



New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supercedes/Updates:* 98-10

No. 06 - 03

Date: May 9, 2006

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 4,140 PAD programs established, with over 135,000 people trained. This program has been successful in saving many lives across New York State.

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 DOH approved PAD training course for AED users. The approved programs are listed on the Notice of Intent Form;
- 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 to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and
  - File a new 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
- 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



# Notice of Intent to Provide Public Access Defibrillation

Original Notification  Update

## Entity Providing PAD

|                                |       |                         |
|--------------------------------|-------|-------------------------|
| Name of Organization           |       | ( )<br>Telephone Number |
| Name of Primary Contact Person |       | E-Mail Address          |
| Address                        |       |                         |
| City                           | State | Zip                     |
|                                |       | ( )<br>Fax Number       |

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

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Business              | <input type="checkbox"/> Fire Department/District   | <input type="checkbox"/> Private School                   |
| <input type="checkbox"/> Construction Company  | <input type="checkbox"/> Police Department          | <input type="checkbox"/> College/University               |
| <input type="checkbox"/> Health Club/ Gym      | <input type="checkbox"/> Local Municipal Government | <input type="checkbox"/> Physician's Office               |
| <input type="checkbox"/> Recreational Facility | <input type="checkbox"/> County Government          | <input type="checkbox"/> Dental Office or Clinic          |
| <input type="checkbox"/> Industrial Setting    | <input type="checkbox"/> State Government           | <input type="checkbox"/> Adult Care Facility              |
| <input type="checkbox"/> Retail Setting        | <input type="checkbox"/> Public Utilities           | <input type="checkbox"/> Mental Health Office or Clinic   |
| <input type="checkbox"/> Transportation Hub    | <input type="checkbox"/> Public School K - 6        | <input type="checkbox"/> Other Medical Facility (specify) |
| <input type="checkbox"/> Restaurant            | <input type="checkbox"/> Public School 6 - 12       | <input type="checkbox"/> Other (specify)                  |

## PAD Training Program

|   |  |  |
|---|--|--|
| <input type="checkbox"/> American Heart Association         | <input type="checkbox"/> National Safety Council       | <input type="checkbox"/> REMSCO of NYC, Inc      |
| <input type="checkbox"/> American Red Cross                 | <input type="checkbox"/> Emergency Services Institute  | <input type="checkbox"/> EMS Safety Service, Inc |
| <input type="checkbox"/> American Safety & Health Institute | <input type="checkbox"/> Medic First Aid International | <input type="checkbox"/> State University of NY  |

## Automated External Defibrillator

|                          |  |                                    |                |
|--------------------------|--|------------------------------------|----------------|
| Manufacturer of AED Unit | Model of AED<br>Pediatric Capable <input type="checkbox"/> | Number of Trained<br>PAD Providers | Number of AEDs |
|--------------------------|--|------------------------------------|----------------|

## Emergency Health Care Provider

|  |       |                   |
|--|-------|-------------------|
| Name of Emergency Health Care Provider (Hospital or Physician) |       | Telephone Number  |
| Address  |       |                   |
| City   | State | Zip               |
|  |       | ( )<br>Fax Number |

## 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 |

DOH-4135(5/06) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area

# REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO  
Main St. PO Bx 212  
Speculator, NY 12164  
(518) 548-5911  
(518) 548-7605 fax

**Counties: Delaware, Fulton,  
Hamilton, Montgomery, Otsego,  
Schoharie**

Big Lakes Regional EMS Council  
534 Main Street Suite 19  
Medina, NY 14103  
(585) 798-1620

**Counties: Genesee, Niagara,  
Orleans**

Central NY Regional EMS Council  
Jefferson Tower - Suite LL1  
50 Presidential Plaza  
Syracuse, NY 13202  
(315) 701-5707  
(315) 701-5709 - fax

**Counties: Cayuga, Cortland,  
Onondaga, Oswego, Tompkins**

Finger Lakes Regional EMS Council  
FLCC Geneva Ext. Ctr.  
63 Pulteney Street  
Geneva, NY 14456  
(315) 789-0108  
(315) 789-5638 fax

**Counties: Ontario, Seneca, Wayne,  
Yates**

Hudson-Mohawk Regional EMS  
Council  
C/O REMO  
1653 Central Avenue  
Albany, NY 12205  
(518) 464-5097  
(518) 464-5099 fax

**Counties: Albany, Columbia,  
Greene, Rensselaer, Saratoga,  
Schenectady**

Hudson Valley Regional EMS Council  
259 Route 17K - 1st Floor  
Newburgh, NY 12550  
(845) 567-6740  
(845) 567-6730 fax

**Counties: Dutchess, Orange,  
Putnam, Rockland, Sullivan, Ulster,**

Mid-State Regional EMS Council  
2521 Sunset Avenue  
Utica, NY 13502  
(315) 738- 8351  
(315) 738- 8981 fax  
(888) 225-6642

**Counties: Herkimer, Madison,  
Oneida**

Monroe-Livingston Reg EMS Council  
Office of Prehospital Care  
Strong Memorial Hospital  
601 Elmwood Ave. Bx 4-9200  
Rochester, NY 14692  
585-275-3098 or  
585-273-3961

**Counties: Livingston, Monroe**

Mountain Lakes Regional EMS  
Council  
365 Aviation Road  
Queensbury, NY 12804  
(518) 793-8200  
(518) 793-6647 fax

**Counties: Clinton, Essex, Franklin,  
Warren, Washington**

Nassau Regional EMS Council  
2201 Hempstead Turnpike  
Bldg. A - 4th Floor  
Box 78  
East Meadow, NY 11554  
(516) 542-0025 (516) 542-0049 fax

**Counties: Nassau**

North Country Regional EMS Council  
SUNY Canton College of Technology  
34 Cornell Drive  
Canton, NY 13617  
866-475-3977  
315-379-3977  
(315) 379-3979 fax

**Counties: Jefferson, Lewis,  
St. Lawrence**

Regional EMS Council of NYC  
475 Riverside Drive, Suite 1929  
New York, NY 10115  
(212) 870-2301  
(212) 870-2302 fax

**Counties: Bronx, Kings, New York,  
Queens, Richmond**

Southern Tier Regional EMS Council  
PO Box 3492  
Elmira, NY 14905-0492  
(607) 732- 2354  
(607) 732-2661 fax  
800-343-1311

**Counties: Chemung, Schuyler,  
Steuben**

Southwestern Regional EMS Council  
PO Box 544  
Olean, NY 14760  
(716) 373-2612

**Counties: Allegany, Cattaraugus,  
Chautauqua**

Suffolk Regional EMS Council  
Suffolk County Dept. of Hlth. Svcs.  
Div. of Emergency Medical Services  
Dennison Building, 1<sup>st</sup> Floor  
100 Veterans Memorial Highway  
Hauppauge, NY 11788-5401  
(631) 853-5800  
(631) 853-8307 fax

**Counties: Suffolk**

Susquehanna Regional EMS Council  
Public Safety Building  
153 Lt. Van Winkle Drive  
Binghamton, NY 13905-1559  
(607) 778-1178

**Counties: Broome, Chenengo,  
Tioga**

Westchester Regional EMS Council  
4 Dana Road  
Valhalla, NY 10595  
(914) 231-1616 (914) 813-4161 fax

**Counties: Westchester**

Wyoming-Erie Regional EMS Council  
PO Box 630  
Clarence, NY 14031  
(716) 668-9184 (716) 668-2754 fax

**Counties: Erie, Wyoming**

Listing Revised: May 10, 2006