



431 New Karner Road, Albany. NY 12205
(518) 464.5097 Fax (518) 464.5099
www.remo-ems.com

Public Access Defibrillation Check List

The following is a guide to aid in the completion of your Public Access Defibrillation Program

1. ____ **Review and complete material in the Public Access Defibrillation packet**
2. ____ **Determine ‘feasibility of project’**
 - ____ **Do we have sufficient resources (~ \$3,000) to complete the project?**
 - ____ **Is there enough management support to complete the project?**
 - ____ **Do we have enough personnel?**
3. ____ **Evaluate and select equipment (cost, reliability, availability of repair/loaner)**
4. ____ **Evaluate and select training course sponsor**
5. ____ **Enter into a Collaborative Agreement with an Emergency Health Care Provider (EHCP)**
6. ____ **Purchase equipment and complete training**
7. ____ **Verify that all parts of the collaborative agreement are completed and implemented (written protocols, policies and procedures as stated in DOH Policy Statement 98-10)**
8. ____ **File all forms and collaborative agreement with REMO**

Any questions regarding this checklist should be directed to:

**REMO
(518) 464-5097
remoqi@nycap.rr.com**