

**Public Access Defibrillator
Medical Director Contract**

The following organization, _____, wishes to be included in the Public Access Defibrillation Program in the Monroe-Livingston region, under the medical direction of Dr Eric Davis, who is the EMS Medical Director for the region. The organization is complying with all NYS regulations, as listed in Policy 98-10 of the Department of Health as follows:

- All potential users have attended an approved PAD (Public Access Defibrillation) training course.
- A set of written protocols has been developed including the following elements
 - training requirements for all users of the AED within the organization
 - procedures to be used for notification of 911 for ambulance dispatch
 - location of AED(s)
 - maintenance and regular checking of equipment
 - documentation requirements for each AED use – including completion of written PAD event form to be faxed or mailed to the Medical Director’s office. Also data from the AED’s memory should be sent to the Medical Director’s office within 48 hours of AED use. This may be done by downloading through use of a phone modem or by delivery of the datacard for incorporation into the regional database, depending on the capabilities of the AED device being used by the organization.

A copy of the above protocols must be on file at the Medical Director’s office.

- Agreement has been made to participate in the regional quality improvement program, including the forwarding of above required information to the Medical Director’s office, and compliance with recommendations made by the Medical Director or his staff.
- Written notice to the local 911 center has been made concerning availability of an AED (Automatic External Defibrillator) at the above organization. In addition, the Medical Director has approved the type of AED device that the organization will be using.
- A copy of the application and any other required paperwork has been submitted to the Medical Director’s office for forwarding to the Regional EMS Council.

In return, Dr Davis and his staff will provide oversight, review and guidance as needed in the PAD program.

Name of Contact Person

Signature of Contact Person

Organization Address

Organization Phone Number

Medical Director Signature

Date

Enclosure: Policy 98-10