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**REGIONAL EMS COUNCIL OF THE HUDSON MOHAWK VALLEYS, INC.
 (REMO)**

Collaborative Agreement

Between Public Access Defibrillation Provider and Emergency Health Care Provider
 For the Provision of Automated External Defibrillation in d REMO Region
 (This document may be amended to meet local need)

I, _____ of _____ **Public Access Defibrillation**
CEO/President/Designee Organization Name
(PAD) Provider, and I, _____ **Emergency Health Care Provider**
Physician or Hospital designated physician

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 the use of an AED, as promulgated for the REMO Region by the Regional Emergency Medical Services Council and the Regional Emergency Medical Advisory Committee (REMAC) of the Hudson-Mohawk Valleys.
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.
3. Prior to the operation of an AED, the PAD Provider shall notify REMO 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 the manufacturer and/or governmental standards.
8. The responsibilities of the Emergency Health Care Provider shall include, but will not be limited to the following:
 - a. Participating in the Regional EMS Council/REMAC of the Hudson Mohawk Valleys 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 names of the PAD Provider, date and time of the incident, patient age and sex, estimated time from arrest to the 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 the incident site, and
 - b. Monitoring of the quality of patient care provided by the PAD Provider.

