

# AED WEBPAGE

EASY, ACCESSIBLE, AND EFFICIENT

# HOW DOES THIS WORK?

- AED owner accesses Lewis County AED webpage
- No login required for AED owner
- AED owner supplies information via form
- AED owner can update information as necessary
- Once an AED owner adds information - the information will be reviewed by LC911 personnel to identify jurisdiction of AED owner.
- A report will be emailed to the EMS agency for follow-up, or outreach. This will be dependent upon how each agency plans to handle this task.
- The information will be added to the premise/business information in Spillman.
- For Businesses who are uncomfortable with an on-line form, a copy of the form can be printed from the website and submitted to the address listed on the website.

## RCW 70.54.310

### Semiautomatic external defibrillator – Duty of acquirer – Immunity from civil liability.

- This site will function to address (c) &(d) of RCW 70.54.310 listed as follows:

(c) Upon acquiring a defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation;

(d) The person or entity who acquires a defibrillator shall notify the local emergency medical services organization about the existence and the location of the defibrillator; and

(e) The defibrillator user shall call 911 or its local equivalent as soon as possible after the emergency use of the defibrillator and shall assure that appropriate follow-up data is made available as requested by emergency medical service or other health care providers.

# <http://aed.lewiscountywa.gov>

AED Reporting - Lewis County Washington - Windows Internet Explorer

http://aed.lewiscountywa.gov/

Convert Select

Favorites Dispatch Magazine On... Suggested Sites Get more Add-ons msnbc.com Top msnb... Workspace Login 39207971

AED Reporting - Lewis County Washington

LEWIS COUNTY  
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## AED AED Information & Reporting

[Add your Organization & Report your AEDs](#)

or

[Update your Existing Information](#)

### Automatic External Defibrillators

**RCW 70.54.310 mandates collaboration between The AED purchaser and local EMS agencies.** Lewis County Fire Chiefs, LC Medical Control and LC911 have worked together to provide the most efficient process to submit AED information.

Please fill out the form online, or you can [print a hard copy](#) for entry and send to LC911 for processing. We can also provide you with the name and contact for your local fire agency if you are unsure who provides EMS services to your business location. Local EMS agencies are happy to assist you with locating training services and supplies. The data you supply via this form will be provided to your local EMS agency for follow-up if warranted or as requested. If you have any additional questions, please call our office at 360-740-2764.

#### Resources

- [RCW 70.54.310](#)
- [Hands Only CPR](#)
- [Download a hard copy of the AED entry form](#)

# STEP 2 Fill out form online, or

## AED AED Information & Reporting

### Add your Company or Organization

All of the fields to the right are required in order to make a submission.

\* Company Name

\* Contact Name

\* Business Type

\* Physical Address

Mailing Address

Provide a mailing address if different from the physical address.

\* Phone

\* Days of Operation

\* Hours of Operation

\* Training by

Provide the Name of the Individual(s) who trained your staff

\* Number Trained

Provide the number of staff who have been trained.

\* Training Completed

# FILL OUT ONLINE FORM, PRINT, and SUBMIT TO LC911

http://aed.lewiscountywa.gov/assets/AED\_Form-... Page Safety Tools

## LEWIS COUNTY AED SITE DOCUMENTATION

Company or Agency Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Business type: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address if different than physical address: \_\_\_\_\_

Days of operation \_\_\_\_\_ hours of operation \_\_\_\_\_

Training provided by: \_\_\_\_\_ Number of people trained: \_\_\_\_\_

Date initial training \_\_\_\_\_ completed: \_\_\_\_\_

Total number of AEDs \_\_\_\_\_ AED serial number: \_\_\_\_\_

Date placed into operation: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Medical Direction provided by: \_\_\_\_\_

Location of device: \_\_\_\_\_

Placement of device (describe location your device is placed – i.e. in file cabinet next to

## Add your Company or Organization

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\* Phone

\* Days of Operation

\* Hours of Operation

\* Training by

Provide the Name of the Individual(s) who trained your staff

\* Number Trained

Provide the number of staff who have been trained.

\* Training Completed

Provide the Date when your main training form most staff was completed.

[Next Step →](#)

# Next Step....

# ADD AED info. SN, date in service, make, model, and location.....

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## AED AED Information & Reporting

### Your Organization

**Company name:** Lewis County 911 Communications

**Customer name:** Craig Larsen

**Business type:** Emergency Dispatch

**Physical address:** 351 NW North St Chehalis, WA 98532

**Mailing address:** 351 NW North St. Chehalis, WA 98532

**Days of operation:** 365

**Hours of operation:** 24-7

**Training by:** County - per protocols

**Number trained:** 21

**Date training completed:** 2010-01-01

### Your AEDs

Notice! Please Add your First AED to your Organization Using the form below.

A04L-02048

01/01/2010

PHILLIPS

HEARTSTART

At console in D

Add

Submit & Print →

# It is this simple. The Business will print a copy for themselves.

## AED AED Information & Reporting

Print

Thank You! Thanks for your submission! The Lewis County Health Department appreciates your cooperation. You may now [print this](#) for your records.

### Your Organization

**Company name:** Lewis County 911 Communications

**Customer name:** Craig Larsen

**Business type:** Emergency Dispatch

**Physical address:** 351 NW North St Chehalis, WA 98532

**Mailing address:** 351 NW North St. Chehalis, WA 98532

**Days of operation:** 365

**Hours of operation:** 24-7

**Training by:** County - per protocols

**Number trained:** 21

**Date training completed:** 2010-01-01

### Your AEDs

Serial Number	Date into Operation	Make	Model	Location
A04L-02048	2010-01-01	PHILLIPS	HEARTSTART 1	At console in Dispatch

# UPDATING information is simple - via a message.

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[AED Home](#)

[Organizations](#)

[Messages](#)

[Report](#)

[Agencies](#)

[Users](#)

[Logout](#)

## **AED** AED Information & Reporting

### Update Your Information

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec ullamcorper nulla non metus auctor fringilla. Vivamus sagittis lacus vel augue laoreet rutrum faucibus dolor auctor.

Organization Name

Message

Submit

# PLAN TO MEET RCW REQUIREMENTS and GAIN COMPLIANCE

Educate affected EMS agencies

Medical direction associated with AED

ACCESS - LC 911 Communications Website

Document AED site with LC 911 Communications - (LC911 notifies EMS agency of AED site)

Businesses who need trained - Obtain training - (DOH approved class and training) - FD MSO provided option

Possible EMS site visit, AED maintenance, training review, outreach opportunity.

AFTER USE - CONTACT with Medical control for USE review.

Use Lewis County 911 Communications to provide site documentation on-line, and updates to Spillman RMS, and notifies EMS agency of documentation.

LOOSE ENDS.....

Educate Public

Press Release

Letters to Public Agencies