New York State Department of Health

Bureau of Emergency Medical Services

Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐

Entity Providing PAD

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

Type of Entity (please check the appropriate boxes)

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

PAD Training Program (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm])

Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable	Is the AED Pediatric Capable? ☐ Yes ☐ No	Number of Trained PAD Providers	Number of AEDs

Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Telephone Number
Address City State Zip	( ) 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(4/09) ***Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area***

New York State Department of Health
Bureau of Emergency Medical Services

Notice of Intent to Provide Public Access Defibrillation

County: Monroe

Location of AED(s) in your facility:

Did you purchase the software to download the AED?

☐ Yes ☐ No

Do you have a sign posted outside of your building noting the location of your AED? (Required by law regardless if AED is accessible by others outside of entity).

☐ Yes ☐ No

If not, you can download signs ready to print at our website: https://mlrems.org/community/forms

Public Access Defibrillator
Medical Director Contract

The following organization _____
wishes to be included in the Public Access Defibrillation (PAD) Program in the Monroe-Livingston region, under the medical direction of one of the regional medical directors. The organization is complying with all NYS regulations, as listed in NYS DOH Policy 09-03 including:

- A set of written protocols have been developed including the following:
    - Training requirements for all users of the AED within the organization
    - Procedures to be used for notification of 911 for ambulance dispatch
    - Physical location of AEDs
    - Maintenance and regular checking of equipment
    - Documentation requirements for each AED use – including completion of event form and data from AED's memory within 48 hours of the event
- A copy of the DOH form has been forwarded to the Division of Prehospital Medicine and will be updated as required by NYS DOH

Name of Contact person _____

Signature _____

Contact phone number _____ Date _____

Medical Director Name _____

Signature _____ Date _____

Print Form

Monroe-Livingston Regional EMS Council
Public Access Defibrillation
Collaborative Agreement

This document shall serve as a collaborative agreement for _____ (*company name*) 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 and Article 30 NYS PHL authorizing Public Access Defibrillation.

PURPOSE:

_____ (*company name*) is participating in Public Access Defibrillation to insure that as many employees that are 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:

_____ (*company name*) operates under the guidance of a physician medical director or emergency health care provider (EHCP). This shall fulfill the requirements of an "emergency health care provider" as outlined in Article 30 PHL and NYS DOH Bureau of EMS Policy .

TRAINING:

_____ (*company name*) has adopted the _____ (*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.

PROTOCOL FOR USE OF AED:

_____ (*company name*) has adopted 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*) algorithm.

EMS NOTIFICATION:

_____ *company name*) will notify the Monroe-Livingston Regional Program Agency, by mail or email, of the placement and training for public access defibrillation. The _____ *appropriate county*) County emergency dispatch center will also be notified at the time of an emergency.

DOCUMENTATION AND QUALITY IMPROVEMENT:

Anytime the AED is used in the resuscitation efforts of a patient, the operator shall complete a written report it shall be photocopied for the company's records and mailed to the appropriate Regional EMS Program Agency 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:

Monroe-Livingston Regional EMS Program Agency
601 Elmwood Ave, Box 655
Rochester, NY 14642

Or via email to:
mlrems@urmc.rochester.edu

All incidents involving the use of the AED shall be reviewed by the company's Physician Medical Director / Emergency Health Care Provider, as well as the Monroe-Livingston Regional Emergency Medical Services Program Agency in an effort to continue providing better care to future patients.

SUMMARY:

_____ (*company name*) 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 representative Date

_____ _____
Physician Medical Director / EHCP Representative Date