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## Information to Agencies Applying for Public Access Defibrillation Program

Early defibrillation and early CPR are the principle factors that have been shown to lead to an improved outcome in cardiac arrest. Your organization's decision to participate in the Public Access Defibrillation (PAD) program may help to save the life of an employee, visitor or student on your premises.

Enclosed are the documents needed to complete the process of becoming a PAD agency. Only one packet needs to be filled out per Agency, regardless of the number of PADs you have. If you plan on having multiple locations for your PADs, please attach a list of all address locations. As information changes, please keep this office informed. Please fill out and return the following documents:

- The PAD application, which needs to be filled out and signed by your Agency and your medical director. If you would like to use our medical director, leave that signature portion blank and I will have the form signed once it is in my office.
- The contract to secure the services of our medical director for your PAD program. This page is only necessary if you would like to use our medical director.
- A PAD event form. This needs to be filled out every time your PAD is placed on a patient regardless if a shock is indicated or not. When an event occurs, the download from your machine must also be attached when you send it to us.

Also attached are copies of:

- The NYS Policy Statement related to PADs
- The NYS Legislation related to PADs
- The NYS Good Samaritan Law

If you have any questions or need assistance in completing the application, please contact me at 463-2900, or email me at [Sheri\\_Adam@urmc.rochester.edu](mailto:Sheri_Adam@urmc.rochester.edu). When you have completed the application packet please mail it to me at the address below. Good luck with your program and be assured that your decision to become a PAD agency may well save a life.

Sincerely,

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