

Seattle and King County Automated External Defibrillator (AED) Site Documentation Form

Washington State Law requires that a licensed physician or osteopath provide medical direction to a person or entity purchasing an AED. The Medical Director will help to develop instructions for your AED program to ensure that they are appropriate for your agency and are in accordance with American Heart Association Guidelines. The Medical Director will provide oversight of these instructions to ensure ongoing compliance, assure that users receive appropriate training, and that the AED is in a location to make your AED program a success.

If you live in Seattle, medical direction can be provided by Dr. Michael Copass. If you live in King County, medical direction can be provided by Dr. Mickey Eisenberg, or you can name a physician of your choice.

What action are you requesting? *Please check all that apply to your situation:*

<input type="checkbox"/>	Request for Information and/or Assistance: <i>I have questions about registering my AED(s)</i>
<input type="checkbox"/>	Request Medical Prescription to purchase an Automated External Defibrillator (AED) <i>I would like to purchase an AED and I need a medical prescription. (Much like a prescription for a medication, the Food and Drug Administration requires a physician to write a medical prescription for the purchase of an AED. <u>By checking this box, King County EMS can provide this for you.</u> (Currently, the only AED that does NOT require a Medical Prescription is the Philips AED).</i>
<input type="checkbox"/>	Request Medical Direction for the use of an Automated External Defibrillator (AED) <i>I currently have an AED and would like to request Medical Direction for the use of an AED. (The entity or individual acquiring an AED in the State of Washington must have Medical Direction authorized by a physician. <u>King County EMS can provide this for you.</u>)</i>
<input type="checkbox"/>	Request Registration of an Automated External Defibrillator (AED) <i>I currently have an Automated External Defibrillator and Medical Direction and would like to register the device.</i>
 Medical Director Name: (Please Print) _____	
<input type="checkbox"/>	Request to update information <i>My device is already registered with King County EMS and I would like to update my site information.</i>

Customer Information:

**** = Required Fields**

**Company or Agency Name: _____			
<i>If Private Resident list</i>			
**Customer Name: _____			
		<i>First Name</i>	<i>Last Name</i>
Business Type: (Ex: Law offices, School, Manufacturer, Public pool) _____			
**Physical Address:			
Address : _____			
		<i>Street Address</i>	<i>Suite/Apt #</i>
City, State, Zip: _____			
<i>City</i>		<i>State</i>	<i>Zip</i>
**Mailing Address: <input type="checkbox"/> <i>Same as Physical Address</i>			
Address : _____			
		<i>Street Address</i>	<i>Suite/Apt #</i>
City, State, Zip: _____			
<i>City</i>		<i>State</i>	<i>Zip</i>
Days of Operation: _____			
<i>Please check all that apply</i>			
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 7days/Week			
Hours of Operation: _____			
<i>Start Time</i>		<i>End Time</i>	
<input type="checkbox"/> 24/7 (Ex: Private Residence, 24hr Business)			

Training Information:

Training provided by or Training Program: *Ex: American Heart Assoc., American Red Cross, Independent instructor, private trainer*

Number of People trained: _____

Date initial Training completed: _____

AED Information:

Total Number of AED's: _____ *If you have more than two devices please check below. You will be contacted the program coordinator to document additional devices.*

AED # 1 ****Serial #** _____ **Date AED put into operation** _____

****Make** _____ ****Model** _____

Location of the Device: *Same as* ☐ *Physical Address*

Address 1: _____

Street Address

Suite/Apt #

City, State, Zip: _____

City

State

Zip

Is this AED located in unincorporated King County? ☐ **Yes** ☐ **No** ☐ **Unknown**

If "No", what city is the AED located in? _____

☐ **Unknown**

Number of Employees at this location _____

Number of Visitors _____

Private Residence: *List number of people who reside at this location* _____

Placement of the Device: *Describe the approximate location your device is placed in your home, business or vehicle:*

Site Visit Completed by: _____

First Name

Last Name

Agency

Date of Site Visit: _____

Local Fire Dept: *List the name of the Fire Dept that responds to your location.*

AED Information:

Total Number of AED's: _____ *If you have more than two devices please check below. You will be contacted the program coordinator to document additional devices.*

AED # 2 ****Serial #** _____ **Date AED put into operation** _____

****Make** _____ ****Model** _____

Location of the Device: *Same as* ☐ *Physical Address*

Address 1: _____

Street Address

Suite/Apt #

City, State, Zip: _____

City

State

Zip

Is this AED located in unincorporated King County? ☐ **Yes** ☐ **No** ☐ **Unknown**

If "No", what city is the AED located in? _____

☐ **Unknown**

Number of Employees at this location _____

Number of Visitors _____

Private Residence: *List number of people who reside at this location* _____

Placement of the Device: *Describe the approximate location your device is placed in your home, business or vehicle:*

Site Visit Completed by: _____

First Name

Last Name

Agency

Date of Site Visit: _____

Local Fire Dept: *List the name of the Fire Dept that responds to your location.*

☐ Check here if you have additional AEDs to register. You will be contacted regarding specific information.

How did you hear about AED registration requirements? (check all that apply)

- ☐ Public Health website
- ☐ Public awareness campaign
- ☐ Advertising
- ☐ Business or trade journal
- ☐ CPR/AED training
- ☐ AED packaging and/or instructional materials
- ☐ Other: _____ (please specify)

To complete your AED site documentation, you may agree to use Seattle/King County EMS AED instructions or you can submit a copy of your Medical Director's AED instructions. Please check the option you are using:

- ☐ Using Seattle/King County AED instructions

OR

You may submit a copy of your own Medical Director's AED instructions by one of the following methods:

- ☐ PDF – Email to Program Manager Anne Curtis at anne.curtis@kingcounty.gov
- ☐ Fax – Attention: Anne Curtis (206) 263-8317

☐ Mail – To:
King County Emergency Medical Services Division
Attn: Anne Curtis
401 5th Ave, Suite 1200
Seattle, WA 98104

Medical direction is extended to your site based on an understanding that the following requirements have been met:

1. State-approved training for a reasonable number of individuals at the site will be completed prior to installation of AED unit(s); (<http://www.doh.wa.gov/hsqa/emstrauma/download/padguide.pdf>)
2. Users will follow instructions related to AED use, as provided by the Medical Director;
3. An AED Site Coordinator will be assigned to be responsible for AED maintenance, according to the manufacturer instructions.
4. When an AED is used during a cardiac arrest, the Site Coordinator will provide AED event data to King County EMS by calling Program Manager Anne Curtis at 206-263-8317.

Print Name of person completing this form
Title: _____
Phone number: _____

Revised 4/14/16