



**DOH**  
New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* New

**No. 98-10**

**Date: 9/04/98**

**Re: Public Access  
Defibrillation**

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## **Public Access Defibrillation**

The purpose of this policy is to explain the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation. Public Access Defibrillation (PAD) 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.

To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to the local Regional Emergency Medical Services Council and the Department of Health (DOH). *There are no approvals or certifications required.*

To be authorized to use an AED one must:

- Identify a physician or hospital knowledgeable and experienced in emergency cardiac care to serve as "emergency health care provider (EHCP)" and participate in a collaborative agreement.
- Select an approved PAD training course for AED users.
- Develop with the EHCP, a written collaborative agreement which shall include at least the following:
  - ✓ written practice protocols for the use of the AED
  - ✓ written policies and procedures which:
    - ✓ provide training requirements for AED users,
    - ✓ ensure immediate calling of 911,
    - ✓ ensure ready identification of the location of the AED units,
    - ✓ provide for regular maintenance and checkout procedures of the AED unit(s) which meet or exceed manufacturers recommendations,
    - ✓ details documentation requirements, and
    - ✓ defines participation in a regionally approved quality improvement program.
- Provide written notice to 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization's location.
- File with the Regional Emergency Medical Services Council (REMSCO) serving the area a copy of the "Notice of Intent to Provide PAD" (DOH 4135) along with a signed copy of the Collaborative Agreement.
- File a new Collaborative Agreement with the REMSCO if the EHCP changes.

## **Regional EMS Council Actions**

Regional EMS Councils must develop and implement the following:

Insure that a copy of the organizations "Notice of Intent ... (DOH 4135)" is forwarded to the Bureau of EMS.

Maintain a copy of the "Notice of Intent... (DOH-4135)" and the Collaborative Agreement.

Develop QI participation, data submission and documentation requirements for participating organizations.

## **Data Collection Requirements**

Regional 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 QI process. A copy of the data set is to be provided by each Region to the Bureau of EMS quarterly:

- Name of organization providing PAD
- Date of incident
- Time of Incident
- Patient age
- Patient sex
- 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**

This policy does not apply to ambulance or ALSFR services. Please refer to NYS-EMS Policy 95-07 for information relative to providing defibrillation in an EMS service.

Issued:  
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