

GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMTON SALUT PUPBLEKO YAN SETBISION SUSIAT)

Post Office Box 2816, Hagatña, Guam 96932
123 Chalan Kareta, Route 10
Mangilao, Guam 96923



Felix P. Camacho
GOVERNOR

Kaleo S. Moylan
LIEUTENANT GOVERNOR

Arthur U. San Agustin, MHR
ACTING DIRECTOR

James H. Underwood
DEPUTY DIRECTOR

AUG 25 2006

MEMORANDUM

To: Territorial Librarian
Guam Public Library

From: Acting Director, Department of Public Health and Social Services

SUBJECT: DISTRIBUTION OF AEDs (AUTOMATED EXTERNAL DEFIBRILLATOR) AND UPCOMING CPR AND AED CERTIFICATION TRAINING

Buenas! Through the Rural Access to Emergency Devices federal grant, the Office of EMS was able to procure twenty-six automatic external defibrillators (AEDs) and wall cabinets to be positioned at various government agencies/facilities and Senior Citizen Centers throughout the island. I am pleased to inform you that your agency will be receiving one (1) AED (Automated External Defibrillator) and one (1) AED wall cabinets with alarms to be placed at the Nieves Flores Library. In addition, through the grant, two (2) library personnel will receive two-year certifications in both HeartSaver ® CPR (cardiopulmonary resuscitation) and AED to assist Nieves Flores establish its Internal Response Team.

There are a few items that need to be in place within your agency or documents that need to be submitted to the Office of EMS at the Department of Public Health and Social Services prior to the delivery of the items by close business day September 29, 2006. They are as follows:

- Submission of PAD (Public Access to Defibrillation) Program Application (attached)
- Submission of PAD Program "Memorandum of Agreement" (attached)
- Submission of Facility Internal Response Plan and Operational Plan
 - 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. (Template attached)
- Facility AED Protocol and AED Algorithm (attached)
- Submission of AED Training Plan
 - A written description of the mechanism for the training and testing of the authorized individual(s) in the use of an AED.
 - All training must meet or exceed the standards of the Heartsaver AED Course set forth by the American Heart Association or equivalent.

Training for the eight-hour Heartsavers CPR and AED certification courses will be scheduled for Wednesday, August 26, 2006. The location of the course will be at the GIAA Conference Room from 8:00 a.m. to 5:00 p.m. There will be designated parking for all training participants. Please forward the names of the staff (to include contact information) that will take part in this training via fax to 734-2066 no later than Monday, August 28, 2006.

If you have any questions, please do not hesitate to contact the Ms. MaryLou M. Loualhati, Administrator, Office of EMS at 735-7304 or via e-mail at mmloualhati@dphss.govguam.net.


JAMES UNDERWOOD

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MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made and entered into by and between the Department of Public Health and Social Services, Division of Public Health, Office of Emergency Medical Services hereinafter called the **OEMS**, and **Nieves Flores Library** hereinafter called the **PROVIDER**, as community partners set forth the responsibilities with regard to automated external defibrillators hereinafter called **AED**, procured and allocated under the **Rural Access to Emergency Devices Federal Grant Program**.

The **OEMS** intends to procure and distribute **AEDs** directly to community partners in Guam. The devices provided to the community partner will become the property and responsibility of the community partners.

AGREEMENT PERIOD

This agreement shall be in effect for a time period of five years or until either the **DEPARTMENT** or the **PROVIDER** agrees to terminate this relationship. This agreement may be terminated after a written notification is sent to either party at least 30 days in advance of the termination.

AGREEMENT

- 1) The **PROVIDER** agrees to:
 - a) Assume all responsibility for the devices received under this grant program.
 - b) Develop a plan describing how the AED will be monitored to ensure that the machine and battery are in good working condition, that the self-checks show no faults, and that any periodic maintenance required by the manufacturer will be accomplished. Provide the **OEMS** with a copy of the plan within five (5) working days of receipt of machine.
 - c) Install the **AED** in a location that is known by trained personnel and can within five (5) working days of receipt of machine or if the placement of the machine changes.
 - d) Designate a person who is responsible to comply with all the provision of this agreement. Notify **OEMS** in writing if the responsible person changes.
 - e) Designate an **AED Response Team CPR/AED** trained personnel that will be responsible or the deployment of the **AED** during a sudden cardiac arrest emergency.

- f) Replace the **AED** if lost, stolen, or damaged beyond repair.
- g) Assume responsibility for the replacement and procurement of battery, **AED** pads, electrodes and data reporting technology when used or becomes expired.
- h) Hold the **OEMS** harmless from liability arising from any use or misuse of the **AED**.
- i) Provide **OEMS** with a **CPR/AED** Training Plan and copies of completed **CPR/AED** training of the **AED** Response Team within five (5) working days prior to the receipt of the **AED**. **CPR/AED** training shall meet or exceed the standards of the **HeartSaver CPR/AED** Course set forth by the **American Heart Association**. **CPR/AED** certification of other staff and re-certification of the **AED** Response Team shall be addressed in the **CPR/AED** Training Plan. An up to date roster of all individuals employed by the **PROVIDER** who are authorized-to-practice will be forwarded to **OEMS** on a quarterly basis. If **PROVIDER** utilizes the **American Heart Association's HeartSaver CPR/AED** Course, the **PROVIDER** will be responsible for the procurement of the student manuals and the cost of the certification or re-certification cards.
- j) Notify the Director of the Department of Public Health and Social Services in writing that the agreement is terminated. This written notification will be made at least 45 days prior to the date of termination.

2) The **OEMS** agrees to:

- a) Designate the **EMS Medical Director** as the **PROVIDER'S** Medical Director for the **AED** Program until such time that the current Guam **AED** Public Law (P.L. 25-113) is revised to include **AED** Medical Directorship.
 - i. Establish **AED** Protocol Guidelines as approved by the **EMS Medical Director** which will then be provided to the **PROVIDER** at least five (5) working days prior to the receipt of the **AED**.
 - ii. 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.
- b) Procure **AED**, **AED** wall cabinet with built-in alarm, one (1) set of back-up **AED** batteries for the **PROVIDER**.
- c) Coordinate and provide a one-time **HeartSaver®** **CPR/AED** training a limited number of the **PROVIDER's** staff as identified by priorities and funding availability.
- d) Provide **HeartSaver®** certified Instructors for **HeartSaver** **CPR** and **AED** courses.
- e) Establish policies for regular inspection and preventative maintenance of all defibrillation equipment and batteries.
- f) Assist the **PROVIDER** in establishing a Plan to promote awareness, employee education, and provide a heart save environment.

It is mutually agreed that this Memorandum of Agreement shall be effective immediately upon completion of the signatures of all parties involved, and shall remain in effect for an indefinite period, unless terminated by the **Nieves Flores Library or Department of Public Health and Social Services, Office of Emergency Medical Services** upon written notification.

IN WITNESS THEREOF, the parties named herein have executed this Memorandum of Agreement on the date indicated by their respective names:

For the Office of Emergency Medical Services
Department of Public Health and Social Services:

MaryLou M. Loualhati
EMS Administrator


Date: _____

Reviewed & Approved:

Arthur U. San Agustin, MHR, Acting Director
Department of Public Health and
Social Services


Date: _____

For Nieves Flores Library :


Teresita L. G. Kennimer, Acting Director
Territorial Librarian, Acting

Date: August 29, 2006

Reviewed & Approved:



Anthony Morocco, MD, EMS Medical Director
Department of Public Health and
Social Services

Date: 8/28/06

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PAD Program Application

Medical Director Information:

Name: Anthony Morocco, MD, EMS Medical Director		Guam Medical License #:	
Address: (Department of Public Health & Social Services)			
City:		Zip Code:	
Work#	Cell #	Fax#:	E-mail address:

PAD Program Site Information

Facility Name: Guam Public Library System		Facility Phone#: (671) 475-4753 / 475-4754	
Facility Address: 254 Martyr Street			
City: Hagatna, Guam		Zip Code: 96910	
Program Manager: Sandra M. Stanley			
Call#	Work# 475-4765	Fax# 477-9777	E-mail Address:
Number of Employees: (23)	Hours of Operation: 8 a.m. to 6 p.m.		sstanley@mail.gov.gu
AED Brand & Model:	AED Serial #:		
Unusual Hazards at this Facility:			

Training Organization Information: (if applicable)

Name:
Address:
Point of Contact:
Phone #:
Fax #:

Signing and submitting this application represents that you have read, understand, and will comply with the requirements of Guam Public Law 25-113 and the Guam EMS Rules and Regulations. Your signature also represents that all information on this application is true and correct. Return this completed application to: Department of Public Health and Social Services, Attention: Office of Emergency Medical Services, 123 Chalan Kareta Route 10, Mangilao, GU 96923.

Medical Director Signature: _____ Date: _____

Program Manager Signature: *Sandra M. Stanley* Date: 8-28-06
Sandra M. Stanley

Facility AED Protocol

Indications:

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

Contraindications:

- Children under 8 (estimate based upon information available to individual operating the AED).
- Patient is breathing, responsive, speaking, or making intentional movements.

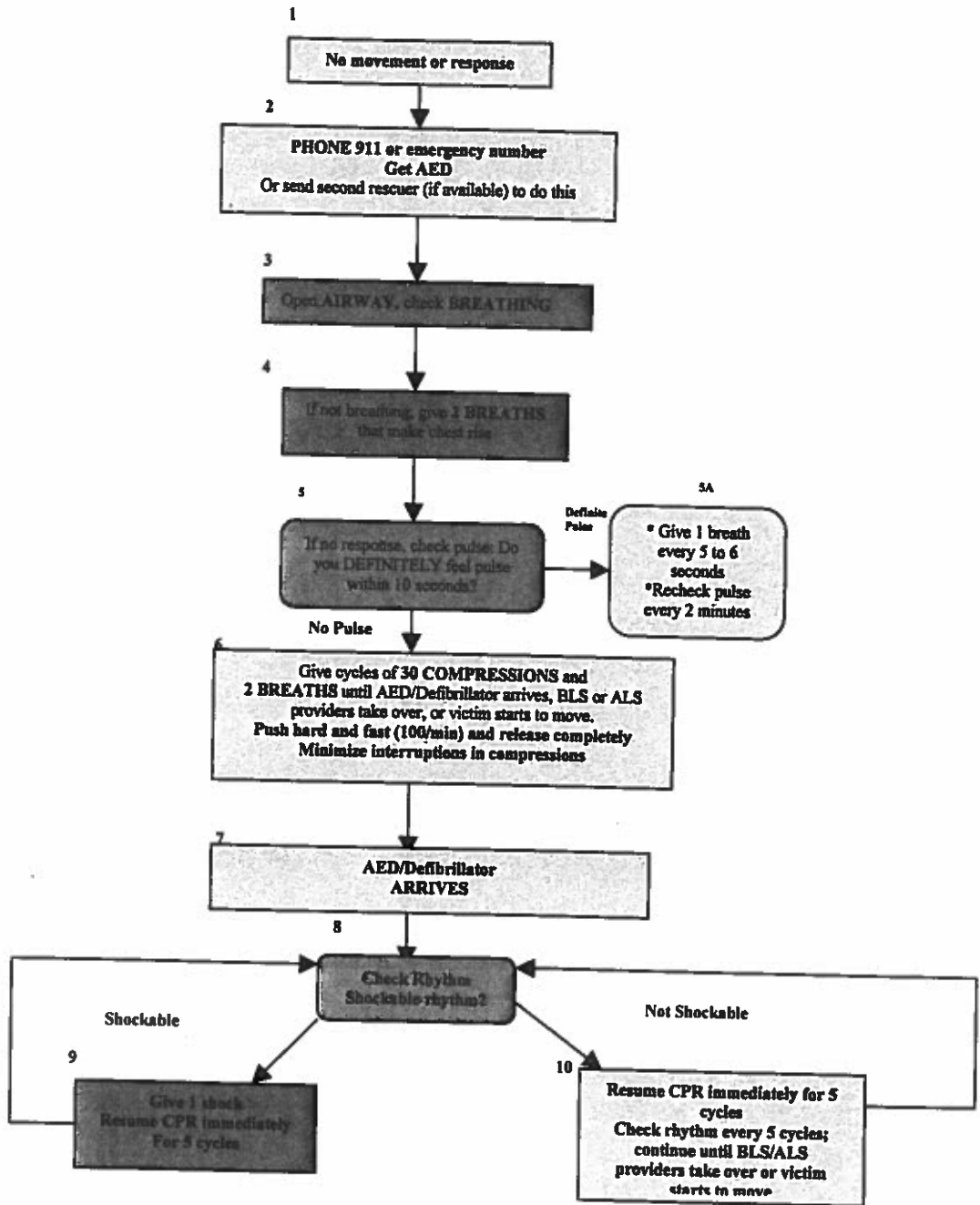
Potential Adverse Effects/Complications

- 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 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 of the facility with large numbers of 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.

AED Algorithm



AED OPERATOR TRAINING RECORD

Please complete and maintain the following information for each individual authorized to operate the AED(s) at your PAD site.

Name: Ronald A. Ayuyu	
Title: Library Technician I	
Age: (36)	
Name of Training Company and location of where the individual completed training:	
Date completed training:	Initials:
Date of refresher training:	
Date of refresher training:	
Date of fresher training:	
Date of refresher training:	

Signature of Operator:

Date: _____

Signature of PAD Program Manager:

Date: _____

AED OPERATOR TRAINING RECORD

Please complete and maintain the following information for each individual authorized to operate the AED(s) at your PAD site.

Name: Linda R. S. Elliott	
Title: Library Technician I	
Age: (38)	
Name of Training Company and location of where the individual completed training:	
Date completed training:	Initials:
Date of refresher training:	
Date of refresher training:	
Date of fresher training:	
Date of refresher training:	

Signature of Operator:

Date: _____

Signature of PAD Program Manager:

Date: _____

GUAM INTERNATIONAL AIRPORT AUTHORITY
AIRCRAFT RESCUE & FIREFIGHTING (ARFF) DIVISION

P.O. Box 8770, Tamuning, GU 96931

Telephone: (671)642-4640

Fax (671) 642-4407

FACSIMILE TRANSMITTAL

DATE: August 24, 2006 **No of Pages:** 1

TO: MaryLou Loualhati
PH&SS, EMS Administrator
Fax No. 734-2066

FROM: Margie F. Pereda *M. Pereda*
ARFF Administrative Assistant

SUBJECT: Parking Arrangements for CPR & AED Training

Hafa Adai MaryLou,

Your request to utilize Conference Rooms 1 & 2 at the A.B. Won Pat International Airport, Guam has been authorized via Mr. Gerard Bautista, Air Terminal Manager.

Additional, parking arrangements have been made for the participates to park in the Lower Employees Lot, signage will be provided at the entrance

[Please advise all participates the parking barrier will be lifted from 7:30 am until 8:30 am and for lunch from 1:00 pm until 1:30 pm.]

Should you have any questions, please let me know.

For your information Per our conversation Pls. Provide us w/copy
 For your files For your review See remarks below
 Per your request For necessary action For your approval
 For signature & return to our office

REMARKS:
