



**MIDSTATE EMERGENCY MEDICAL
SERVICES**

**Public Access Defibrillation
Packet**

MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES
COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

PAD Packet

- PAD Collaborative Agreement***
- PAD Notice of Intent***
- NYS DOH BEMS Policy Statement 09-03***
- Regional PAD CQI Documentation (Midstate 15-08)***

INSERT COMPANY NAME HERE

Insert Address Here

*Public Access Defibrillation
Collaborative Agreement*

This document shall serve as a collaborative agreement Insert 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 authorizing Public Access Defibrillation.

PURPOSE:

Insert Company Name

Is participating in Public Access Defibrillation to ensure that as many employees as 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:

Insert Company Name

Operates under the guidance of a medical director or emergency health care provider. This shall fulfill the requirements of an "emergency health care provider" as outlined on the New York State Department of Health form DOH 4135 *Notice of Intent to Provide PAD*.

TRAINING:

Insert 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:

Insert Company Name

Insert 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's algorithm.

Notice of Intent to Provide

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Services

Public Access Defibrillation

Original Notification Update

Entity Providing PAD

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

Type of Entity (please check the appropriate boxes)

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

PAD Training Program CPR AED training program must meet or exceed current ECC Standards.

Automated External Defibrillator

Manufacturer of AED Unit		Is the AED Pediatric Capable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trained PAD Providers	Number of AEDs
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Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Physician NYS License Number	() Telephone Number
Address		() Fax Number
City	State	Zip

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 8/16 **Send completed form and Collaborative Agreement to the Midstate REMSCO 14 Foery Drive Utica NY 13501.**

Public Access Defibrillation

Bureau of EMS Policy Statement	
Policy Statement #	09-03
Date	03/06/2009
Subject	Re: Public Access Defibrillation
Supersedes/Updates:	98-10, 06-03, 07-04

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

Issued and Authorized by

Edward G. Wronski, Director, Bureau of EMS

MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

PUBLIC ACCESS DEFIBRILLATION QUALITY IMPROVEMENT

This form is to be completed anytime a Public Access Defibrillator is applied to a patient

Name of Organization providing PAD _____

Date of Incident _____ Time of Incident _____

Ambulance Service Response _____

Hospital Destination (if known) _____

Patient Information:

Age: _____ Sex _____ Witnessed arrest () Yes () No

Estimated time from arrest to first defibrillation? _____ mins

Estimated time from arrest to CPR administration? _____ mins

CPR initiated by () Bystander () Staff () other

Shock advised () Yes () No Number shocks administered? _____

Patient outcome at incident site:

() Regained pulse () Became responsive

() No Pulse () Remained unresponsive

Other _____

Other pertinent information / comments:

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Utica NY 13501

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