School Associations, the Eric Paredes Save-A-Life Foundation, or the CIF.
- Encourages schools and school districts to post the information and materials on their websites.

For those districts that have opted for an Automated External Defibrillation (AED) Program, the Eric Paredes Sudden Cardiac Arrest Prevention Act compliance can be expanded by incorporating AED training and use in addition to the CDE training requirements.

Sample AED Board Policy

The Board authorizes the placement of automated external defibrillators (AEDs) at designated school sites for use by employees or volunteers.

The Superintendent or designee shall develop and adopt administrative regulations ensuring the district's compliance with California law and regulations applicable to the placement, maintenance, and use of AEDs within California schools. Such administrative regulations may also allow for the use of portable AEDs by district personnel when participating in off-campus district-sponsored events.

The Board's authorization of the voluntary placement of AEDs at district sites neither creates a guarantee or obligation that an AED will be used in the case of an emergency nor certifies that employees or volunteers will be available and willing to use the AED in an emergency situation.

This authorization also neither creates a guarantee that the AED will properly operate nor implies that it will correct any particular health or medical condition.

Sample Post Incident AED Cardiac Arrest Report

Facility Name: _____

Incident Location: _____

Street Address: _____

City State Zip County _____

- 1 Date of Incident: ____/____/____ (MM/DD/YY)
- 2 Estimated time of incident: ____:____ (HH/MM) circle AM or PM
- 3 Patient Gender: Male Female
- 4 Estimated age of patient: _____ yrs.
- 5 Did the patient collapse (become unresponsive)? Yes No
 - a. If Yes, what were the events immediately prior to collapse? (check all that apply: Difficulty breathing Chest pain No signs or symptoms Drowning Electrical shock Injury Unknown
 - b. Was someone present to see the person collapse? Yes No If Yes, was that person a trained AED employee? Yes No
 - c. After collapse, at the time of patient assessment and just prior to the facility AED pads being applied: Was the person breathing? Yes No Did the person have signs of circulation? Yes No
6. Was CPR given prior to 911 EMS arrival? Yes Go to 6a No Go to 7
 - a. Estimated time CPR started: ____:____ (HH/MM) circle AM or PM
 - b. Was CPR started prior to the arrival of a trained AED employee? Yes No
 - c. Who started CPR? Bystander Trained AED employee
7. Was a facility AED brought to the patient's side prior to 911 EMS arrival? Yes No
 - a. If No, briefly describe why and skip to #15

 - b. If Yes, estimated time (based on your watch) facility AED at patient's side: ____:____ (HR:MM) AM or PM
8. Were the facility AED pads placed on the patient? Yes No
 - a. If Yes, was the person who put the AED pads on the patient a: Trained AED facility employee Untrained AED facility employee Bystander
9. Was the facility AED turned on? Yes No
 - a. If Yes, estimated time (based on your watch) facility AED was turned on: ____:____ (HR:MM) AM or PM
10. Did the facility AED ever shock the patient? Yes No If Yes:
 - a. Estimated time (based on your watch) of 1st shock by facility AED: ____:____ (HR:MM) AM or PM
 - b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? ____
11. Name of person operating the facility AED: _____
 - a. Is this person a trained AED employee? Yes No

- b. Highest level of medical training of person administering the facility AED:
 Public AED trained First responder AED trained EMT-B
 CRT/EMT-P Nurse/Physician Other health care provider No
 known training
12. Were there any mechanical difficulties or failures associated with the use of
 the facility AED? Yes No If Yes, briefly explain & attach a copy of the
 completed FDA reporting form (required by law).
13. Did any of the below personal concerns regarding the patient apply? Vomiting
 Excessive chest hair Sweaty Water/Wet Surface Other concerns
 not listed above: _____
14. Were there any unexpected events or injuries that occurred during the use of
 the facility AED? Yes No If yes, briefly explain:

15. Indicate the patient's status at the time of the 911 EMS arrival:
 Circulation restored: Yes No Unsure If yes, time restored: __:__
 (HH:MM) AM or PM
 Breathing restored: Yes No Unsure If yes, time restored: __:__
 (HH:MM) AM or PM
 Responsiveness restored: Yes No Unsure If yes, time restored:
 __:__ (HH:MM) AM or PM
16. Was the patient transported to the hospital? Yes No
 a. If yes, how was the patient transported? EMS Ambulance Private
 vehicle Other _____
 b. If yes, please provide name of transporting ambulance service and the
 facility the patient was transported to: _____
17. Other comments/concerns not referenced on this form that may be useful for
 the medical director?

Report completed by: _____
 Please print name Date _____
 Signature Date _____
 Title Office Phone _____
 Manufacturer/model of the AED used? _____

**PLEASE RETURN TO _____ DEPARTMENT WITHIN 24 HOURS
 FOLLOWING INCIDENT**

Legal References

Education Code § 33479

Education Code § 51225.6

Education Code § 49416

Health & Safety Code § 1797.196

Health & Safety Code § 116045 & 116046