

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 4,889 PAD programs established, with over 156,167 people trained and 21,692 AED machines in public sites across the state. This program has been successful in saving many lives all across New York State.

At present, the following facilities or organizations must have trained providers and an AED on site:

- Public schools (§ 1 of the Education Law);
- State owned public buildings (Title 9 of Executive Law Subtitle G§ 303.1);
- Health clubs with a membership of greater than 500 people (General Business Law § 627-A);
- Public gathering locations (PHL § 225–5(b)), and
- Public surf beaches with lifeguards (PHL § 225–5(c)).

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 SEMAC/DOH approved PAD training course for AED users. At present, the 12 approved programs are as follows:

American Heart Association American Red Cross American Safety & Health Institute Emergency Care and Safety Institute Emergency First Response Emergency Services Institute EMS Safety Service, Inc Emergency University Medic First Aid International National Safety Council REMSCO of NYC, Inc State University of NY Wilderness Medical Associates

- 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 (NOI) to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and
- File a new NOI and 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, and
- 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

### New York State Department of Health

Bureau of Emergency Medical Services

**Entity Providing PAD** 

## Notice of Intent to Provide Public Access Defibrillation

Original Notification Update

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

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

| 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

|                          | Model of AED      | Number of Trained |                |
|--------------------------|-------------------|-------------------|----------------|
| Manufacturer of AED Unit | Pediatric Capable | PAD Providers     | Number of AEDs |

### **Emergency Health Care Provider**

| Name of Emergency Health                                       | Care Provider (Hospital or Pl | hysician) | Telephone Number   |
|----------------------------------------------------------------|-------------------------------|-----------|--------------------|
| Name of Emergency Health Care Provider (Hospital or Physician) |                               |           |                    |
| 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 |  |
| Dout Mac (100) Complete this form and conditivith your completed Collaborative Agreement to the DEMSCO for you area |           |      |  |

DOH-4135(4/09) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area

## **REGIONAL EMS COUNCIL LISTING**

Adirondack-Appalachian REMSCO 2920 State Route 30, PO Box 212 Speculator, NY 12164 (518) 548-5911 (518) 548-7605 fax

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

Big Lakes Regional EMS Council 575 East Main Street Batavia, NY 14020 (585) 345-6110 (585) 345-7452 fax

# 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 24 Madison Avenue Extension Albany, NY 12203 (518) 464-5097 (518) 464-5099 fax

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

Hudson Valley Regional EMS Council 33 Airport Center Drive Second Floor, Suite 204 New Windsor, NY 12553 (845) 245-4292 (845) 245-4181 fax

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

Mid-State Regional EMS Council Faxton-St. Luke's Healthcare 14 Foery Drive Utica, NY 13501 (315) 738- 8351 (315) 738- 8981 fax

Counties: Herkimer, Madison, Oneida Monroe-Livingston Reg EMS Council University of Rochester Medical Center 601 Elmwood Ave. Box 655 Rochester, NY 14642 (585) 463-2900 (585) 463-2966 fax

#### Counties: Livingston, Monroe

Mountain Lakes Regional EMS Council 375 Bay Road, Suite 100 Queensbury, NY 12804 (518) 793-8200 (518) 793-6647 fax

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

Nassau Regional EMS Council 131 Mineola Boulevard, Suite 105 Mineola, NY 11501-3919 (516) 542-0025 (516) 542-0049 fax

#### **Counties: Nassau**

North Country Regional EMS Council 120 Washington Street, Suite 230 Watertown, NY 13601 (315) 755-2020 Ext. 56 (315) 755-2022 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 191, Elmira, NY 14902 2030 College Avenue Elmira, NY 14903 (607) 732-6994 (607) 732-4062 fax

## Counties: Chemung, Schuyler, Steuben

Southwestern Regional EMS Council 150 North Union Street Olean, NY 14760 (716) 372-0614

# Counties: Allegany, Cattaraugus, Chautauqua

Suffolk Regional EMS Council 360 Yaphank Avenue, Suite 1B Yaphank, NY 11980 (631) 852-5080 (631) 852-5028 fax

**Counties: Suffolk** 

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Susquehanna Regional EMS Council (Mail) Public Safety Facility 153 Lt. Van Winkle Drive Binghamton, NY 13905-1559 (Office) 62 Lusk St. Johnson City, NY 13790 (607) 699-1367 (607) 397-2728 fax

#### Counties: Broome, Chenango, 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 216 Buffalo, NY 14225 (716) 898-3725 (716) 898-5988 fax

#### Counties: Erie, Wyoming

Listing Revised: March 7, 2019