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 the REMO Region  
(This document may be amended to meet local need)  

I, ____________________________ of ________________________ Public Access Defibrillation  
(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.
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, they shall immediately notify REMO in writing.

_______________________________________ Date:_____________________________________
PAD Provider’s Designee’s Signature

_______________________________________ Date:_____________________________________
Emergency Health Care Provider’s Signature

Please use this space for additional comments of amendments to the agreement.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please complete this form and send it with your Notice of Intent to:
REMO
431 New Karner Rd
Albany, NY 12205
518-465-5097
518-464-5099 (Fax)
qiremo@gmail.com