



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 98-10, 06-03, 07-04

No. 09-03

Date: March 6, 2009

**Re: Public Access
Defibrillation**

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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

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.

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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



HUDSON VALLEY REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL, INC.
33 Airport Center Drive Suite 204
New Windsor, NY 12553
(845) 245-4292 Phone
(845) 245-4181 Fax
hvremSCO@hvremSCO.org
www.hvremSCO.org

COLLABORATIVE AGREEMENT

Public Access Defibrillation

As per New York State Department of Health requirements,

Agency Name: _____ and
(Hereafter referred to as the Public Access Defibrillation Entity)

Physician/Hospital: _____
(Hereafter referred to as the Emergency Health Care Provider)

enter into this collaborative agreement in which;

1. The Public Access Defibrillation (PAD) Entity will possess and operate one or more automated external defibrillators (AED) in accordance with New York State Public Health Law Article 30, Section 3000-b and will develop written operating protocols to ensure AED use conforms with the standards established by the American Heart Association;
2. The PAD Entity will establish written policies and procedures which ensure the immediate calling of 911 and readily identifies the location of the AED units;
3. The PAD Entity will ensure that regular maintenance and checkout procedures for the AED unit(s) meet or exceed manufacturer recommendations;
4. The Pad Entity will ensure that the AED will only be utilized by personnel who have successfully completed a PAD training course that is approved by the New York State Department of Health;
5. The PAD Entity will participate in the Hudson Valley Regional EMS Council (HVREMSCO) Quality Improvement Program and will utilize the provided PAD incident report to document all uses of the AED. This incident report will be mailed to the HVREMSCO Office immediately following all uses of the AED. Additionally, copies of all written and digital records resulting from the utilization of the AED will be made available to the Emergency Health Care Provider (EHP);
6. The PAD Entity agrees to provide written notice of the availability of AED service at the organization's location to the 911 and/or community equivalent ambulance dispatch entity;
7. The Emergency Health Care Provider acknowledges that they are knowledgeable and experienced in emergency cardiac care;
8. The Pad Entity will review this agreement on an annual basis and will file a new Collaborative Agreement with the Hudson Valley Regional EMS Council if the EHP, or any of the contents of this agreement, changes.

Name of Authorized PAD Entity Representative

Title

Signature

Date

(If EHP is a Hospital) Name of Authorized Representative

Title

Emergency Health Care Provider's Signature

Date