

Medical Oversight Agreement for Community AED Programs

Contact Info

Office of the Medical Director
Attn: AED Program Coordinator
517 S. Pleasant Valley Road
Austin, TX 78741

512-978-0000 Phone
512-978-0010 Fax
www.atcomd.org

Community AED Program - Medical Oversight Requirements

On behalf of the Organization listed below, I request Medical Oversight by Paul Hinchey, MD, MBA, FACEP, 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, through Dr. Paul Hinchey, agrees to provide voluntary medical oversight for AED programs in Travis County but may extend to other communities within Texas under specific circumstances. This agreement also authorizes the Organization to purchase AEDs provided the following conditions are met:

1. The Organization's AED program oversight is located within Travis County. When multiple AED sites are involved, the management of the program and all AEDs must reside in Travis County.
2. All AEDs are registered through the Austin-Travis County EMS System (www.atcems.org) or the local EMS system for sites outside Travis County.
3. The Organization responsible for the AEDs notifies the AED program coordinator when:
 - a. A new AED has been acquired
 - b. An AED is applied to a person presumed to be in cardiac arrest
 - c. Any change in the Organization's AED Contact information noted below
 - d. Any malfunction of the AED
4. The Organization ensures an adequate number of persons are currently trained in CPR and the use of the AED (certification is not required).
5. The Organization stocks and maintains AEDs in accordance with the manufacturer's recommendations.
6. The AED is only applied to persons believed to be in cardiac arrest.
7. 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.
8. The Organization contacts the AED Program Coordinator for questions and assistance with its Community AED Program.
9. If available, the Organization provides the AED's internal data file anytime the AED is applied to a person in cardiac arrest.

Organization Name: _____

Organization Mailing Address: _____

Primary AED Program Contact Name: _____

Contact Person's Title: _____

Contact Phone: _____ Contact Email: _____

Contact Name Signature: _____ Date: _____