ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).

SCOPE: These regulations are applicable to all persons or entities operating an automated external defibrillator (AED) program within the state of New Mexico. The regulations also apply to all AED training organizations, trainers, and trained targeted responders affiliated with an AED Program.

Exemptions: Certain individuals and agencies are exempted from this regulation, as described below:

A. Individuals authorized by physicians: As stated in the Cardiac Arrest Response Act, 24-10C-1 NMSA 1978, nothing precludes a physician or a physician assistant, advanced practice registered nurse or certified nurse-midwife working within that person's scope of practice from prescribing an automated external defibrillator to a patient for use by the patient's caregiver on an individual patient, and the use does not require the individual to function in an approved program.

B. Health care professionals: EMS personnel or other health care professionals, who are authorized by other laws, regulations, and scopes of practice to use and perform defibrillation in the out-of-hospital environment, while performing official duties or within the scope of their employment.

C. Military services, other federal entities, and AED programs on tribal land: The United States department of defense, other federal agencies, AED programs on tribal lands, and the New Mexico department of military affairs are exempt from this rule.

STATUTORY AUTHORITY: These regulations are promulgated pursuant to the following statutory authorities:

A. The Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions”.

B. The Cardiac Arrest Response Act, Subsection B of Section 24-10C-4 NMSA 1978, which authorizes the department of health to approve training programs; and.

C. The Emergency Medical Services Act, Subsection M of Section 24-10B-4 NMSA 1978, which authorizes the department of health to adopt “rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act.”

DURATION: Permanent.

EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.

OBJECTIVE: The purpose of these regulations is to outline requirements for the New Mexico cardiac arrest targeted response program including: Establishment of a cardiac arrest targeted response program, AED program registration, medical direction, training, notification of local EMS services and public safety answering points, reporting, fees, and bureau responsibilities.

DEFINITIONS:

A. “Act” means the Cardiac Arrest Response Act, Section 24-10C-1 NMSA 1978.

B. “Advanced life support (ALS)” means advanced pre-hospital and inter-facility care and treatment, including basic and intermediate life support, as prescribed by regulation, which may be performed only
C. “AED program” means a program of trained targeted responders that is registered with the department.

D. “Basic life support (BLS)” means pre-hospital and inter-facility care and treatment, as prescribed by regulation, which can be performed by all licensed emergency medical technicians.

E. “Bureau” means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.

F. “Cardiopulmonary resuscitation (CPR)” means the manual application of chest compressions and ventilations to patients in cardiac arrest.

G. “Defibrillation” means the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.

H. “Department (DOH)” means the New Mexico department of health.

I. “Emergency Medical Service (EMS)” means the services rendered by licensed emergency medical technicians, emergency medical services first responders or emergency medical dispatchers in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

J. “Protocols” means predetermined, written medical care plans and includes standing orders.

K. “Provider” means a person or entity delivering emergency medical services in New Mexico.

L. “Semi-automated external defibrillation (AED)” means a medical device heart monitor and defibrillator that:

1. has received approval of its pre-market modification filed pursuant to United States Code, Title 21, Section 360(k), from the United States food and drug administration;

2. is capable of recognizing cardiac arrest that will respond to defibrillation, ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining whether defibrillation should be performed; and,

3. upon determining that defibrillation should be performed, automatically charges and is capable of delivering an electrical impulse to an individual’s heart upon activation by the equipment user.

N. “Trained targeted responder” means a person who has completed an authorized AED training program and who uses an AED. A designated trained targeted responder will be responsible for guidance or supervision for the AED program including overseeing all aspects of the defibrillation program. This includes training, emergency medical services coordination, protocol approval, AED deployment strategies, quality assurance and reporting.

[7.27.8.7 NMAC - Rp, 7.27.8.7 NMAC, 12/12/2017]

7.27.8.8 Establishment of an AED program:

A. Purpose: The primary reason for establishing an AED program is to improve response to cardiac defibrillation of a person suffering from sudden cardiac arrest.

B. AED program locations: Cardiac arrest targeted response programs may be initiated in any environment where members of the public are encountered.

[7.27.8.8 NMAC - Rp, 7.27.8.8 NMAC, 12/12/2017]

7.27.8.9 AED program requirements: Prior to submitting an application for registration, the designated supervising trained targeted responder shall ensure that the AED program incorporates the following requirements:

A. AED program supervising trained targeted responder shall:

1. Oversee the AED program, assuming responsibility for how the AED program is planned and conducted.

2. Select and identify other participating persons as trained targeted responders.

3. Maintain AED training records for all trained targeted responders while they are active in the program, and for at least three years thereafter.

4. Maintain AED program records including AED maintenance records, trained targeted responder training records, and AED usage records.

5. Ensure that all trained targeted responders are trained using a training program which has been approved by the department.

6. Provide evidence of coordination of the AED program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies.

7. Register the AED program with the department and pay registration fees, as detailed in
this regulation.

(8) Report all operational uses of the AED to the department.

(9) Perform quality assurance review of all operational defibrillations; and.

(10) Ensure AED equipment is maintained in accordance with the manufacturer’s guidelines.

B. Trained targeted responders: Individuals selected by the supervising trained targeted responder that are trained in CPR and use of an AED and understand how to activate the local emergency medical system for any sudden collapse or cardiac arrest victim:

(1) Prior to participating in an AED program, trained targeted responders shall complete an initial AED training course from a Department approved training program. The course shall include both cardiopulmonary resuscitation (CPR) and AED training.

(2) At least every two years, trained targeted responders shall recertify in CPR and AED training, by successfully completing a department approved AED training course.

(3) Activate the emergency medical system during any operational response to a victim of cardiac arrest, and advise that AED is being used.

(4) Comply with program protocols for operational response to victims of cardiac arrest.

(5) Report all operational responses to victims of cardiac arrest to the supervising trained targeted responder and complete a defibrillation report. A copy of the report shall be submitted to the department within 20 calendar days.

(6) Ensure AED’s are maintained and used in accordance with the manufacturer’s guidelines, and inspect AED equipment at least monthly.

C. Registration: All AED programs shall be registered with the department:

(1) Initial registration: The initial registration period shall be for a period of four years. The supervising trained targeted responder for the AED program shall complete the application provided by the bureau and submit it to the department, along with the appropriate fees.

(2) Renewal: AED programs shall renew the AED program every four years, with a renewal application provided by the bureau submitted to the department, along with the appropriate fees.

(3) Notification of changes in registration: The department shall be notified when there is a:
   (a) change in AED supervising trained targeted responder;
   (b) change in physical address or telephone number; or
   (c) stoppage or cancellation of the AED program.

D. Fees: The bureau shall establish a fee schedule for AED programs. Seventy-five ($75) dollars shall be paid by the AED program to the department for initial registration. For renewal, AED programs shall pay a fee of fifty ($50) dollars to the department.

E. Notification: Local EMS services and emergency dispatch agencies shall be notified of the activation and existence of the AED program. The notification shall include the name of the AED program supervising trained targeted responder, location of the program, telephone number, a copy of the program protocols, location of the placement of AED(s), and the operational area where the AED(s) will be used. The local emergency services and dispatch agencies shall also be notified if an existing AED program stops or cancels the AED program.

F. AED Selection and Maintenance:

(1) AED Selection: AED programs shall acquire and use semi-automated cardiac defibrillators. These devices require the responder to deliver the shock by pushing the shock button. AED programs that want a fully automated defibrillator (analyzes and shocks without operator input) may petition the bureau for a waiver to use an automated defibrillator.

(2) Maintenance: AED programs shall maintain the AED(s) and associated supplies and batteries in accordance with the manufacturer’s suggested guidelines.

G. Record Keeping: Establish and maintain a record keeping system. Include the following information:

(1) List of trained targeted responders.

(2) Dates of training for trained Targeted Responders including CPR training and AED training.

(3) Copy of program protocols.

(4) Copy of registration and EMS service notification forms.

(5) AED usage reports/Data collection forms; examples may be obtained from the bureau.

(6) Quality assurance review documentation.

(7) AED equipment purchase and maintenance records.

[7.27.8.9 NMAC - Rp, 7.27.8.9 NMAC, 12/12/2017]
**7.27.8.11 Limited Immunity Protections:** Limited immunity protections are provided for persons or entities associated with an AED program, as described in the Cardiac Arrest Response Act, 24-10C-7 NMSA 1978. These protections are provided when the AED program is established and operated in accordance with that statute and these regulations.

[7.27.8.11 NMAC - Rp, 7.27.8.11 NMAC, 12/12/2017]

**History of 7.27.8 NMAC:**

**History of Repealed Material:**
7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program filed 6/16/2000 - repealed effective 12/12/2017.

**Other History:**
7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program (filed 6/16/2000) was replaced by 7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program, effective 12/12/2017.