

**2009 Report to City Council on
Local Law 20 of 2005:
Public Access Defibrillator Use In
New York City**



**NEW YORK CITY DEPARTMENT OF HEALTH AND
MENTAL HYGIENE**

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Commissioner

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**Prepared by the
Division of Health Promotion and Disease Prevention
Bureau of Chronic Disease Prevention and Control
Cardiovascular Disease Prevention and Control Program**

Executive Summary

In March 2005, the New York City Council enacted Local Law 20 (LL20) requiring the placement of Automated External Defibrillators (AEDs) in specific public places. This is the 4th annual report. The quantities and locations of AEDs in New York City (NYC) required by LL20, as well as other registered AEDs are described. Furthermore, the impact of the law on saving lives is considered in order to identify any additional locations throughout the city that may warrant placement of AEDs.

New York State (NYS) law requires that all AEDs that are placed in a publicly accessible area in NYC, otherwise known as 'public access defibrillators' (PADs), be registered with the Regional Emergency Medical Services Council of New York City, Inc. (REMSCO). REMSCO reports that as of May 31, 2009, 5296 PADs are registered. This is up from 5145 registered devices at the same time last year.

All non-governmental entities and city agencies mandated under the law, including Department for the Aging, Department of Citywide Administrative Services, Department of Parks and Recreation, Department of Transportation, and NYC Health and Hospitals Corporation report to DOHMH that they have met the requirements of the regulations.

There were 167 documented PAD uses reported to REMSCO for the period of June 1, 2008 through May 31, 2009. During this same time period, the Fire Department of New York (FDNY) report a total of 8632 out-of-hospital cardiac arrests. While acknowledging gaps in the existing data, we only have evidence that 3 out of the 8632 out-of-hospital cardiac arrests were responded to by use of a PAD required under the authority of LL20. Patient outcome associated with these 3 uses is unknown.

The City is preempted by NYS Public Health Law Sections 2812 and 2801 from enacting and enforcing any regulations for hospitals, which includes private nursing homes in the definition. NYS does not currently require PADs in nursing homes although many already have registered devices. While survival from out-of-hospital cardiac arrest associated with PAD use in nursing homes is not available locally, data included in this report show that nursing homes represent the single most reported location of PAD use in NYC.

It is well documented that AEDs located in high traffic areas (e.g.: airports, other transportation hubs) and in places where people at a high risk for sudden cardiac arrest live or congregate (e.g.: nursing homes, senior centers) have a higher likelihood of saving lives.^{1,2,3,4,5,6,7} AEDs are already in use by FDNY, the New York City Police Department (NYPD), Port Authority Police Department (PAPD) and in other private settings. FDNY maintains AEDs on most fire apparatus, NYPD utilizes AEDs within many of its units, and PAPD maintains AEDs at the airports, with some patrol units and at some PATH train hubs. The DOHMH would also recommend PAD placement in nursing homes, however such a requirement could only be enacted at the state level.

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• Local Law 20, 2005	
• NYC DOHMH Rule Implementing Section 17-188 of the Administrative Code Requiring Placement of Automated External Defibrillators in Certain Public Places	

1.0 Introduction

In March 2005, the New York City Council enacted Local Law 20 (LL20) requiring the placement of Automated External Defibrillators (AEDs) in specific public places. LL20 also mandated that the New York City Department of Health and Mental Hygiene (DOHMH) provide a report on the quantities and locations of AEDs following the first year of enactment and annually thereafter until 2010. Now at the completion of year four of LL20's enactment, and in accordance with this mandate, we submit this report for the reporting period of June 1, 2008 through May 31, 2009.

LL20 and the DOHMH rules state that any AED acquired, possessed and operated, be done so in accordance with New York State Public Health Law §3000-b (NYS PHL §3000-b). NYS PHL §3000-b requires registration of the devices with the Regional Emergency Medical Services Council of New York City, Inc. (REMSCO) before they can be used by non-medical personnel.

LL20 requires AEDs in specific public places that may be used by non-medical personnel and NYS PHL §3000-b describes the requirements governing this type of AED placement. Sites covered by LL20 that offer a higher level of emergency care are exempt from the AED requirement. Neither LL20 nor NYS PHL §3000-b cover the use of AEDs as part of medical response by emergency medical systems (EMS) personnel, including emergency medical technicians and paramedics, nor does it govern the use of AEDs in medical facilities that have more advanced levels of medical care.

LL20 requires first, that all entities covered under LL20 must possess and place AEDs with the required signage for their specific type of establishment as set forth in Section 24-04 of NYC Administrative Code 17-188. Secondly, all AEDs must be registered in accordance with New York State law per section 24-05 of the NYC Administrative Code 17-188. To be registered, the entity needs to submit a site-specific response plan including deployment location(s), location of signage, training of staff, medical oversight, emergency response and maintenance procedures and all procedures for documentation of usage. The site specific response plan is submitted to REMSCO with the initial and all subsequent registrations. All AEDs must be registered every two years. Possession of an AED and registration is self reported for all entities covered by LL20 in this report.

Throughout this report, AEDs that are placed in publicly accessible areas and may be used by a lay rescuer are referred to as ‘public access defibrillators’ (PADs).

Although not mandated by the LL20 reporting requirement, limited available data from REMSCO and the Fire Department of New York (FDNY) on AED uses and outcomes is also reported here in an attempt to assess the impact of this law. For those readers becoming newly acquainted with LL20, we refer you to the original legislation and the DOHMH regulation.

See attachments:

- Local Law 20, 2005
- NYC DOHMH Rule Implementing Section 17-188 of the Administrative Code Requiring Placement of Automated External Defibrillators in Certain Public Places
- New York State Public Health Law §3000-b

2.0 Data Sources

PAD location, quantity, use, and cardiac arrest data in this report come from the following sources:

The Regional Emergency Medical Services Council of New York City, Inc. (REMSCO) - REMSCO is designated by NYS PHL §3000-b to accept and maintain registration documentation for PADs within NYC and to maintain records on all PAD use. In 2006 and 2007, DOHMH provided REMSCO with funding to refine the systems to streamline registration and improve reporting accuracy. The time period for data included in this report is 6/1/2008-5/31/2009.

LL20 covered entities – Data was supplied to DOHMH by all affected city agencies. In addition, DOHMH contacted all 24 covered non-government entities by phone for their self report on meeting the requirements of LL20.

The Fire Department of New York (FDNY) Division of Emergency Medical Services (EMS), Office of Medical Affairs - This office maintains records on all patients entered into the municipal 911-EMS system. Limited data on all out-of-hospital cardiac arrests in NYC was made available for this report for the time period of 6/1/2008-5/31/2009.

3.0 PAD Locations

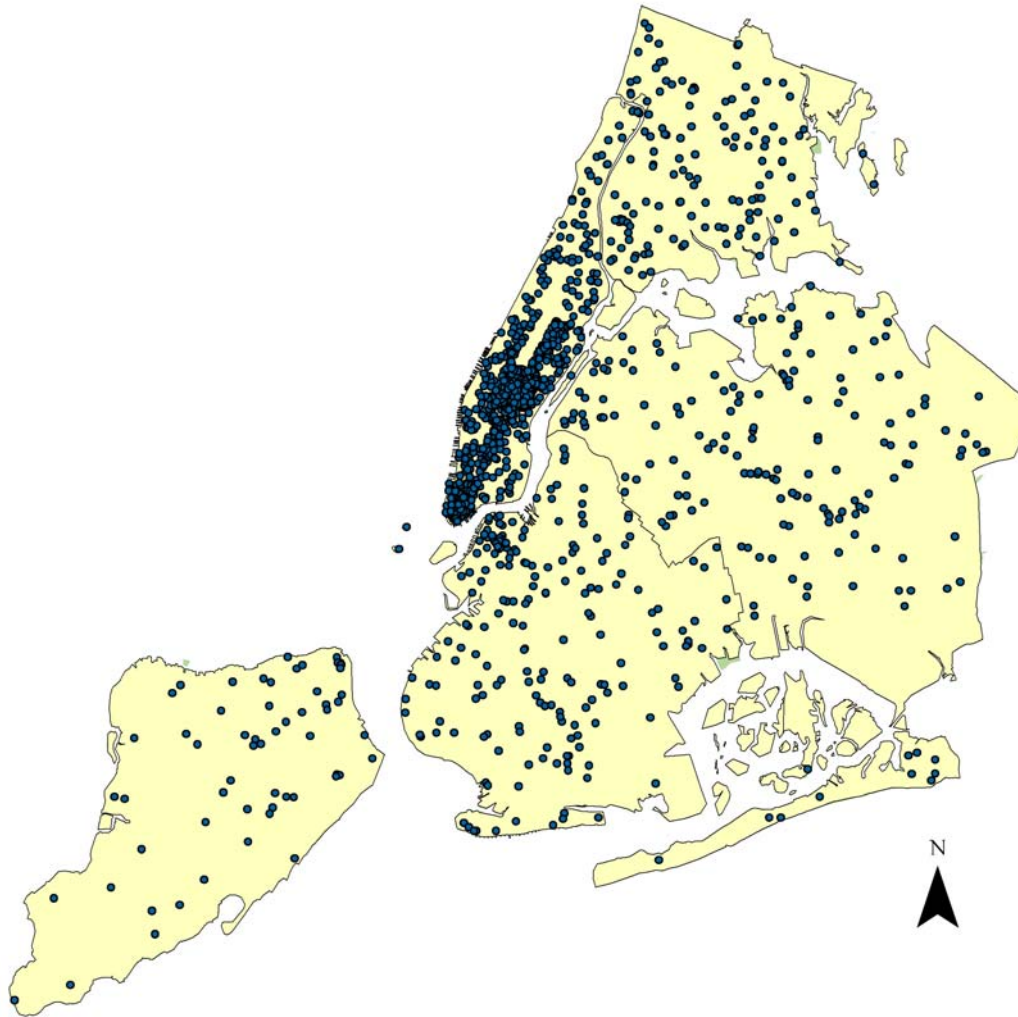
3.1 PAD Quantities and Locations

According to REMSCO data, 5296 PADs are registered throughout the five boroughs. During this reporting period, a total of 151 new PADs were registered with REMSCO. None of those newly registered are required under LL20.

3.3 Map of all PAD Locations Registered in NYC (includes those not required by LL20)

The following map displays all registered PAD locations in NYC as reported by REMSCO. Boundaries represent the borough districts and each blue dot represents a PAD site. Multiple PADs may and in some cases do exist at one location or address. Registered PAD sites in NYC are most concentrated in Manhattan.

Public Access Defibrillation Sites in New York City 2009



Data Source: NYC REMSCO 2009
Map prepared by DOHMH CVD Prevention and Control Program

Note: This represents only PAD sites and does not include AEDs used by medical personnel in an official emergency response capacity. While all AEDs maintained by the Department of Education are registered with REMSCO, this map does not include these locations.

3.4 Non-Government Locations Covered by LL20

Stadia and Arenas

Fifteen NYC stadia and arenas report to DOHMH that they have placed PADs on the premises and report that they meet all the requirements of LL20. Six NYC stadia and arenas report to DOHMH that they offer a higher level of medical care when events are held thus requiring no PAD and report that they meet all the requirements of LL20.

Private Golf Courses

The 3 private golf courses in NYC report to DOHMH that they have placed PADs on the premises and report that they meet all the requirements of LL20.

3.5 City Agency PAD Placement Covered by LL20

Department for the Aging

The Department for the Aging (DFTA) is required to maintain PADs at senior centers serving 3 or more meals per week. DFTA reports to DOHMH that they have 314 locations that meet these criteria and have placed a total of 316 PADs in those locations and report that they meet all the requirements of LL20

Department of Transportation

As outlined in LL20, all ferry terminals owned and operated by the City and served by ferry boats with a passenger capacity of 1000 or more are required to have PADs. The Department of Transportation (DOT) reports to DOHMH that they have placed 38 PADs and reports that they meet all the requirement of LL20.

Department of Parks and Recreation, including Public Golf Courses

As outlined in LL20, the Department of Parks and Recreation (Parks) is required to identify six parks in each borough where devices will be placed and at least one of these parks in each borough be over 170 acres in size. Parks reports to DOHMH that they have placed PADs in a minimum of nine facilities in each borough and reports that they meet all the requirements of LL20. Public golf courses are required to have PADs. Parks reports to DOHMH that they have placed PADS in all golf courses within the Parks system and reports that they meet the requirements of LL20.

Borough	Parks Facilities Identified	Number of PADs in Parks System
Bronx	12	12
Brooklyn	12	12
Manhattan	18	22
Queens	9	9
Staten Island	13	14
Citywide	64	69

Data Source: NYC Parks Department, 2009

Department of Citywide Administrative Services

As outlined in LL20, the Department of Citywide Administrative Services, Division of Facilities Management and Construction (DCAS) is required to have PADs in all places in its buildings where the public is regularly invited or permitted on most business days and which do not require an appointment or special authorization or permission to gain admission. DCAS reports to DOHMH that they have placed a total of 110 PADs throughout their facilities and reports meeting all the requirements of LL20.

Borough	Number of DCAS Buildings with PADs	Total Number of PADs in DCAS System
Bronx	6	13
Brooklyn	11	20
Manhattan	22	51
Queens	7	15
Staten Island	7	11
Citywide	53	110

Data Source: NYC Department of Citywide Administrative Services, 2009

NYC Health and Hospitals Corporation-run Nursing Homes

LL20 covers only NYC Health and Hospitals Corporation (HHC) -run nursing facilities of which there are 3. One of the facilities reports to DOHMH that they have 24-hour advanced life support on the premises and is therefore exempt from the requirement to have a PAD and meets all the requirements of LL20. The remaining two facilities both report to DOHMH that they have placed PADs on premises and report meeting all the requirements of LL20.

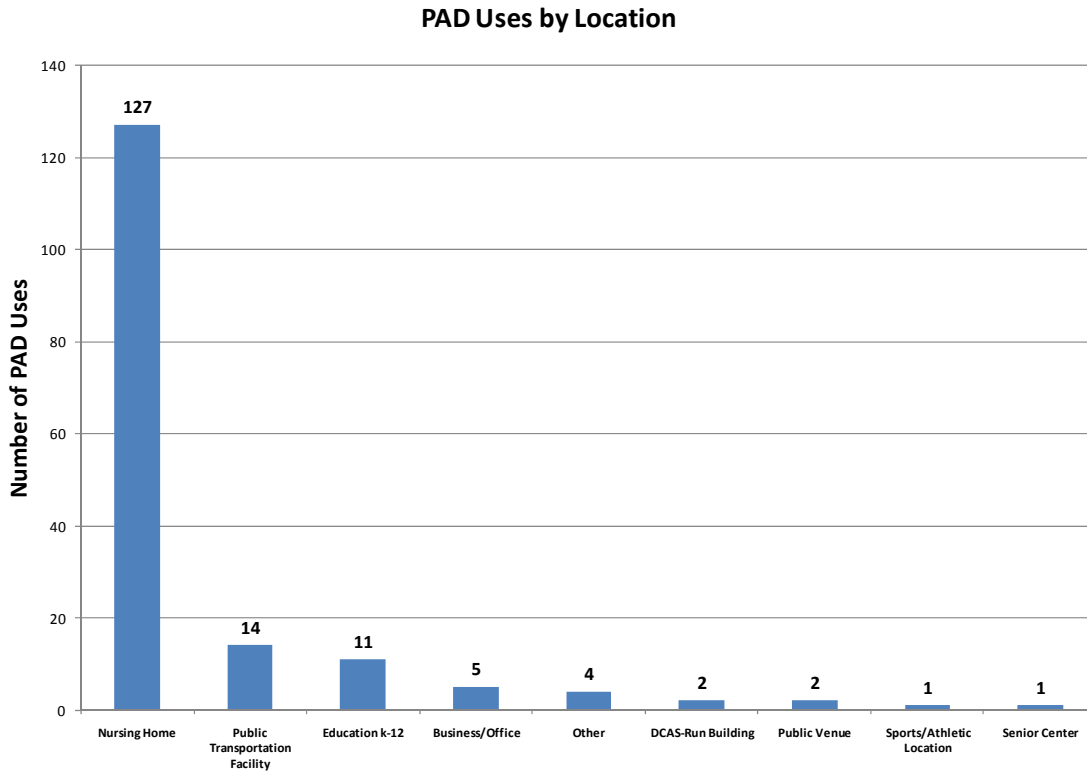
4.0 LL20 Complaints from the Public

During the reporting period, DOHMH received 1 complaint which was routed to the Cardiovascular Disease Prevention and Control program from 311. This complaint was regarding a health club facility not covered by LL20 but covered by New York State law. This complaint was referred to the New York State Attorney General's Office. In addition, DOHMH contacted the facility, notified them of the complaint and sent information explaining NYS PHL §3000-b and their obligations under it.

5.0 PAD Uses

5.1 REMSCO Reported PAD Use by Location in New York City

REMSCO collects reports on use of all PADs placed in NYC, both mandated for placement by LL20 or by others, such as New York State.



Data Source: Regional EMS Council of New York City, 2009

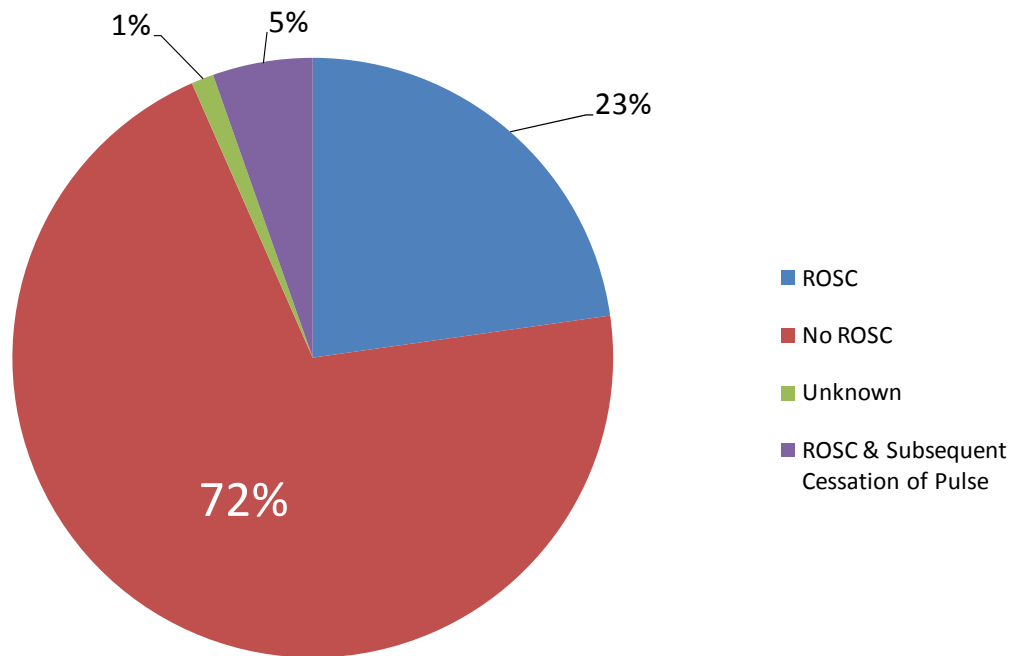
LL20 mandated sites which are not pre-empted by state law include the following facilities: DCAS buildings, Parks, golf courses, DOT ferry terminals, HHC nursing facilities, stadia, arenas and DFTA senior centers.

PAD use in nursing homes make up the majority of uses reported to REMSCO during this period as well as in the prior reporting years. However, only 3 of the estimated 186 nursing homes in NYC are covered by LL20 since the law only applies to HHC-run nursing facilities. All the reported uses in nursing homes during this period were in private nursing homes.

5.2 REMSCO Data on Return of Spontaneous Circulation

REMSCO PAD use data report on return of spontaneous circulation (ROSC), defined as a return of a pulse when it had been reported as absent prior to PAD use. ROSC related outcomes reported here are categorized as follows: 'ROSC', 'No ROSC' and 'Unknown' and "ROSC & Subsequent Cessation of Pulse".

Onsite Outcome After PAD Usage in LL20 Sites



Data Source: Regional EMS Council of New York City, 2009

According to REMSCO data, of those cases in which ROSC status was reported, 38 of the 167 uses (23%) were associated with a ROSC. ROSC may also have occurred in the group where outcome is unknown (1%). Therefore, the maximum number of out-of-hospital cardiac arrest cases in which circulation may have returned with PAD use is 49 (38 ROSC, 9 ROSC and subsequent cessation of pulse and 2 unknown). REMSCO does not collect information on long-term outcome (e.g. survival to hospital or out of hospital) therefore actual survival rates associated with use cannot be reported.

5.3 Impact of LL20

During the period from 6/1/2008 to 5/31/2009, only 3 LL20 mandated placement PADs reported use; 1 senior center and 2 in DCAS-run buildings. The outcomes from these uses are unknown.

FDNY provided to the DOHMH EMS data on out-of-hospital cardiac arrests in NYC. The following chart displays the number of out-of-hospital cardiac arrests occurring during the 12 month period from 6/1/2008-5/31/2009.

Out-of-Hospital Cardiac Arrests Responses by FDNY	
Category	Citywide Totals
Transported	4181
Transported with ROSC*	1447
Not Transported (Deceased on Scene)	3004
Total Cardiac Arrests	8632
* ROSC defined as 'Return of Spontaneous Circulation'	

911-EMS Data from 6/1/2008-5/31/2009

Data Source: Fire Department of New York, Office of Medical Affairs, 2009

Based upon this information, one may conclude that at least 3 out of 8632 total out-of-hospital cardiac arrests during this time were responded to with a PAD required by LL20.

6.0 Data Limitations

Data utilized for this report has limitations. First, we are unable to determine if all AEDs in public locations in NYC are registered with REMSCO as required. Therefore the total number of devices and uses reported to us by REMSCO may underreport the true total in place and used in NYC at large. A limitation of the REMSCO use data is the potential for failure of a covered and registered entity to report a use to REMSCO.

REMSCO data includes report of 'return of spontaneous circulation' (ROSC) following AED use, but provides no further information on individual outcome, such as survival to discharge from the hospital. To provide context for the overall potential impact of PAD use in NYC, this report also includes available data from FDNY. FDNY maintains records from the electronic patient care reports generated by the NYC EMSA system. These data report on out-of-hospital cardiac arrests responded to by EMS personnel and includes detail on EMS transport to hospitals and ROSC during pre-hospital resuscitation attempts. While this provides an estimate of the total number of out-of-hospital cardiac arrests in NYC, only outcome in the field is reported; survival to hospital discharge data is not.

7.0 Conclusions

LL20 mandated the placement of PADs by both public and private entities. As described, city agencies specified in LL20, which include DCAS, DFTA, Parks and DOT report to DOHMH that they have met the requirements of the law. Additionally, HHC-run nursing facilities, as well as all private and public golf courses and all stadia and arenas in NYC also report meeting all the requirements of LL20.

There were 8632 out of hospital cardiac arrests in NYC over the time period covered by this report. There were 3 reported PAD uses in facilities which are currently covered by the LL20 mandate. The outcomes from these uses are unknown.

It is paramount that our public health interventions include evidence-based initiatives designed to significantly reduce cardiovascular disease related death and illness at the population level and that evaluation of these programs are ongoing to assure the best use of limited public resources. It is well documented that PADs placed in high traffic areas (e.g. airports, other transportation hubs) and in places where people who are at a high risk for sudden cardiac arrest live or congregate (e.g. nursing homes, senior centers) have a higher likelihood of saving lives.^{8,9,10,11,12,13,14} AEDs are already in use by FDNY, New York Police Department (NYPD), Port Authority Police Department (PAPD) and in other private settings. FDNY maintains AEDs on most fire apparatus, NYPD utilizes AEDs within many of its units, and PAPD maintains AEDs at the airports, with some patrol units and at some PATH train hubs.

The PADs in private nursing homes registered with REMSCO have been used most frequently and may be an appropriate measure. LL20 attempted to require placement of PADs in private nursing homes and may have succeeded in increasing these placements, but was preempted from regulation by New York State Public Health Law. Since nursing homes demonstrate the highest usage rate of all PAD locations, we continue to recommend PAD placements in such facilities where they do not already offer a higher level of care.

Still, most cardiac arrests are due to underlying causes that evolve over years and can be prevented and treated prior to the onset of cardiac arrest. While under select circumstances PAD use will save lives, addressing smoking, obesity, physical inactivity, high blood pressure and elevated cholesterol effectively as a city will have the greatest impact on reducing cardiac deaths.

8.0 References

- ¹ Sotoodehnia N, Zivin A, Bardy GH, Siscovick DS. Reducing mortality from suddencardiac death in the community: lessons from epidemiology and clinical applications research. *Cardiovasc Res* May 2001;50(2):197-209.
- ² Rea TD, Paredes VL. Quality of life and prognosis among survivors of out-of-hospital cardiac arrest. *Curr Opin Crit Care* June 2004;10(3):218-23.
- ³ Caffrey SL, Willoughby PJ, Pepe PE, Becker LB. Public use of automated external defibrillators. *N Engl J Med* October 17 2002;347(16):1242-7.
- ⁴ Valenzuela TD, Roe DJ, Nichol G, Clark LL, Spaite DW, Hardman RG. Outcomes of rapid defibrillation by security officers after cardiac arrest in casinos. *N Engl J Med* October 26 2000;343(17):1206-9.
- ⁵ Page RL, Joglar JA, Kowal RC et al. Use of automated external defibrillators by a U.S. airline. *N Engl J Med* October 26 2000;343(17):1210-6.
- ⁶ Davies CS, Colquhoun MC, Boyle R, Chamberlain DA. A national programme for on-site defibrillation by lay people in selected high risk areas: initial results. *Heart* October 2005;91(10):1299-302.
- ⁷ Muraoka, H., Y. Ohishi, et al. (2006). Location of Out-of-Hospital Cardiac Arrests in Takatsuki City Where Should Automated External Defibrillator be Placed? *Circulation Journal* 2006;70(7): 827-831.
- ⁸ Sotoodehnia N, Zivin A, Bardy GH, Siscovick DS. Reducing mortality from suddencardiac death in the community: lessons from epidemiology and clinical applications research. *Cardiovasc Res* May 2001;50(2):197-209.
- ⁹ Rea TD, Paredes VL. Quality of life and prognosis among survivors of out-of-hospital cardiac arrest. *Curr Opin Crit Care* June 2004;10(3):218-23.
- ¹⁰ Caffrey SL, Willoughby PJ, Pepe PE, Becker LB. Public use of automated external defibrillators. *N Engl J Med* October 17 2002;347(16):1242-7.
- ¹¹ Valenzuela TD, Roe DJ, Nichol G, Clark LL, Spaite DW, Hardman RG. Outcomes of rapid defibrillation by security officers after cardiac arrest in casinos. *N Engl J Med* October 26 2000;343(17):1206-9.
- ¹² Page RL, Joglar JA, Kowal RC et al. Use of automated external defibrillators by a U.S. airline. *N Engl J Med* October 26 2000;343(17):1210-6.
- ¹³ Davies CS, Colquhoun MC, Boyle R, Chamberlain DA. A national programme for on-site defibrillation by lay people in selected high risk areas: initial results. *Heart* October 2005;91(10):1299-302.

¹⁴ Muraoka, H., Y. Ohishi, et al. (2006). Location of Out-of-Hospital Cardiac Arrests in Takatsuki City Where Should Automated External Defibrillator be Placed? *Circulation Journal* 2006;70(7): 827-831.

**LOCAL LAWS
OF
THE CITY OF NEW YORK
FOR THE YEAR 2005**

No. 20

Introduced by Council Members Oddo, The Speaker (Council Member Miller), and Council Members Lopez, Reed, Lanza, Gallagher, Baez, Barron, Comrie, DeBlasio, Gioia, Koppell, McMahon, Martinez, Moskowitz, Nelson, Quinn, Reyna, Rivera, Sanders, Vallone, Jr., Gerson, Brewer, the Public Advocate (Ms. Gotbaum), Provenzano, Clarke, Dilan, Fidler, Gentile, Jennings, Stewart, Weprin, Palma, Gennaro, Katz, Sears, Avella and Perkins.

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring the placement of automated external defibrillators at certain public places.

Be it enacted by the Council as follows:

Section 1. Chapter one of title 17 of the administrative code of the city of New York is hereby amended by adding a new section 17-188 to read as follows:

§17-188 Automated external defibrillators. a. Definitions. For the purposes of this section, the following terms shall have the following meanings:

1. *“Automated external defibrillator” means a medical device, approved by the United States food and drug administration, that: (i) is capable of recognizing the presence or absence in a patient of ventricular fibrillation and rapid ventricular tachycardia; (ii) is capable of determining, without intervention by an individual, whether defibrillation should be performed on a patient; (iii) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to a patient’s heart; and (iv) upon action by an individual, delivers an appropriate electrical impulse to a patient’s heart to perform defibrillation.*

2. *“Owner or operator” means the owner, manager, operator, or other person or persons having control of a public place.*

3. *“Public place” means the publicly accessible areas of the following places to which the public is invited or permitted: (i) public buildings maintained by the division of facilities management and construction of the department of citywide administrative services or any successor; (ii) parks under the jurisdiction of the department of parks and recreation identified pursuant to subdivision e of this section; (iii) ferry terminals owned and operated by the city of New York served by ferry boats with a passenger capacity of one thousand or more persons; (iv) nursing homes, as defined in section 2801 of the New York state public health law; (v) senior centers, which include facilities*

operated by the city of New York or operated by an entity that has contracted with the city to provide services to senior citizens on a regular basis, such as meals and other on-site activities; (vi) golf courses, stadia and arenas; and (vii) health clubs that are commercial establishments offering instruction, training or assistance and/or facilities for the preservation, maintenance, encouragement or development of physical fitness or well-being that have a membership of at least two hundred and fifty people, and which shall include, but not be limited to, health spas, health studios, gymnasiums, weight control studios, martial arts and self-defense schools or any other commercial establishment offering a similar course of physical training.

b. *Automated external defibrillators required.* Except as provided in subdivision j of this section, the owner or operator of a public place shall make available in such public place automated external defibrillators in quantities and locations deemed adequate in accordance with rules promulgated pursuant to subdivisions e and f of this section and in accordance with section 3000-b of the New York state public health law. Such automated external defibrillators shall be readily accessible for use during medical emergencies. Any information regarding use of automated external defibrillators deemed necessary by the department in accordance with rules promulgated pursuant to subdivision f of this section shall accompany and be kept with each automated external defibrillator. Any automated external defibrillator required pursuant to this subdivision shall be acquired, possessed and operated in accordance with the requirements of section 3000-b of the New York state public health law.

c. *Notice required.* The owner or operator of a public place shall provide written notice to the public, by means of signs, printed material or other form of written communication, indicating the availability of automated external defibrillators for emergency use in such public place and providing information on how to obtain automated external defibrillator training. The type, size, style, location and language of such notice shall be determined in accordance with rules promulgated by the department pursuant to subdivision f of this section. Should such rules require or allow the posting of signs made available by the department to owners or operators of a public place to serve as appropriate notice pursuant to this subdivision, the department may charge a fee to cover printing, postage and handling expenses.

d. *Reports.* The department shall conduct a comprehensive study and submit a report to the mayor and the council twelve months after the effective date of the local law that added this section. Such report shall include, but not be limited to, the quantities and locations of automated external defibrillators placed in public places pursuant to subdivision b of this section and the identification of any additional locations throughout the city of New York that warrant the placement of automated external defibrillators. Twenty-four months after the effective date of the local law that added this section, and annually thereafter for the next succeeding three years, the department shall submit to the mayor and the council a report indicating the quantities and locations of automated external defibrillators placed in public places pursuant to subdivision b of this section.

e. *Parks.* The commissioner of the department of parks and recreation shall, no later than seven calendar days after the effective date of the local law that added this section, promulgate rules identifying at least six parks in each borough under the jurisdiction of the department of parks and recreation to be considered a public place for the purposes of this section, and determining the quantity and location of automated external defibrillators to be placed in such parks; provided, however, that at least one of the parks identified in each borough must be over one hundred and seventy acres.

f. Rules. The department shall promulgate such rules as may be necessary for the purpose of implementing the provisions of this section, including, but not limited to, rules regarding the quantity and location of automated external defibrillators to be placed in a particular public place or general category of public place; the form of notice in which the availability of automated external defibrillators in a public place shall be made known to the public and any accompanying fee; and any information on the use of automated external defibrillators that must accompany and be kept with each automatic external defibrillator; provided, however, that the department of parks and recreation shall determine the quantity and location of automated external defibrillators placed in parks, pursuant to subdivision e of this section. Such rules shall also include, but not be limited to, required training in the use of automated external defibrillators.

g. Liability limited. Any person who, in accordance with the provisions of this section, voluntarily and without expectation of monetary compensation renders first aid or emergency treatment using an automated external defibrillator that has been made available pursuant to this section, to a person who is unconscious, ill or injured, and any person, owner or operator, entity, partnership, corporation, firm or society that purchases or makes available an automated external defibrillator as required by this section, shall be entitled to the limitation of liability provided in section 3000-a of the New York state public health law.

h. No duty to act. Nothing contained in this section shall impose any duty or obligation on any owner or operator of a public place, his or her employee or other agent, or any other person to provide assistance with an automated external defibrillator to a victim of a medical emergency.

i. Standard of care. Nothing contained in this section shall be deemed to affect the obligations or liability of emergency health providers pursuant to section 3000-b of the New York state public health law.

j. Exception. During such times as an owner or operator of a public place provides, at such public place, advanced life support by a physician, registered professional nurse or advanced emergency medical technician acting within his or her lawful scope of practice, or the use of automated external defibrillators by a physician, registered professional nurse, or advanced emergency medical technician acting within his or her lawful scope of practice, such provision shall be deemed to satisfy the requirements of subdivision b of this section, subject to rules of the department promulgated pursuant to subdivision f of this section. For purposes of this subdivision, advanced emergency medical technician shall mean an advanced emergency medical technician as defined in section three thousand one of the New York state public health law.

k. Public awareness. Within ninety days of the effective date of the local law that added this section, the department shall conduct public awareness and education campaigns in English and Spanish regarding cardiopulmonary resuscitation training.

§2. Severability. If any subdivision, sentence, clause, phrase or other portion of the local law that added this section is, for any reason, declared unconstitutional or invalid, in whole or in part, by any court of competent jurisdiction, such portion shall be deemed severable and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of the local law that added this section, which remaining portions shall remain in full force and effect.

§3. Effective date. This local law shall take effect one hundred twenty days after its enactment into law. Actions necessary to prepare for the implementation of this local may be taken prior to its effective date.

THE CITY OF NEW YORK, OFFICE OF THE CITY CLERK, s.s.:

I hereby certify that the foregoing is a true copy of a local law of the City of New York, passed by the Council on February 16, 2005, and approved by the Mayor on March 7, 2005.

VICTOR L. ROBLES, City Clerk of the Council

CERTIFICATION PURSUANT TO MUNICIPAL HOME RULE LAW §27

Pursuant to the provisions of Municipal Home Rule Law §27, I hereby certify that the enclosed Local Law (Local Law 20 of 2005, Council Int. No. 211-A) contains the correct text and:

Received the following vote at the meeting of the New York City Council on February 16, 2005: 47 for, 0 against, 0 not voting.

Was signed by the Mayor on March 7, 2005.

Was returned to the City Clerk on March 9, 2005.

JEFFREY D. FRIEDLANDER, Acting Corporation Counsel

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
COMMISSIONER OF HEALTH

NOTICE OF ADOPTION OF RULE IMPLEMENTING
SECTION 17-188 OF THE ADMINISTRATIVE CODE REQUIRING THE PLACEMENT OF
AUTOMATED EXTERNAL DEFIBRILLATORS AT CERTAIN PUBLIC PLACES

IN COMPLIANCE WITH SECTION 1043(b) and 389(b) OF THE NEW YORK CITY CHARTER (the "Charter") and pursuant to Title 17, Chapter 1, Section 17-188(f) of the New York City Administrative Code, notice is hereby given of the adoption of the following rule implementing Section 17-188 of the New York City Administrative Code requiring the placement of automated external defibrillators at certain public places. The Notice of Public Hearing was printed in the City Record on July 20, 2005. A public hearing was held on August 22, 2005. The Department received four written comments and two testimonials at its public hearing.

STATUTORY AUTHORITY

This rule is promulgated pursuant to New York City Charter Sections 389(b) and 1043(a) and Section 17-188(f) of the New York City Administrative Code. Section 1043(a) of the Charter provides that each "agency is empowered to adopt rules necessary to carry out the powers and duties delegated to it by or pursuant to federal, state or local law". Section 389(b) similarly provides that the "heads of mayoral agencies shall have the powers to adopt rules to carry out the powers and duties delegated to the agency head or the agency by or pursuant to federal, state or local law. Section 17-188(f) of Chapter 1 of Title 17 of the Administrative Code authorizes the Commissioner of the Department of Health and Mental Hygiene to "promulgate such rules as may be necessary for the purpose of implementing the provisions of this section, including, but not limited to, rules regarding the quantity and location of automated external defibrillators to be placed in a particular public place or general category of public place; the form of notice in which the availability of automated external defibrillators in a public place shall be made known to the public and any accompanying fee; and any information on the use of automated external defibrillators that must accompany and be kept with each automated external defibrillator...."

STATEMENT OF BASIS AND PURPOSE

This rule is required to be promulgated pursuant to Section 17-188 of the Administrative Code, specifically subsections (b), (c), (f) and (j) thereof, and is necessary for that law's proper implementation and enforcement. The general purpose of Section 17-188 of the Administrative Code is to make "automated external defibrillators" available in the "publicly accessible areas" of certain "public places" in order to encourage persons to "voluntarily and without expectation of monetary compensation" provide first aid or emergency treatment using an automated external defibrillator that has been made available pursuant to this section, to a person who is unconscious, ill or injured....". Section 24-01 of a new Chapter 24 of Title 24 of the Rules of the City of New York provides the meaning of specific words and terms used in this rule and in

Section 17-188 of the Code and further provides that the meaning of other words and terms used in the rule are as specified in Section 17-188 of the Code. In response to a comment received, the definition of “publicly accessible areas” in Section 24-01(b)(3) has been modified. The revised version makes clearer that this definition was not intended to exclude employees but rather to clarify which areas within these public places are open to the public. The definition of “membership” in former Section 24-01(b)(4) has been deleted from the final version because Section 631 of the New York State General Business Law (“GBL”) reflects the State Legislature’s intent to preempt the area of automated external defibrillators in health clubs, as now set forth in Section 627-a of the “GBL”. Section 627-a, which went into effect on July 20, 2005, establishes statewide requirements relating to the provision of automated external defibrillators in health clubs. Therefore, consistent with Section 631 of the “GBL”, those provisions of Local Law 20 of 2005 as they relate to health clubs and related facilities defined in Section 17-188(a)(3)(vii) of the Code are of no force and effect. The definition of “membership” as it relates solely to health clubs and related facilities has been deleted.

Section 24-02 provides that those required to make automated external defibrillators available pursuant to Section 17-188 must in implementing this rule also comply with the requirements of Section 3000-b of the New York State Public Health Law in connection with the acquisition, possession and operation of automated external defibrillators. Section 24-03 provides necessary guidance as to the appropriate location and quantities of automated external defibrillators that must be maintained pursuant to the new law. According to Section 24-03(a), the owner or operator of a public place, as defined in Section 17-188(a)(3) of the Code and limited by Section 17-188(e) of the Code, must “place at least one automated external defibrillator(s) in a prominent location in that public place.” Subsection (b) of this section provides that the automated external defibrillator(s) is to be “located or placed so that this equipment can be obtained in a timely manner”. Section 24-04 entitled Required Notice: Signage Information, provides the information that is required to appear on the wall sign informing the public as to the availability of an automated external defibrillator at that location and specifies where that wall sign should be placed. It also identifies information that must be included on a second sign and provides that this second sign may be placed either on a wall or on the face of the storage container in which the automated external defibrillator is contained. In response to a comment, changes to Section 24-04 reducing the minimum height of the lettering on the required signage and allowing the use of the abbreviation “AED” have been made. The Department determined that the use of the abbreviation and the size reduction in lettering would not affect legibility and that these changes were necessary to ensure that the language could be accommodated on the signage. Upon further consideration, the Department has deleted paragraph (ii) of subsection (e) of Section 24-04 as unnecessary. The reference to a paragraph (i) has, accordingly, also been deleted. The content of former paragraph (i) remains as subsection (e) of Section 24-04. Section 24-05 specifies what must be contained in a required written Site-Specific Response Plan and provides that the Plan must be made available to the Department upon its request.

In response to a comment, the definition of “On A Regular Basis” in Section 24-01(b)(7) was modified to increase the number of senior centers that would be required to make an automated external defibrillator available by reducing the number of hours of services per week, including lunch, that a senior center has to provide before it is required to have an automated

external defibrillator. A definition of “Advanced Life Support” [Section 24-01(b)(8)] and a section entitled “Nursing Homes” [Section 24-06] have been added as the Department determined that there existed a need to provide guidance to nursing homes as to which facilities would have to make automated external defibrillators available and the number of trained responders that must be specifically required in those facilities.

THE RULE IS AS FOLLOWS:

COMMISSIONER OF HEALTH AND MENTAL HYGIENE RULE IMPLEMENTING SECTION 17-188 OF THE ADMINISTRATIVE CODE REQUIRING PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS AT CERTAIN PUBLIC PLACES

Chapter 24

AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN PUBLIC PLACES

Section 24-01(a). Definitions.

Words and terms used in this rule, other than those specified in subsection (b) of this section, shall have the same meaning as specified in §17-188 of the New York City Administrative Code.

(b) When used in this rule, the following words or terms shall have the following meaning:

(1) Department. “Department” means the New York City Department of Health and Mental Hygiene.

(2) Code. Code means the Administrative Code of the City of New York.

(3) Publicly Accessible Areas. Publicly accessible areas of buildings operated by the Division of Facilities Management and Construction of the Department of Citywide Administrative Services means the areas within a “public place”, as that term is defined in §17-188(a)(3) of the Code, to which members of the public are regularly invited or permitted on most business days and which do not require an appointment or special authorization or permission in order to gain admission.

(4) Prominent Location. Prominent location shall mean any central location in a public place where the automated external defibrillators can be located and are readily available at all times for use by persons trained in their operation.

(5) Public access defibrillation provider. Public access defibrillation provider means a person, firm, organization or other entity having control of a public place and possessing or operating an automated external defibrillator pursuant to a collaborative agreement, as that term is defined in §3000-b of the New York State Public Health Law.

(6) Trained Responder(s). Employees/volunteers recruited by or, if necessary, designated by the owner/management of those public places specified in §17-188(a)(3) of the Code, to operate automated external defibrillators. Such employees shall have received appropriate training in the use and operation of automated external defibrillators, as evidenced by the

successful completion of a combination cardio-pulmonary resuscitation/automated external defibrillator (CPR/AED) training class.

(7) On A Regular Basis. As used in § 17-188(a)(3)(iv) of the Code, refers to those senior centers offering services, including lunch, to senior citizens at least three days per week.

(8) Advanced Life Support. As used in § 17-188(j) of the Code and § 24-06, advanced life support must include, although is not limited to, the availability of manual defibrillation.

Section 24-02. Compliance with State Law

Any automated external defibrillator required pursuant to §17-188 of the Code shall be acquired, possessed and operated in accordance with the requirements of §3000-b of the New York State Public Health Law.

Section 24-03. Quantity and Location of Automated External Defibrillators

(a) The owner or operator of a public place, as defined in §17-188(a)(3) of the Code and limited by §17-188(e), shall place at least one automated external defibrillator(s) in a prominent location in that public place. In those public places maintained by the Division of Facilities Management and Construction of the Department of Citywide Administrative Services, this placement shall be within a “publicly accessible area”, as defined in §24-01(b)(3).

(b) Automated external defibrillator(s) shall be located or placed so that this equipment can be obtained in a timely manner. For those buildings operated by the Division of Facilities Management and Construction of the Department of Citywide Administrative Services having publicly accessible areas located more than five (5) floors apart, no such publicly accessible area shall be more than five floors from where an automated external defibrillator is located.

(c) Storage conditions for the automated external defibrillators shall be in compliance with the manufacturer’s specifications.

Section 24-04. Required Notice: Signage Information

(a) The owner or operator of a public place shall provide written notice to all persons using a public place, as that term is defined in §17-188(a)(3) of the Code, in the form of a clear and conspicuous wall sign placed at a height between five and seven feet above the floor and which is also in close proximity to the automated external defibrillator unit storage location.

(b) The sign shall contain the following language in lettering and representation (symbol) in the size indicated:

- “DEFIBRILLATOR” or “AED” (minimum height - two (2) inches)
- Automated External Defibrillator (minimum height – five eighths (5/8) inch)
- Heart and lightening bolt logo (minimum height - two (2) inches)

(c) A second wall sign either similarly placed as the one required in subsection (a) of this section or located on the storage cabinet containing the automated external defibrillator must contain the following information in the size indicated:

- In event of emergency call 911 (minimum height –three eighths (3/8) inch)
- **and**
- Contact this facility’s trained responder(s) at: (Give contact information for trained responder(s) (minimum height – three eighths (3/8) inch)

(d) In addition to the signs required in subsections (a) and (b) of this section, a wall sign containing the information specified in subsection (c) of this section shall be placed in a prominent location on all publicly accessible floors of a public place. Such sign shall also state that more information on CPR/AED training may be obtained by calling 311.

(e) Exception. The wall signs required by subsections (c) and (d) of this section shall not be required in nursing homes.

(f) Signs in conformity with the requirements specified in §24-03 (b) and (c) shall be made available by the Department, at no cost to the owner or operator of a public place required to have an automated external defibrillator. An owner or operator shall use either the sign provided by the Department or its own sign provided that the sign used meets the requirements specified in this section.

(g) All automated external defibrillators shall be stored with clear concise written or pictorial instructions for their use.

Section 24-05 Site-Specific Response Plan

(a) The owner or operator of a public place, as defined in §17-188 of the Code, must have a site response and maintenance plan as part of the written practice protocols included in the collaborative agreement required by §3000-b of New York State Public Health Law. This plan must be made available to the Department upon its request.

(b) The Site-Specific Plan must specify the following:

1. A list of the trained responders, the specific training they received, how they can be contacted, the locations of the trained responders at the site .
2. The provider of the AED/CPR training received by each trained responder, the date that training was received as well as the due dates for training recertification of each trained responder.
3. The specific location(s) of the automated external defibrillator(s) at the public place. The automated external defibrillator(s) shall be in a location(s) accessible to the trained responder(s).

4. The party responsible for verifying that the automated external defibrillator(s) is in operable condition and for ensuring that the equipment is maintained in conformity with the manufacturer's recommendations.
5. The placement and exact location of the signs required by §24-04(a), (b) and (c) along with the information on how to contact the site's trained responder(s).
6. Instructions on how to identify an on-site medical emergency and a listing of procedures to be followed to notify trained responders of the existence of that emergency.
7. Procedures to be followed to notify the emergency medical services system as to the existence of an on-site medical emergency.
8. How the trained responder(s) at a site will be dispatched to the location of the medical emergency.
9. The procedures to be followed by the trained responder(s) at the location upon their response to the location of a medical emergency.
10. Procedures to be followed by trained responders upon their transfer of care of an emergency to the emergency medical services system.
11. Instructions on how to document each use of an automated external defibrillator and immediately report such usage in accordance with Public Health Law §3000-b.

(c) The number of trained responders in each public place shall be commensurate with the size and configuration of the facility to permit rapid response during regular business hours. The number of trained responders in nursing homes required to make on-site automated external defibrillators available pursuant to §17-188(b) of the Code shall be as specified in §24-06.

Section 24-06 Nursing Homes

- (a) Nursing homes not making available advanced life support, as that term is defined in §24-01(b)(8), by a physician, registered nurse or emergency medical technician present on-site twenty-four hours a day, seven days a week or not making available automated external defibrillators to be used by a trained physician, registered nurse or emergency medical technician present on-site twenty-four hours a day, seven days a week, shall provide on-site automated external defibrillators, as required by §17-188(b) of the Code in the number specified in §24-03(a). Such nursing homes must acquire, possess and operate their automated external defibrillators in accordance with the requirements of § 3000-b of the Public Health Law, as specified in § 24-02.
- (b) A minimum of two trained responders, as defined in §24-01(b)(6), shall be present at all times in those nursing homes required to make automated external defibrillators available.