

**New York State Department Of Health
Bureau Of Emergency Medical Services**

**Notice Of Intent To Provide
Public Access Defibrillation (PAD)**

Name of Entity Providing PAD			Phone Number
			() -
Address			Fax
City:	State	Zip	() -

Type of Entity: Please Check Appropriate boxes

<input type="checkbox"/>	Business	<input type="checkbox"/>	Industrial Setting	<input type="checkbox"/>	Construction Company
<input type="checkbox"/>	Fire Department / District	<input type="checkbox"/>	Police Department	<input type="checkbox"/>	Recreational Facility
<input type="checkbox"/>	Local Municipal Government	<input type="checkbox"/>	County Government	<input type="checkbox"/>	State Government
<input type="checkbox"/>	School K-6	<input type="checkbox"/>	School 6-12	<input type="checkbox"/>	College / University
<input type="checkbox"/>	Physician's Office	<input type="checkbox"/>	Medical Clinic	<input type="checkbox"/>	Other Medical Facility
<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Adult Residence	<input type="checkbox"/>	Other (Specify)

Name of Emergency Health Care Provider (MD or Hospital) (If Hospital provide contact name)			Phone Number
			() -
Address			Fax
City:	State	Zip	() -

Name of Ambulance Service or 911 Dispatch Center Advised of PAD Program:	County:

Name of PAD Training Program (Please Check Appropriate Box)

<input type="checkbox"/>	American Heart Association	<input type="checkbox"/>	American Red Cross	<input type="checkbox"/>	American Safety & Health Inst.
<input type="checkbox"/>	Emergency Services Inst.	<input type="checkbox"/>	National Safety Council	<input type="checkbox"/>	REMSCO of NYC, Inc
<input type="checkbox"/>	Medic First Aid International				

Manufacturer of AED Unit	Model of AED:	Number of PAD trained Providers in Organization:	Number of AEDs:	Number of buildings AEDs to be placed in:

Authorization Names & Signatures:

CEO or Designee (Please Print)	Date	MD or Hospital Representative (Please Print)	Date
Signature		Signature	

Complete this form and send it with your completed collaborative agreement to the Regional EMS Council for your area.

OVERVIEW OF AMENDMENT TO PUBLIC HEALTH LAW

1. The **PAD Provider** (Person or organization) must have a written **Collaborative Agreement** with an **Emergency Health Care Provider** (physician or hospital). This Agreement must be filed with the Regional EMS Council of NYC.
2. The PAD Provider should designate key personnel within the organization/corporation to be trained as Automated External Defibrillation (AED) operators.
3. AED operators must receive training through a national organization approved by the New York State Department of Health *or* an organization approved by the New York State EMS Council.
4. The PAD Provider must notify the Regional EMS Council of NYC of all AEDs in its possession.
5. The PAD Provider must maintain the AED according to manufacturer's standards.
6. The Emergency Health Care Provider must participate in the Regional EMS Council of NYC's Quality Assurance Program via a *written reporting process* each time the AED is used on a patient.
7. The PAD Provider and Emergency Health Care Provider will be protected from civil liability *provided that* a Collaborative Agreement is on file with the Regional EMS Council of NYC and s/he is not negligent or intentionally misusing the AED.

QUALITY ASSURANCE REPORT
POST-USE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR
BY A PUBLIC ACCESS DEFIBRILLATION PROVIDER IN NEW YORK CITY

This report is to be completed by the PAD Provider's *Emergency Health Care Provider* (physician or hospital designee) within 5 business days of use of an Automated External Defibrillator (AED). The completed report may be FAXed to the Offices of the Council at (212) 870-2302 or mailed to: Regional EMS Council of NYC, 475 Riverside Drive, Suite 1929, New York, New York, 10115, to the attention of Liz Donnelly, AEMT-P, QA/REMAC Coordinator.

The information obtained from this report is protected from discoverability and will be maintained as **confidential** Quality Assurance information pursuant to Article 30, Sections 3004-A and 3006 of the *Public Health Law of the State of New York*.

Name of PAD Provider (Organization): _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Location:

- Business/Office • Industrial Setting • Educational • Public Venue • Public Transportation Facility
- Nursing Home • HMO/Clinic • Physician's Office • Other Health Facility • Street/Sidewalk
- Restaurant • Residence • Sports/Athletic Location • Other: _____

Patient Age: _____

Patient Sex: • M • F

CPR prior to defibrillation: • Attempted • Not Attempted

Cardiac Arrest: • Not Witnessed • Witnessed by Bystanders • Witnessed by AED Operator

Estimated time from arrest to CPR: _____

AED Indication: • AED Indicated Shock • AED Indicated No Shock

Estimated time from arrest to 1st shock: _____ Number of shocks delivered: _____

Additional Comments: _____

Patient outcome at incident site:

- Return of spontaneous circulation
- Return of spontaneous circulation, then cessation of spontaneous circulation
- Never achieved return of spontaneous circulation

Name of AED Operator: _____

Name of Transporting Ambulance Service: _____

Name of Facility Patient Was Transported to: _____

Name of Emergency Health Care Provider: _____

Signature of Emergency Health Care Provider (Physician or Hospital Designee)

SAMPLE
COLLABORATIVE AGREEMENT
BETWEEN PUBLIC ACCESS DEFIBRILLATION PROVIDER
AND EMERGENCY HEALTH CARE PROVIDER
FOR THE PROVISION OF AUTOMATED EXTERNAL DEFIBRILLATION IN NEW YORK CITY

I, _____ (CEO/president/designee) of _____
(organization name), **Public Access Defibrillation (PAD) Provider**, and I, _____,
Emergency Health Care Provider (physician or hospital designee), agree to abide by the following terms and
conditions set forth by Section 3000-B of Article 30 of the *Public Health Law of the State of New York* for the
provision of Automated External Defibrillation (AED) by the PAD Provider:

1. The PAD Provider and trained AED operator(s) shall operate under appropriate protocols for use of an AED, as promulgated for New York City by the Regional Emergency Medical Services Council and the Regional Emergency Medical Advisory Committee (REMAC) of New York City.
2. The PAD Provider shall ensure that all persons designated to operate an AED successfully complete an AED training course which has been approved by the New York State Department of Health or the New York State Emergency Medical Services Council.
3. Prior to operation of an AED, the PAD Provider shall notify the Regional EMS Council of New York City of the existence, location, quantity and type of all mobile and stationary AED(s) on the premises of the PAD Provider.
4. The PAD Provider shall comply with Section 3000-B of Article 30 of the *Public Health Law of the State of New York*.
5. The PAD Provider shall ensure that an ambulance service is **immediately** called.
6. The PAD Provider shall ensure that the Emergency Health Care Provider is notified within 24 hours of each use of an AED.
7. The PAD Provider shall ensure that all AEDs are maintained and tested according to manufacturer and/or government standards.
8. The responsibilities of the Emergency Health Care Provider shall include, but will not be limited to the following:
 - Participating in the Regional EMS Council/REMAC of New York City Quality Assurance Program via reporting to the Regional EMS Council within 5 (five) business days of each use of an AED. Minimum required information to be reported shall include the name of the PAD Provider, date and time of incident, patient age and sex, estimated time from arrest to 1st AED shock, estimated time from arrest to CPR, number of shocks administered to the patient, name of transporting ambulance service, and patient outcome at incident site; and
 - monitoring the quality of patient care provided by the PAD Provider.
9. The PAD Provider and the Emergency Health Care Provider agree to file a Collaborative Agreement every 2 (two) years from the date of the initial Collaborative Agreement. If the Emergency Health Care Provider changes, a new Collaborative Agreement shall be filed within 5 (five) business days. Additionally, if the Emergency Health Care Provider resigns, s/he shall immediately notify the Regional EMS Council in writing.

Date: _____
PAD Provider's (Designee's) Signature

Date: _____
Emergency Health Care Provider's (Designee's) Signature

SECTION 3000-B
ARTICLE 30 OF THE NYS PUBLIC HEALTH LAW
AUTOMATED EXTERNAL DEFIBRILLATORS:
PUBLIC ACCESS DEFIBRILLATION

Definitions. As used in this section, unless the context clearly requires otherwise, the following terms shall have the following meanings:

- A) “Automated External Defibrillator” means a medical device, approved by the United States food and drug administration, that: I) is capable of recognizing the presence or absence, in a patient, of ventricular fibrillation and rapid ventricular tachycardia; II) is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient; III) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient’s heart; and IV) then, upon action by an operator, delivers an appropriate electrical impulse to the patient’s heart to perform defibrillation.
 - B) “Emergency Health Care Provider” means: I) a physician with knowledge and experience in the delivery of emergency cardiac care; or II) a hospital licensed under article twenty-eight of this chapter that provides emergency cardiac care.
 - C) “Public access defibrillation provider” means a person, firm, organization or other entity possessing or operating an automated external defibrillator pursuant to a collaborative agreement under this section.
 - D) “Nationally-recognized organization” means a national organization approved by the department for the purpose of training people in the use of an automated external defibrillator.
2. Collaborative Agreement. A person, firm, organization or other entity may purchase, acquire, possess and operate an automated external defibrillator pursuant to a collaborative agreement with an emergency health care provider. The collaborative agreement shall include a written agreement that incorporates written practice protocols, and policies and procedures that shall assure compliance with this section. The public access defibrillation provider shall file a copy of the collaborative agreement with the department and with the appropriate regional council prior to operating the automated external defibrillator.
3. Possession and operation of automated external defibrillator. Possession and operation of an automated external defibrillator by a public access defibrillation provider shall comply with the following:
- A) No person may operate an automated external defibrillator unless the person has successfully completed a training course in the operation of an automated external defibrillator approved by a nationally-recognized organization or the state emergency medical services council, and the completion of the course was recent enough to still be effective under the standards of the approving organization. However, this section shall not prohibit operation of an automated external

Section 3000-B of Article 30 of the Public Health Law continued

- defibrillator, I) by a health care practitioner licensed or certified under title VIII of the education law or a person certified under this article acting within his or her lawful scope of practice or II) by a person acting pursuant to lawful prescription.
- B) The public access defibrillation provider shall cause the automated external defibrillator to be maintained and tested according to applicable standards of the manufacturer and any appropriate government agency.
 - C) The public access defibrillation provider shall notify the regional council of the existence, location and type of any automated external defibrillator it possesses.
 - D) Every use of an automated external defibrillator on a patient shall be immediately reported to the appropriate local emergency medical services system, emergency communications center or emergency vehicle dispatch center as appropriate and promptly reported to the emergency health care provider.
 - E) The Emergency Health care provider shall participate in the regional quality improvement program pursuant to subdivision one of section three thousand four-A of this article.
4. Application of other laws. A) Operation of an automated external defibrillator pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability. B) Operation of an automated external defibrillator pursuant to this section shall not constitute the unlawful practice of a profession under title VIII of the education law.
5. (I) A person who, or entity, partnership, corporation, firm or society that, purchases or makes available resuscitation equipment that facilitates first aid, as required by or pursuant to law or local law, or (II) the emergency health care provider with a collaborative agreement under section three thousand-B of this article with respect to an automated external defibrillator, shall not be liable for damages arising either from the use of that equipment by a person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or medical emergency, or from the use of defectively manufactured equipment; provided that this subdivision shall not limit the person's or entity's, partnership's, corporation's, firm's, (or) society's or the emergency health care provider's liability for his, her or its own negligence, gross negligence or intentional misconduct.

SUPPLEMENTAL PAD PROVIDER INFORMATION FORM

Please identify the location of each AED unit in the spaces below.

Name of entity providing PAD:	
Name of primary contact person:	Telephone:
Mailing address of contact person:	Fax:
City, State and Zip	Alternate Telephone / Pager:

Name of training organization	
Mailing address of training organization:	Telephone
City, State and Zip	Fax:

Location of AEDs:		
1	Street address:	Dept / Floor / Room / Suite:
	City, State and Zip	No. persons trained / No. of AED's:
	Name of contact person at location:	Telephone:
2	Street address:	Dept / Floor / Room / Suite:
	City, State and Zip	No. persons trained / No. of AED's:
	Name of contact person at location:	Telephone:
3	Street address:	Dept / Floor / Room / Suite:
	City, State and Zip	No. persons trained / No. of AED's:
	Name of contact person at location:	Telephone:
4	Street address:	Dept / Floor / Room / Suite:
	City, State and Zip	No. persons trained / No. of AED's:
	Name of contact person at location:	Telephone:

If you need more space for additional locations, please attach a separate list with the same information as above for each additional location.