



**MIDSTATE EMERGENCY MEDICAL  
SERVICES**

**Public Access Defibrillation  
Packet**

MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES  
COUNCIL

*PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES*

***PAD Packet***

- PAD Collaborative Agreement***
- PAD Notice of Intent***
- NYS DOH BEMS Policy Statement 09-03***
- Regional PAD CQI Documentation (Midstate 15-08)***

# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

**PROUDLY SERVING ONEIDA HERKIMER AND MADISON COUNTIES**

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## MIDSTATE EMS PUBLIC ACCESS DEFIBILATOR COLLABORTIVE AGREEMENT

**COMPANY NAME:**

**COMPANY ADDRESS:**

This document shall serve as a collaborative agreement for \_\_\_\_\_ and the company's medical director / emergency health care provider. This document shall meet the provisions set forth in New York State Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation

**PURPOSE:**

Is participating in Public Access De-fibrillation to ensure that as many employees as needed can be trained in the use of an Automated External Defibrillator (AED). This training will be provided for the acquisition, deployment, and use of an AED(s) within the facility in an effort to reduce the number of deaths associated with sudden cardiac arrest.

### **MEDICAL DIRECTOR/ EMERGENCY HEALTH CARE PROVIDER**

Operates under the guidance of a medical director or emergency health care provider. This shall fulfill the requirements of an "emergency health care provider" as outlined on the New York State Department of Health form DOH 4135 Notice of Intent to Provide PAD.

### **TRAINING AND PROTOCOL FOR USE OF AED:**

Has adopted a CPR/AED Training Program guidelines for PAD and the training of employees in the use of the AED. All emergency response personnel and any other interested persons MUST successfully complete the required training course. All personnel must complete refresher training in accordance with the guidelines set forth by the training program. The trained employees shall be familiar with the location of the AED and perform regularly scheduled inspections (as recommended by the manufacturer) on the unit. With the Training Program AED Treatment algorithm for the use of the AED(s). The company's AED(s) shall be programmed to prompt the user and deliver counter shocks as outlined by the training program' s algorithm

Name of Training Program: \_\_\_\_\_

14 Foery Drive  
Utica, NY 13501

Phone: (315) 738-8351  
Fax: (315) 738-8981  
Email: [remSCO@midstateems.org](mailto:remSCO@midstateems.org)  
Website: [midstateems.org](http://midstateems.org)

# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

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## **EMS NOTIFICATION:**

**Will notify the appropriate ambulance and county public safety point. by mail of the placement and training for public access defibrillator. The Public Safety Answering Point (Dispatch Center) will also be notified in the time of emergency.**

**Public Safety Answering Point (County Dispatch Center):** \_\_\_\_\_

## **DOCUMENTATION AND QUAUTY IMPROVEMENT:**

**Anytime the AED is used in the resuscitation efforts of a patient, the operator shall complete a written report supplied in the form of a postcard (postcards to be supplied by the Midstate REMSCO for approved entities in Oneida, Madison and Herkimer Counties only). Once the information on the PUBLIC ACCESS DEFIBRILLATION QUALITY IMPROVEMENT FORM is completed and kept on file for the company's records. A copy should be mailed or emailed to the Midstate REMSCO for data collection. This will be done as soon as possible to allow for further compilation of data as well as review of the incident. The address to return this information is:**

**Midstate REMSCO 14 Foery Drive  
Utica, NY 13501  
Or  
emailed to [remSCO@midstateems.org](mailto:remSCO@midstateems.org)**

**All incidents involving the use of the AED shall be reviewed by the company's Medical Director/ Emergency Health Care Provider, as well as the Midstate Regional Emergency Medical Services Council (REMSCO) in an effort to continue providing better care to future patients.**

### **Summary:**

**is participating in Public Access Defibrillation in an effort to provide progressive quality emergency medical care to the employees, students and / or visitors who have experienced cardiac arrest. A number of employees will be trained to the standards of the Training Program to perform CPR and utilize an AED in accordance with these provisions in an effort to lessen the number of deaths caused by sudden cardiac arrest.**

## **AUTHORIZATION NAMES AND SIGNATURES:**

**Company President/ CEO/ Director of Operations**

**Medical Director/ EHCP Representative**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

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# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

## PUBLIC ACCESS DEFIBRILLATION QUALITY IMPROVEMENT

*This form is to be completed anytime a Public Access Defibrillator is applied to a patient*

Name of Organization providing PAD \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Ambulance Service Response \_\_\_\_\_

Hospital Destination (if known ) \_\_\_\_\_

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### *Patient Information:*

Age: \_\_\_\_\_ Sex \_\_\_\_\_ Witnessed arrest ( ) Yes ( ) No

Estimated time from arrest to first defibrillation? \_\_\_\_\_ mins

Estimated time from arrest to CPR administration? \_\_\_\_\_ mins

CPR initiated by ( ) Bystander ( ) Staff ( ) other

Shock advised ( ) Yes ( ) No Number shocks administered? \_\_\_\_\_

### *Patient outcome at incident site:*

( ) Regained pulse ( ) Became responsive

( ) No Pulse ( ) Remained unresponsive

Other \_\_\_\_\_

### *Other pertinent information / comments:*

14 Foery Drive  
Utica NY 13501

PHONE 315 738-8351  
FAX 315 738-8981  
EMAIL [remSCO@midstateems.org](mailto:remSCO@midstateems.org)  
WEB SITE [midstateems.org](http://midstateems.org)

Original Notification  Update

**Entity Providing PAD**

Name of Organization	Agency Code	( ) Telephone Number
Name of Primary Contact Person		E-Mail Address
Address		( ) Fax Number
City	State	Zip

**Type of Entity** (please check the appropriate boxes)

<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Private School
<input type="checkbox"/>	Business	<input type="checkbox"/>	Fire Department/District	<input type="checkbox"/>	College/University
<input type="checkbox"/>	Construction Company	<input type="checkbox"/>	Police Department	<input type="checkbox"/>	Physician's Office
<input type="checkbox"/>	Health Club/Gym	<input type="checkbox"/>	Local Municipal Government	<input type="checkbox"/>	Dental Office or Clinic
<input type="checkbox"/>	Recreational Facility	<input type="checkbox"/>	County Government	<input type="checkbox"/>	Adult Care Facility
<input type="checkbox"/>	Industrial Setting	<input type="checkbox"/>	State Government	<input type="checkbox"/>	Mental Health Office or Clinic
<input type="checkbox"/>	Retail Setting	<input type="checkbox"/>	Public Utilities	<input type="checkbox"/>	Other Medical Facility (specify)
<input type="checkbox"/>	Transportation Hub	<input type="checkbox"/>	Public School K – 12	<input type="checkbox"/>	Other (specify)

**PAD Training Program** CPR AED training program must meet or exceed current ECC Standards.

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**Automated External Defibrillator**

Manufacturer of AED Unit		Is the AED Pediatric Capable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trained PAD Providers	Number of AEDs
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**Emergency Health Care Provider**

Name of Emergency Health Care Provider (Hospital or Physician)	Physician NYS License Number	( ) Telephone Number
Address		( ) Fax Number
City	State	Zip

**Name of Ambulance Service and 911 Dispatch Center**

Name of Ambulance Service and Contact Person	( ) Telephone Number
Name of 911 Dispatch Center and Contact Person	County

**Authorization Names and Signatures**

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date



New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supersedes/Updates:* 98-10, 06-03, 07-04

**No. 09-03**

**Date: March 6, 2009**

**Re: Public Access  
Defibrillation**

**Page 1 of 5**

The purpose of this policy is to assist a person, firm, organization or other entity in understanding the notification process for operating an automated external defibrillator pursuant to a collaborative agreement under the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation. A Public Access Defibrillation (PAD) program is designed to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest. Since the enabling legislation's inception, there have been 4,889 PAD programs established, with over 156,167 people trained and 21,692 AED machines in public sites across the state. This program has been successful in saving many lives all across New York State.

At present, the following facilities or organizations must have trained providers and an AED on site:

- Public schools (§ 1 of the Education Law);
- State owned public buildings (Title 9 of Executive Law Subtitle G§ 303.1);
- Health clubs with a membership of greater than 500 people (General Business Law § 627-A);
- Public gathering locations (PHL § 225-5(b)), and
- Public surf beaches with lifeguards (PHL § 225-5(c)).

To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to establish a PAD program to the appropriate Regional Emergency Medical Services Council (REMSCO) and the New York State Department of Health (DOH).

***There are no approvals or certifications required.***

## **Public Access Defibrillation Program Requirements**

### **Original Notification Process**

To be authorized to have a PAD program and utilize an AED, the following steps must be completed:

- Identify a New York State licensed physician or New York State based hospital knowledgeable and experienced in emergency cardiac care to serve as Emergency Health Care Provider (EHCP) to participate in a collaborative agreement;
- Select an AED that is in compliance with the Article 30, section 3000-B (1)(A). The AED must be programmed to the current Emergency Cardiovascular Care (ECC) Guidelines, capable of defibrillating both adult and pediatric patients. Please check the shaded box on the Notice of Intent to Provide PAD (DOH-4135) if the machine is approved for pediatric use;
- Select and use a SEMAC/DOH approved PAD training course for AED users. At present, the 12 approved programs are as follows:

American Heart Association  
American Red Cross  
American Safety & Health Institute  
Emergency Care and Safety Institute  
Emergency First Response  
Emergency Services Institute  
EMS Safety Service, Inc

Emergency University  
Medic First Aid International  
National Safety Council  
REMSCO of NYC, Inc  
State University of NY  
Wilderness Medical Associates

- Develop with the EHCP, a written collaborative agreement which shall include, but not be limited to the following items:
  - Written practice protocols for the use of the AED;
  - Written policies and procedures which include;
    - Training requirements for AED users;
    - A process for the immediate notification of EMS by calling of 911;
    - A process for identification of the location of the AED units;
    - A process for routine inspection of the AED unit(s) as well as regular maintenance and which meet or exceed manufacturers recommendations;
    - Incident documentation requirements, and
    - Participation in a regionally approved quality improvement program.
- Provide written notice to the 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization's location;
- File the Notice of Intent (NOI) to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and
- File a new NOI and Collaborative Agreement with the REMSCO if the EHCP changes.

### **Reporting a PAD AED Use**

In the event that the PAD program uses the AED to defibrillate a person, the program must report the incident to the appropriate REMSCO. The REMSCO may request additional information regarding the incident, but the PAD must report, at a minimum, the following information:

- Provide written notification of AED usage to the REMSCO within 48 hours of the incident;
- The name of the PAD program;
- Location of the incident;
- The date and time of the incident;
- The age and gender of the patient;
- Estimated time from arrest to CPR and the 1st AED shock;
- The number of shocks administered to the patient;
- The name of the EMS agency that responded, and
- The hospital to which the patient was transported.

A copy of the usage report should also be provided to the EHCP.

### **Regional EMS Council Responsibility in Public Access Defibrillation**

Each REMSCO is responsible for receiving and maintaining notification and utilization documentation. The REMSCOs must develop and implement the following policies and procedures:

- Insure that a copy of each new or updated Notice of Intent (DOH 4135) is forwarded to the Bureau of EMS;
- Maintain a copy of the Notice of Intent and the Collaborative Agreement;
- Collect utilization documentation and information;
- Provide detailed quarterly reports to the DOH on PAD programs in the region, and
- Develop Quality Assurance participation, data submission and documentation requirements for participating organizations.

### **Data Collection Requirements**

REMSCO quality improvement programs are encouraged to use the data elements from the Utstein Guidelines for Prehospital Cardiac Arrest Research (Cumming RO, Chamberlain DA, Abramson NS, et al, Circulation 1991; 84:960-975).



The following minimum data set is to be developed and collected as a part of the regional PAD QI process. A copy of the data set is to be provided by each region to the DOH Bureau of EMS quarterly:

- Name of organization providing PAD;
- Date of incident;
- Time of Incident;
- Patient age;
- Patient gender;
- Estimated time from arrest to 1st AED shock;
- Estimated Time from arrest to CPR;
- Number of shocks administered to the patient;
- Transport ambulance service, and
- Patient outcome at incident site (remained unresponsive, became responsive, etc).

### **Ambulance and ALS First Response Services**

Ambulance or ALSFR services may not participate in PAD programs for emergency response. Certified EMS agencies must apply for authority to equip and utilize AEDs through their local Regional Emergency Medical Advisory Committee (REMAC).

Please note that the Prehospital Care Report (PCR) has a check box for EMS providers to indicate that a patient has been defibrillated prior to EMS arrival by a community or by-stander PAD provider. Documenting this information is required so that the DOH may monitor the effectiveness of these community based programs

### **Attachments**

1. Notice of Intent to Provide Public Access Defibrillation
2. Regional EMS Council Listing