

PAD (PUBLIC ACCESS DEFIBRILLATION) OPHI-AED REGISTRATION MANUAL

<https://MontanaHIRMS.mt.gov>

Use the login information provided by the EMS & Trauma office to log into the site listed above.

Log in to your existing account below.

USERNAME

PASSWORD

welcome to the
**State of Montana
Healthcare Mutual Aid System**
"Montanans Helping Montanans"

The mission of the Montana Healthcare Mutual Aid System (MHMAS) is to coordinate and credential personnel and available medical resources to quickly respond to any local, regional, or statewide catastrophic event.

The Montana Healthcare Mutual Aid System (MHMAS) now has an online application process for volunteers to apply for both licensed and unlicensed volunteer positions. **Our new online application process is quick and easy -- just click the box below to begin!** To learn more about MHMAS, including its purpose and how you will be notified, [Click Here](#).

The reset password page will open as soon as you click on the "login" button or by pressing "enter". Complete the password hint question and answer section and then reset your password. **The new password must contain at least 1 number, 1 letter, and be at least 5 characters long. The password can't begin with a number.** When you have entered your new password click on the save & continue button.

Password Hint

We need some information in order to allow you to obtain a new password in case you ever forget yours. Please select a question that only you would know the answer to from the "Password Hint Question" box. In the "Password Hint Answer" box please provide the answer. You may not continue until you have provided this information.

Password Hint Question *

Password Hint Answer *

Change Password

Since this is your first login you must provide your own password now in order to continue. Your new password may not be the same as your pre-assigned password and it must contain at least one letter, one number, be at least five characters long.

Password *

Confirm Password *

Please complete the following contact information. This allows us to contact you regarding your PAD program. This address is also used to forward AED recall notices to you assuring that you receive important information.

Please verify that your account information is correct before proceeding.

User Information

First Name: JOHN	Middle Name:	Last Name: HILL	
Address * <input type="text" value="UNK"/>	City * <input type="text" value="Raynesford"/>	State: * <input type="text" value="Montana"/>	Zip: * <input type="text" value="59469"/>
Home Phone: (8005551111) * <input type="text" value="4065555555"/>	Cell Phone: (8005551111) <input type="text"/>	Email: * <input type="text" value="mhill@mt.gov"/>	

* Indicates a required field.

The Welcome page will open and you should click on the “AED home” button to begin the registration process.

<ul style="list-style-type: none">▶ News Archive▶ My Account Preferences▶ Logout	<h3>Program News</h3>
User Management	Message
<ul style="list-style-type: none">▶ User Search▶ New User▶ User Assignment Tool	Nothing found to display.
Incident Management	Welcome to HIRMS!
<ul style="list-style-type: none">▶ AED Home	This is the Health Information and Resource Management System (HIRMS) home page.
	If you need assistance with specific functionality, the help icon () in the upper right is available on every page.

The AED home page will open. You should update the information required on this page. Enter your medical supervisor information. By clicking on the segment list on the top row you will be directed to the different segments of the registration process. In this section you will enter your AED/AEDs, your roster information, and complete the assurances.

AED Entity

- [List AEDs](#)
- [Roster](#)
- [Assurances](#)
- [List Incidents](#)

Name *
<input type="text" value="TEST Mellon Manufacturing"/>
Phone (8005551111) *
<input type="text" value="4064443896"/>
Address * (242 remaining)
<input type="text" value="1400 Broadway"/>
ZIP *
<input type="text" value="59620"/>
City *
<input type="text" value="Helena"/>
State *
<input type="text" value="Montana"/>
County *
<input type="text" value="Lewis and Clark"/>
Manager
Harry Mellon - hamellon
Medical Supervisor *
Enter the first three (3) letters of the First name, Last name or username to find a user
<input type="text" value="MICHAEL SIRR - misirr"/>

Enter your AEDs by clicking on the “Register New AED” button. You can track the maintenance record of each AED through the system by clicking on the middle icon under the actions column.

Registered AEDs - TEST Mellon Manufacturing

[+ Register New AED](#)

3 items found, displaying all items. 1

Serial No.	Make	Model	Actions
131464616468test	LifePak	500	  
702703723957975	LifePak	500	  
testing3456	WELCH ALLYN	AED 20	  

Export options: [CSV](#)

[← Back to AED Entity](#)

Upon clicking on “Register New AED” the following page will open. Complete the required information on the page and save the information. It will be added to the list of AEDs for your organization. When done entering AEDs, click on the “Back to AED Entity” button (takes you to the AED Home page) to go onto another section of the registration process.

Register AED - "TEST Mellon Manufacturing"

Make *	<input type="text"/>
Model *	<input type="text"/>
Serial Number *	<input type="text"/>
Purchase Date *	<input type="text"/>
Location *	<input type="text"/>
Meets 2005 Standards *	<input type="radio"/> Yes <input type="radio"/> No

You can create an Excel spreadsheet containing the information in the AED and roster lists allowing you ease in tracking resources by clicking on the CSV button.

To add new personnel to your roster click on the “Add New Person” button.

AED Trained Personnel - TEST Mellon Manufacturing

[+ Add New Person](#)

4 items found, displaying all items. 1

First Name	Last Name	Email	Training Expiration Date	Actions
Harry	Mellon	mhill@mt.gov	05/24/2013	 
jim	detienne		01/01/2014	 
Mary	Hill	mhill@mt.gov	04/01/2013	 
SHARI	GRAHAM		12/21/2012	 

Export options: [CSV](#)

[← Back to AED Entity](#)

Complete the information on each trained individual in your organization. Listing these individuals on your roster provides them limited civil liability protections under the state laws. [MCA 50-6-505](#)

The general public can utilize AEDs through Public Access Defibrillation. Immunity to civil liability is only provide to those on your roster, your training personnel, and your medical supervisor.

AED Roster for "TEST Mellon Manufacturing"

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Email	<input type="text"/>
Training Expiration Date* (MM/DD/YYYY)	<input type="text"/> 

You are ready to complete the Assurances section; click on the “Assurances” button on the top of the AED Home page.

AED Entity

- [List AEDs](#)
- [Roster](#)
- [Assurances](#)
- [List Incidents](#)

Name *	<input type="text" value="TEST Mellon Manufacturing"/>
Phone (8005551111) *	<input type="text" value="4064443896"/>

AED Assurances - TEST Mellon Manufacturing

This page allows you to provide assurances that you meet safety and performance standards for an AED provider. Remember to click the "Save" button at the bottom before proceeding to another page.

Assurances

- Whenever the AED is used, 911 will be called and an ambulance will be requested to respond.
- The AED will be maintained, tested, and operated according to the manufacturer's recommendations.
- The electronic AED use report will be completed within 24 hours of the occurrence of the event.

The maintenance records for these AEDs will be kept at the following location:

MELLON MANUFACTURING SAFETY OFFICER OFFICE

Public Service Answering Point
Usually the Dispatch Center at
the Sheriff's Office

The following PSAP has been notified of the AED's existence: [+ Add PSAP](#)

Lewis & Clark 911 Center

The following ambulance service has been notified of the AED's existence: [+ Add Service](#)

St Peters Ambulance Service

Save

[← Back to AED Entity](#)

Click "Add PSAP" to add your notified dispatch center information.

Click "Add Service" to enter your notified EMS Service/s information.

When you have completed entering information on AEDs, personnel, and the assurances you have completed the registration process. We have included an example of the Incident Report allowing you to see what type of information will be needed to complete the report.

PAD Program AED Incident Reporting

- **NO LOGIN REQUIRED FOR INCIDENT REPORTING**

INCIDENT REPORT WEBSITE: <https://ejs.hhs.mt.gov:8442/ems/default.jsp?page=aedincident.vari>

Once you have completed the report and click submit you will not be able to change or view the Incident Report. The organization manager and the Medical Supervisor will be able to review the report and conduct quality improvement analysis of each incident.

The data on these incident reports and your PAD Program information is located on secure DPHHS server. The information collected from the incident report is used as incident data assisting us in making quality improvement decisions on the MT PAD Program not specific to individual patient information.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT

DPHHS EMS & Trauma Section

(406) 444-3895

Mary Hill, EMS Licensing = mhill@mt.gov

Gail Hatch, EMS & Trauma Data = ghatch@mt.gov

AED Incident Report

Please begin by typing in the ZIP code of the location where the AED is located. When a match is found then choose the facility from the dropdown. After you have chosen the facility you will be able to choose the particular AED used from the AED dropdown. If an AED is not registered in the ZIP code you are trying to use you will not be able to submit a report. Required fields are indicated with the red asterisk (*).

Zip Code*

Facility*

AED *

Date and Time * (MM/DD/YYYY 23:00)

 / / :

First Responder First Name*

First Responder Last Name*

Second Responder First Name

Second Responder Last Name

Location

(255 remaining)

Age of Patient *

Gender of Patient

Male Female

Cause of Incident

Medical Trauma

Zip Code*

59620

Facility*

- Choose a Facility...
- LEWIS & CLARK RURAL FIRE COUNCIL
- MONTANA FISH WILDLIFE & PARKS
- MONTANA HIGHWAY PATROL
- MONTANA STATE HISTORICAL SOCIETY
- TEST AED
- TEST Mellon Manufacturing
- TEST mellon construction test

First Responder First Name*

First Responder Last Name*

Second Responder First Name

Second Responder Last Name

Location

(255 remaining)

Age of Patient *

Gender of Patient

- Male Female

Cause of Incident

- Medical Trauma

Estimated time that bystander performed CPR prior to arrival of AED

- None Unknown < 4 Minutes 4-8 Minutes 8-12 Minutes > 12 Minutes

Estimated time of arrival of AED to initial shock delivered

- Unknown < 4 Minutes 4-8 Minutes 8-12 Minutes > 12 Minutes

Estimated Time of Arrival of Medical Responders after YOUR arrival

- Unknown < 4 Minutes 4-8 Minutes 8-12 Minutes > 12 Minutes

Total number of shocks administered

Incident Witnessed

- Yes No Unknown

Patient regained a pulse at the scene or during transport

- Yes No Unknown

Patient regained spontaneous respiration at the scene or during transport

- Yes No Unknown

Patient Transported

- Yes No

By Whom *

Where *

Comments

(4000 remaining)

When you click yes under Patient Transported 2 additional data boxes open allowing you to record the ambulance service transporting your patient and where transported to.