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Public Access Defibrillation (PAD) Provider Rules and Regulations

I. DEFINITIONS

a. **Authorized Individual means**; any person (not general public), not otherwise licensed or certified to use the automatic external defibrillator “AED”, who has met the training standards specified in this policy, and is authorized to use the AED by the Medical Director and the Program Manager.

b. **General Public (lay person) means**; an individual not affiliated with a PAD Program who engages in the use of an available AED.

c. **Automatic External Defibrillator or “AED” means**; an external defibrillator capable of cardiac rhythm analysis that will charge and, with operator action, deliver a shock after electronically detecting that a “shockable rhythm” is present.

d. **Program Medical Director means**; a physician licensed in the U.S., who develops, implements, and maintains the medical control provisions specified in this policy and authorizes individuals to operate an AED. Sample forms, training records, and protocols are included with this guide.

e. **Program Manager means**; a person shall be appointed to oversee the administration of the PAD program.

F. **Public Access Defibrillation or “PAD”**; refers to the utilization of AEDs by layperson rescuers to treat victims of sudden cardiac arrest in public or private venues.

g. **PAD Site**; refers to the agency, organization or company that sponsors a PAD program and allows placement of an AED on their premises.

II. PURPOSE

a. To provide for system-wide public access defibrillation standards, review and oversight by the Office of the EMS Medical Director, of Kansas City, Missouri (KCMO).

b. To provide structure to programs implementing automatic external defibrillators for use by lay persons treating victims of sudden cardiac arrest.

c. To provide for integration of public access defibrillation (PAD) Programs with the established emergency medical services system.

d. To provide a mechanism for PAD Quality Improvement activities across the City of Kansas City, Missouri by the Office of the EMS Medical Director.
II. AUTHORITY

a. Missouri Revised Statutes - 2018, Chapter 190; Emergency Services, Section 190.092; Defibrillators, use authorized when, conditions, notice--good faith immunity from civil liability, when, 190.092,

1. This section shall be known and may be cited as the "Public Access to Automated External Defibrillator Act".

2. A person or entity who acquires an automated external defibrillator shall ensure that:
   (a) Expected defibrillator users receive training by the American Red Cross or American Heart Association in cardiopulmonary resuscitation and the use of automated external defibrillators, or an equivalent nationally recognized course in defibrillator use and cardiopulmonary resuscitation;
   (b) The defibrillator is maintained and tested according to the manufacturer's operational guidelines;
   (c) Any person who renders emergency care or treatment on a person in cardiac arrest by using an automated external defibrillator activates the emergency medical services system as soon as possible; and
   (d) Any person or entity that owns an automated external defibrillator that is for use outside of a health care facility shall have a physician review and approve the clinical protocol for the use of the defibrillator, review and advice regarding the training and skill maintenance of the intended users of the defibrillator and assure proper review of all situations when the defibrillator is used to render emergency care.

3. Any person or entity who acquires an automated external defibrillator shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the automated external defibrillator is to be located.

4. Any person who gratuitously and in good faith renders emergency care by use of or provision of an automated external defibrillator shall not be held liable for any civil damages as a result of such care or treatment, unless the person acts in a willful and wanton or reckless manner in providing the care, advice, or assistance. The person or entity who provides appropriate training to the person using an automated external defibrillator, the person or entity responsible for the site where the automated external defibrillator is located, the person or entity that owns the automated external defibrillator, the person or entity that provided clinical protocol for automated external defibrillator sites or programs, and the licensed physician who reviews and approves the clinical protocol shall likewise not be held liable for civil damages resulting from the use of an automated external defibrillator. Nothing in this section shall affect any claims brought pursuant to chapter 537 or 538.

5. All basic life support ambulances and stretcher vans operated in the state of Missouri shall be equipped with an automated external defibrillator and be staffed by at least one individual trained in the use of an automated external defibrillator.

6. The provisions of this section shall apply in all counties within the state and any city not within a county.


http://www.moga.mo.gov/statutes/chapters/chap190.htm
b. Code of Ordinances: Chapter 34, Article XIV, Code of Ordinance of Kansas City, Missouri

ARTICLE XIV - PUBLIC ACCESS DEFIBRILLATION PROGRAM

Sec 34-551. - Title
This article shall be known and may be cited as the "Public Access Defibrillation Program Code." (Ord. No. 021294, § 1, 11-7-02)

Sec. 34-552. - Purpose
It is the purpose of this code to create the public access defibrillation program and establish guidelines for use, training, and data collection, as well as requirements and procedures for implementing and using AEDs within this program. (Ord. No. 021294, § 1, 11-7-02)

Sec. 34-553. - Definitions
Authorized User means any person who has met the training standards of this code, and is authorized to use the AED by the medical director and program manager.

Automated External Defibrillator or AED means an external defibrillator capable of cardiac rhythm analysis that will charge and, with or without further operator action, deliver a shock after electronically detecting that a "shockable rhythm" is present.

Director means the director of health or persons to whom the director has delegated duties imposed by this code.

Health Care Facility means a hospital, nursing home, physician’s office or other fixed location at which medical and health care services are performed.

Medical Director means a physician authorized by the State of Missouri to permit individuals to operate an AED and who develops, implements and maintains the medical control provisions of this code and the regulations promulgated pursuant to this code.

Program Manager means a person who works with the medical director to oversee the administration of the PAD program.

Public Access Defibrillation or PAD means the utilization of AEDs by rescuers to treat victims of cardiac arrest in public or private places, including first aid providers at public events not associated with the prehospital emergency medical services provider for the city, staff of nursing homes not otherwise exempt by this code, and similar activities.

PAD Site means the agency, business, organization, or other entity that sponsors a PAD program and allows placement of an AED on its premises. (Ord. No. 021294, § 1, 11-7-02)

Sec. 34-554. - Exceptions
The following entities or persons are exempt from the provisions of this code:

Hospitals; Hospitals licensed by the State of Missouri, Physicians; Persons licensed by the State of Missouri pursuant to RSMo Ch.334. Nurses; Persons licensed by the State of Missouri as a nurse pursuant to RSMo Ch. 335. City EMS system; Persons licensed by the City of Kansas City, Missouri and who work for the ambulance system contractor or the City's Fire Department, if those persons have been approved for use of an AED by the City's medical director for pre-hospital emergency medical services, Mutual aid providers; Persons working for state licensed ambulance services, governmental fire departments or other EMS agencies
keeping an AED for personal use in their private homes. (Ord. No. 021294, § 1, 11-7-02; Ord. No.050692, § 1, 6-23-05)

Sec. 34-355. - No person shall begin a public access defibrillation program after March 31, 2003, unless the program is certified by the director of health. Public access defibrillation programs operating on March 31, 2003, may operate for one year from that date without being certified by the director of health. Thereafter, all public access defibrillation programs shall be certified by the director of health. (Ord. No. 021294, § 1, 11-7-02)

Sec. 34-356. - Director of health duties

(a) Adopt regulations; the director shall adopt regulations necessary to implement a public access defibrillation program within the authorization of this code, Missouri law and regulations, and current medical standards for the use of AEDs and prompt treatment of people suffering cardiac arrest.

(b) Register medical directors; the director shall maintain a list of registered medical directors who shall be licensed physicians.

(c) Authorized programs; the director shall maintain a list of authorized programs reflecting their intent to operate a PAD program pursuant to this code.

(d) Public access defibrillation programs; the director shall maintain a list of PAD program sites.

(e) Audit; the director shall have the right to audit any use of an AED. The director may review maintenance and repair records, training records, medical director agreements, reports of cardiopulmonary resuscitation or AED use, and any other records necessary to determine compliance with the terms of the PAD program. An audit, or quality assurance review, may include gathering clinical data and information from the person who used the AED, and from the AED itself determined by the director to be qualified to oversee the operations of PAD programs. (Ord. No. 021294, § 1, 11-7-02)

Sec. 34-357. - PAD Program Duties

(a) Training; any person acquiring an AED will authorize the use of the AED only by persons who have received training by the American Heart Association or American Red Cross, or an equivalent nationally recognized course approved by the director including the identification of cardiac arrest, administration of cardiopulmonary resuscitation and the use of AEDs. However, this is not meant to imply that a PAD program cannot place an AED in a public setting (the so called "fire extinguisher" mode) where an untrained citizen could use it in an emergency until an authorized user or a member of the city's EMS system arrived.

(b) Maintenance and testing; any person acquiring an AED will maintain and test the unit according to the manufacturer’s operational guidelines. Records of maintenance and testing will be made available to the director upon request.

(c) Notification of use of the AED; Any person who renders emergency care or treatment on a person by using an AED must notify the EMS system through proper use of the 9-1-1 system or other means to seek prehospital emergency medical services.

(d) Medical Control; Is any person acquiring an AED for use outside of a health care facility, shall have an authorized physician provide the medical protocols for the use of the AED device. Protocols will be made available to the director upon request.

(e) Cooperation with the director; A person acquiring an AED and the user of an AED will fully cooperate with the director in any audit or other quality assurance review, including the retrieval of clinical data from the device itself by the director.

(f) List of authorized user; A PAD program will maintain a list of the persons participating in the program reflecting the persons’ training and qualifications. This list will subject to audit by the director. (Ord. No. 021294, § 1, 11-7-02)
Sec. 34-558. - Certification of participants in a PAD program
(a) **Director of health duties;** the director of health may establish criteria for the certification of AED programs.
(b) **Periodic certification;** the director of health is authorized to require recertification of the program at intervals established by regulation.  *(Ord. No. 021294, § 1, 11-7-02)*

Sec. 34-559. - Violations. It is unlawful to,
(1) Fail to cooperate with the director in the investigation, audit or other review of the use of an AED; or
(2) Fail to make the AED available to the director for the recovery of data; or
(3) Fail to properly maintain and test an AED made available for use.
(4) Fail to relinquish control of patient care to appropriately licensed members of the Kansas City prehospital emergency medical services system on their arrival.

Sec. 34-560. - Severability
 Should any portion of this code be held invalid or unenforceable, the remaining provisions of this code shall remain in effect. *(Ord. No. 021294, § 1, 11-7-02)*
III. PROGRAM REQUIREMENTS

a. Requirements
   i. Any organization wishing to authorize an individual(s) to operate an AED on its premises in the City of Kansas City, Missouri shall apply to and be approved by the Kansas City, Missouri EMS Medical Director.

   ii. After submission of required documentation, the PAD Site will be given an approval certificate(s) to be displayed at each AED location.

   iii. The approval will remain in effect for a period of two years. The Office of the EMS Medical Director will contact the PAD site prior to the expiration date and the PAD site will complete a re-approval process that ensures that the program requirements are current.

   iv. The PAD site will notify the Office of the EMS Medical Director of any changes that occur prior to the re-registration approval process. (i.e., change in Program Medical Director, Program Manager or AED's.)

b. Staff
   i. Program Medical Director must be a licensed physician. This individual is responsible for assuring the quality, integrity and legal compliance of the PAD program.

   ii. Program Manager may be appointed by the program’s Medical Director to oversee the administration of the PAD Program.

c. Memorandum of Agreement “MOA”
   i. An “MOA” must be established between the program’s Medical Director and the agency/organization wishing to establish a PAD program.

d. Program Plan
   i. A written description of the PAD program that should include but is not limited to, authorization of personnel, written protocols and case-by-case reviews.

e. Training
   i. A mechanism of the training and testing of the authorized individuals(s) in the use of an AED. This may be accomplished by an appropriate training entity. A list of training organizations is included in this program guide.

   ii. A list shall be maintained of those individuals that have been trained and authorized by the Program Medical Director to use the AED.

   iii. All training must meet or exceed the standards of the Heartsaver AED course set forth by the American Heart Association or equivalent.

   iv. The training standards prescribed by this section shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Missouri Revised Statutes, Chapter 190 Emergency Services Section 190.092, code
Of Ordinances of Kansas City Missouri, Chapter 34, Article XIV and the KCMO EMS Medical Director’s Rules and Regulations.

f. Quality Assurance
   i. Initial, refresher, and periodic training of all individuals authorized to operate the AED.

   ii. A quality assurance mechanism that will ensure the continued competency of the authorized individual(s); to include periodic skill proficiency demonstrations monitored by either the prescribing physician or his/her designee.

   iii. A plan for utilizing the AED, including written protocols.

   iv. A method to record and review each incident of an AED used.

g. AED Equipment and Maintenance Specifications
   i. All automatic external defibrillators utilized under this policy shall meet minimum standards set forth by the Food and Drug Administration. Consult with your Program’s Medical Director prior to purchasing any device. Included in this guide is a list of AED manufactures. “The Office of the EMS Medical Director does not endorse any vendor, manufacturer or model.”

   ii. All defibrillators shall be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer.

   iii. Every AED shall be checked for readiness after each use and at minimum once every thirty days.

   “The Office of the EMS Medical Director does not endorse any training programs”.

h. Documentation
   i. Certain documents should be kept on file and should be made available to the KCMO EMS Medical Director and/or authorized personnel upon request.

   Documents should include (but are not limited to):

   1. Copy of the PAD Program Application
   2. Copy of the PAD Program “Memorandum of Agreement”
   3. AED Protocol
   4. Copies of Incident Report(s) of Providing CPR and/or AED Deployment
   5. AED Operator Training Record; to Include Names and Certification dates
   6. AED Monthly Safety Inspection Records or; as per Manufacturer Recommendation
IV. Forms:

a: Application

**New Registration:** ☐ If you have not registered, please complete the application and Memorandum of agreement.

**Renew Registration:** ☐ If there are no changes to the initial registration for the PAD Program, please notify the Office of the EMS Medical Director and we will automatically renew your registration.

*If you are renewing the registration for the PAD Program, the PAD ID will be listed on the certificate that has been previously issued.

i.e., 001-01, first three digits identify the company, followed by a hyphen (-), then three additional digits, this is the identification number for the AEDs that had been registered. Each number correlates with the make, model and serial number of that unit. **PAD ID:** _________________

**Company Name:**

__________________________________________________________

**Mailing Address, include Post Office Box:**

__________________________________________________________

**City, State and Zip code:**

__________________________________________________________

**PAD Program Manager’s Contact Information**

**Name:**

**Title:**

__________________________________________________________

**Telephone Number**

**Email address:**

__________________________________________________________

**Total Number of AED’s location that are being registered:** _________

**Inventory AED Listing (example)**

<table>
<thead>
<tr>
<th>AED #</th>
<th>AED Make/Model</th>
<th>AED Serial #</th>
<th>AED Facility Address</th>
<th>Location of AED within the Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e.) 01</td>
<td>Physio Control LifePak</td>
<td>X123L45678</td>
<td>Same as registration address or list other address</td>
<td>On 3rd floor next to elevators</td>
</tr>
</tbody>
</table>
### b. AED(S) Inventory Information

**PAD PROGRAM REGISTRATION**

**PAD ID:** _____ - ______

<table>
<thead>
<tr>
<th>AED #</th>
<th>AED Make/Model</th>
<th>AED Serial #</th>
<th>AED Facility Address</th>
<th>Location of AED within the Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C: PAD Program Medical Director’s Information

PAD PROGRAM REGISTRATION

Pad Program Medical Director Information

Physician’s Name: ________________________________

Physician’s Phone Number: (___) ____________________________

Physician’s State Medical License Issued: ________________________

Physician’s State Medical License Number: _______________________

Physician’s State Medical License will Expire on this Date: ______________

The PAD Program agrees to maintain copies of all certification and maintenance records on site, and to make available for inspection by the Office of the EMS Medical Director upon request.

Signing and submitting this application represents that you have read, understand, and will comply with the requirements of Missouri Revised Statutes, Chapter 190, Section 190.092, Chapter 34, Article XIV, Code of Ordinances of Kansas City, Missouri, and KCMO EMS Section Rules and Regulations. Your signature also represents that all information on this application is true and correct.

Please submit the completed application to: The Office of the EMS Medical Director, 2400 Troost Avenue, Suite 4200 Kansas City, MO 64108
You may also send electronically via email at; oemsmd@kcmo.org or fax to: 816-513-6294

PAD Program Oversight Medical Director

Signature: ________________________________ Date: _________

Onsite PAD Program Manager

Signature: ________________________________ Date: _________
Public Access Defibrillation Program
Memorandum of Agreement

This agreement is made and entered into on;  

Dr.  

here in after known as the “PAD Program’s Medical Director”

And;  

here in after known as the “PAD Program Company”

The purpose of this agreement is to establish a program for the utilization of defibrillation procedures by the authorized individual(s) employed by the AGENCY who will function under the supervision of the MEDICAL DIRECTOR. An agreement is required by Chapter 34, Article XIV, codes of Ordinance of Kansas City, Missouri.

Nothing in this agreement excludes the “Good Samaritan” use of a Public Access Defibrillator by the general public (non-authorized individuals).

THEREFORE, THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The PAD PROGRAM MEDICAL DIRECTOR agrees;

1. To assume responsibility for all medical aspects of the program and to ensure, in cooperation with the program manager, that all administrative requirements are accomplished.

2. To oversee a defibrillation training programs that meet or exceed the standards of the Heart-saver AED Course set forth by the American Heart Association or equivalent.

3. To establish a process that provides authorization-to-practice for individuals appropriately trained in the use of defibrillation equipment.

4. To establish a quality assurance program that reviews all uses of the defibrillation equipment and which provides for ongoing education and the regular evaluation of skill competency necessary to maintain authorization-to-practice.

5. To assist the COMPANY in establishing a plan to promote awareness, employee education, and provide a heart safe environment.
Memorandum of Agreement “MOA”

The PAD PROGRAM COMPANY agrees;

1. To maintain with the PAD PROGRAM MEDICAL DIRECTOR, an up to date roster of all individuals employed by the AGENCY who are authorized-to-practice.

2. To participate in all quality assurance procedures established by the PAD PROGRAM MEDICAL DIRECTOR including case reviews and skill competency evaluations.

3. To utilize and abide by written protocols for the use of defibrillation equipment.

4. To establish policies for regular inspection and preventative maintenance of all defibrillation equipment and batteries.

5. To utilize only the equipment that is approved by the PAD PROGRAM MEDICAL DIRECTOR.

6. To assist the PAD PROGRAM MEDICAL DIRECTOR in establishing a plan to promote awareness, employee education, and provide a heart safe environment.

7. The Office of the EMS Medical Director for the City of Kansas City, Missouri, will be notified by the terminating party that the agreement will be terminated. This notification will be made at least 45 days prior to the date of termination.

8. To submit an “Incident Report” (see attached sample) within 72 hours of any utilization of an onsite AED.

It is AGREED TO BY ALL PARTIES that any party may terminate this memorandum of agreement with sixty (60) days written notice.

PAD PROGRAM MEDICAL DIRECTOR;

PAD Program Oversight Medical Director’s Signature

Print Name

Date

PAD PROGRAM MANAGER;

PAD Program Manager’s Signature

Print Name

Date
**Incident Report**

**Complete and submit when you use CPR and/or AED**

<table>
<thead>
<tr>
<th><strong>Name of PAD Program Agency:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of occurrence: (specific location)</strong></td>
</tr>
<tr>
<td><strong>Date: (date of incident)</strong></td>
</tr>
<tr>
<td><strong>Time of incident:</strong></td>
</tr>
<tr>
<td><strong>Patient’s name: (if able to determine)</strong></td>
</tr>
<tr>
<td><strong>Patient’s age: (approximate if unable to determine)</strong></td>
</tr>
<tr>
<td><strong>Patient’s sex:</strong></td>
</tr>
<tr>
<td><strong>Times: (approximate time if unable to determine)</strong></td>
</tr>
<tr>
<td><strong>Patient collapsed:</strong></td>
</tr>
<tr>
<td><strong>9-1-1 called:</strong></td>
</tr>
<tr>
<td><strong>CPR initiated:</strong></td>
</tr>
<tr>
<td><strong>AED attached:</strong></td>
</tr>
<tr>
<td><strong>Shock delivered: (if applicable)</strong></td>
</tr>
<tr>
<td><strong>Total number of defibrillation shocks:</strong></td>
</tr>
<tr>
<td><strong>Was there any (sign of pulses) return of spontaneous circulation?</strong></td>
</tr>
<tr>
<td><strong>Was there any return of spontaneous breathing?</strong></td>
</tr>
<tr>
<td><strong>Circumstances of cardiac arrest?</strong></td>
</tr>
<tr>
<td><strong>Was the cause of arrest determined?</strong></td>
</tr>
<tr>
<td><strong>Any patient history?</strong></td>
</tr>
<tr>
<td><strong>Patient’s allergies?</strong></td>
</tr>
<tr>
<td><strong>Patient’s medications?</strong></td>
</tr>
</tbody>
</table>

**EMS OFFICE USE ONLY**

<table>
<thead>
<tr>
<th><strong>Name of Person Submitting Report:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date report received at EMS Section:</strong></td>
</tr>
<tr>
<td><strong>Patient prehospital outcome:</strong></td>
</tr>
<tr>
<td><strong>Patient disposition:</strong></td>
</tr>
</tbody>
</table>

**Provide a copy within 72 hours to:**  
KCMO EMS Medical Director  
PAD Program Medical Director  
PAD Program Agency
V. Additional Information

Facility AED Protocol
Indications
- Patient with no signs of circulation and no breathing (signs of circulation include: normal breathing, coughing, moving if a pulse is present)
- This may occur in the setting of “sudden cardiac death”, electrocution, drowning, lightning strike, etc.

Contraindications
- Children under age 1 (estimate, based on information available to the individual operating the AED).
- Patient is breathing, responsive, speaking, or making intentional movements.

Potential Adverse Effects/Complications
- Burns to the skin.
- Electrical shock hazard if not used correctly.

Precautions/Critical Concepts
- Wet conditions – make sure the patient and environment are dry.
- Metal surfaces – make sure the patient is not touching any metal surfaces (e.g., tables, chairs, machinery, etc).
- Do not touch the patient while the AED is analyzing, charging, or shocking the patient.
- Ensure the patient is “clear” (no one is touching the patient) when the shock is delivered.
- Never defibrillate while moving the patient.
- Location of the AED(s) should provide optimal accessibility and allow for an ideal response time of less than 3 minutes. Upon placement of the AED, consider the following:
  - No obstacles are in the way of reaching the AED.
  - Avoid locked doors preventing quick access to the AED.
  - Areas within the facility that have a large population or high-risk individuals.
  - Length of time and distance to access the AED.
  - The AED is placed in a location clearly visible to the authorized Operators

* If pediatric defibrillator pads are available, they may be utilized. If Adult Only AED is available, Program Medical Direction may authorize the use for children under the age of 1 year.
A compression depth of at least 2 inches (5 cm) in adults and a compression depth of at least one third of the antero-posterior diameter of the chest in infants and children (approximately 1.5 inches [4 cm] in infants and 2 inches [5 cm] in children).

Note that the range of 1½ to 2 inches is no longer used for adults, and the absolute depth specified for children and infants is deeper than in previous versions the AHA Guidelines for CPR and ECC. Allowing for complete chest recoil after each compression, Minimizing interruptions in chest compressions, Avoid excessive (hyper) ventilation, if providing rescue breaths.
Do you know that Sudden Cardiac Arrest is a leading cause of cardiovascular death?

There is hope for the SCA victim, but time is the enemy.

To survive SCA they must receive immediate cardiopulmonary (CPR) resuscitation to increase the blood flow to the heart and brain, along with a shock from a defibrillator to stop the abnormal heart rhythm.

For every minute without CPR and an AED, chances of survival decrease by 7 to 10%.

American Heart Association; www.heart.org/advocacy

Be Safe and Register the AED(s).
Become a Public Access Defibrillator Program Site

Please register directly with;
The Office of the EMS Medical Director

Erica Carney, M.D.

2400 Troost Ave, Suite 4200
Kansas City, Missouri 64108
Phone: 816-513-6262
Or
Email: oemsmd@kcmo.org
Who should register an AED?

- Carnival’s, Circuses
- Clubs
- Community Centers
- Construction Companies
- Corporations
- Day Care Centers, Ault/Child
- Eating Establishments
- Faith-Based Entities
- Fairs/Festivals
- Fitness Centers
- Gaming Industry
- Government Facilities
- Industrial
- Libraries
- Hotels/Motels
- Music Halls
- Nursing Homes
- Organizations
- Private Businesses
- Private Schools
- Public Schools
- Retail Businesses
- Recreational Facilities
- Rodeo’s
- Senior Centers
- Special Events; Marathons
- Sporting Complexes
- Sporting Events
- Theatres
- Theme Parks
- Water Parks
- Youth Activity Centers
- Zoos

- Any entity that has an AED, that is made available to the public

What is the Benefit of Registering an AED?

- AED PAD Programs can improve the survival of a person in sudden cardiac arrest
- Studies show that early access to those who are a victim of sudden cardiac arrest, have a better chance of survival
- State of MO. and K.C.MO., have regulated specific laws regarding the PAD Programs and the use of AED’s
- Registering AED’s can protect the Good Samaritan AED user(s) from any civil claims of liability
- Provides greater access of AED’s to the public by registering your PAD Program with KCMO
- The Office of the EMS Medical Director will notify the appropriate 911 Dispatch Center of the available public access defibrillator and it’s specific location
Chain of survival for those who experience Out of Hospital Cardiac Arrest

Call 911 immediately

- Early recognition and activation of the emergency response system
- Immediate high-quality CPR
- Rapid defibrillation
- Basic and Advanced emergency medical services
- Advanced life support and post-cardiac arrest care
CPR/AED Training Organizations
There are local agencies that provide CPR and AED training. You may use the links below to find training opportunities in your area, or contact your local Emergency Medical Services.

**American Heart Association**
Corporate Office: 7272 Greenville Ave, Dallas, TX 75231
1-800-AHA-USA  1-800-242-8721  1-888-474-VIVE
[http://www.heart.org/heartorg](http://www.heart.org/heartorg)

**American Red Cross**
A Greater Kansas City Chapter
211 W. Armour Blvd, Kansas City, MO 64111
816-931-8400  [http://www.redcross.org](http://www.redcross.org)

*The American National Red Cross is registered as 501(c)(3) non-profit organizations. Contributions to The American National Red Cross are tax-deductible to the extent permitted by law. The Red Cross’ tax identification number is 53-0196605.*

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**AED MANUFACTURERS**

Cardiac Science, Inc.
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Website: [www.cardiacscience.com](http://www.cardiacscience.com)

Physio-Control, Inc.
Phone: 800-442-1142x2
Website: [www.physiocontrol.com](http://www.physiocontrol.com)

Heart Sine Samaritan
Phone: 800-422-8129
Website: [www.heartsinesamaritlan.com](http://www.heartsinesamaritlan.com)

Zoll Medical Corporation
Phone: 800-348-9011x1
Website: [www.zoll.com](http://www.zoll.com)

Philips Medical Systems
Phone: 800-934-7372
Website: [www.medical.philips.com](http://www.medical.philips.com)

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