

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF EMERGENCY MEDICAL SERVICES**

**CHAPTER 1200-12-3
RESPONSE AGENCIES FOR CARDIAC EMERGENCIES**

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1200-12-3-.01 GENERAL RULES.

- (1) A county, local government or emergency communications district shall coordinate the response of public safety agencies in its jurisdiction for the purpose of deploying automated external defibrillators to victims of sudden cardiac arrest. Such programs shall be coordinated as a part of the emergency medical services system by the local dispatch entity in addition to the dispatch of ambulances and emergency medical first responders. Each emergency services agency that responds when dispatched to cardiac emergencies shall:
 - (a) Be a state-chartered or legally recognized organization or service sanctioned to perform emergency management, public safety, fire fighting, rescue, ambulance, or medical and health care functions and which provides services twenty-four (24) hours a day, seven (7) days a week.
 - (b) Provide a responding vehicle equipped with an automated external defibrillator that is appropriately supplied and maintained in accordance with the manufacturer's standards and in compliance with the provisions of T.C.A Title 68, Chapter 140, Part 7. Such vehicles may display placards or markings indicating that the vehicle is equipped with an automated external defibrillator.
 - (c) Provide two-way radio communications with all public safety personnel who may respond to such incidents as part of the coordinated community response.
 - (d) Include on each response team a person who has completed an approved course of instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator, as recognized by the Tennessee Emergency Medical Services Board, or who is certified as an Emergency Medical First Responder, or licensed as an Emergency Medical Technician, EMT- Paramedic, Physician or Registered Nurse in Tennessee.
 - (e) Maintain medical control of the response program under the direction of a physician licensed to practice medicine in the State of Tennessee.
- (2) Each participating entity shall develop and maintain a memorandum of understanding or agreement of coordination within the service area with the primary provider of emergency ambulance services and all responding agencies. Such agreement shall include a roster of response personnel participating in the program, and it shall provide policies and procedures for the following:
 - (a) Identification of vehicles to be operated in the program, including unit identifiers and the area in which vehicles will be operated;
 - (b) Restricting the use and dispatch of the participating entity to those emergencies which are reasonably believed to involve sudden cardiac arrests, and ensuring that the participating entity will be the service area's primary responder in the event of such cardiac emergencies;

(Rule 1200-12-3-.01, continued)

- (c) Radio communications procedures between response vehicles, dispatch agencies, and emergency medical services;
 - (d) Coordination of responsibilities of the individual on-scene responders according to their respective levels of training;
 - (e) Medical direction, protocols and/or standing orders by the authority of the ambulance service medical director;
 - (f) Exchange and recovery of required minimum equipment and supplies and additional items adopted for local use; and
 - (g) Exchange of patient information, records and reports, and quality assurance procedures.
- (3) Each participating entity shall assure that the agencies maintain minimum liability coverage in accordance with the requirements of T.C.A. § 29-20-403 for vehicles used for cardiac emergency response.
- (4) Provisions governing a coordinated community response specific to instances involving or reasonably believed to involve sudden cardiac arrest shall in no event violate the terms of rule 1200-12-1-.16, which regulates emergency medical first responders.

Authority: T.C.A. §§ 4-5-202, 4-5-203, 4-5-204; 68-140-504, 68-140-506, 68-140-507; 68-140-703, 68-140-704, and 68-140-705. **Administrative History:** Original rule filed September 9, 2005; effective November 23, 2005.