



24 Madison Ave Ext, Albany NY 12203

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## **Public Access Defibrillation Provider Packet – Table of Contents**

1. Getting started – Checklist
2. NYS DOH Notice of Intent - Form 4135
3. Collaborative Agreement form
4. Quarterly Quality Improvement Report
5. Usage Quality Improvement Form
6. Section 3000-a, and Section 3000-b New York Public Health Law
7. NYS DOH Policy Statement 09-03
8. REMO Roles and Responsibilities for PAD Providers

**Requirements may change over time as directed by New York State Department of Health. The DOH policy statement can also be found at: <https://www.health.ny.gov/professionals/ems/policy/09-03.htm>**



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## **Public Access Defibrillation Check List**

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

- Review and complete material in the Public Access Defibrillation packet
- 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?
- Evaluate and select equipment (cost, reliability, availability of repair/loaner)
- Evaluate and select training course sponsor
- Enter into a Collaborative Agreement with an Emergency Health Care Provider (EHCP)
- Purchase equipment and complete training
- 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)
- File all forms and collaborative agreement with REMO

**Any questions regarding this checklist should be directed to:**

**REMO  
Attn: PAD QI  
24 Madison Ave Ext  
Albany, NY 12203  
518-465-5097 ext. 3009  
518-464-5099 (Fax)**

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



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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 the 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 1<sup>st</sup> 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.

\_\_\_\_\_  
PAD Provider's Designee's Signature                      Date: \_\_\_\_\_

\_\_\_\_\_  
Emergency Health Care Provider's Signature                      Date: \_\_\_\_\_

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

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**Please complete this form and send it with your Notice of Intent to:**

**REMO  
Attn: PAD QI  
24 Madison Ave Ext  
Albany, NY 12203  
518-465-5097 ext. 3009  
518-464-5099 (Fax)**

# NEW YORK STATE PUBLIC ACCESS DEFIBRILLATION PROGRAM AGENCY QUARTERLY REPORT

**Agency Name/Entity Providing PAD:** \_\_\_\_\_

**Quarter:** Jan. - March                      April – June                      **Year:** \_\_\_\_\_  
*(Circle*  
*Quarter)*  
 July – Sept.                      Oct. – Dec.

Males <1 year old defibrillated: \_\_\_\_\_                      Females <1 year old defibrillated: \_\_\_\_\_  
 Males 1-7 years old defibrillated: \_\_\_\_\_                      Females 1-7 years old defibrillated: \_\_\_\_\_  
 Males 8 -17 years old defibrillated: \_\_\_\_\_                      Females 8-17 years old defibrillated: \_\_\_\_\_  
 Males 18-64 years old defibrillated: \_\_\_\_\_                      Females 18-64 years old defibrillated: \_\_\_\_\_  
 Males > 65 years old defibrillated: \_\_\_\_\_                      Females > 65 years old defibrillated: \_\_\_\_\_

<b>Outcomes</b>	<b>Males &lt; 1</b>	<b>Females &lt; 1</b>	<b>Males 1 – 7</b>	<b>Females 1 – 7</b>	<b>Males 8 – 17</b>	<b>Females 8 – 17</b>	<b>Males 18 - 64</b>	<b>Females 18 – 64</b>	<b>Males Over 65</b>	<b>Females Over 65</b>
Remained Unresponsive										
Became Responsive										
Spontaneous Return of Pulse										
Spontaneous Return of Pulse & Respiration										
Dead on Arrival in Emergency Department										
Died in Emergency Department										
Died Within 24 Hours of Admission										
Died More Than 24 Hours After Admission										
Discharged Alive										

Name of EHC Provider (Medical Director): \_\_\_\_\_  
 Agency Contact Person (PAD Coordinator): \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 FAX Number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Thank you for your continued cooperation in this matter.  
 Please return to: REMO Attn: PAD QI  
 24 Madison Ave Ext. Albany, NY 12203  
 Fax: 518-464-5099 • Phone: 518-464-5097 ext. 3009**



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**PUBLIC ACCESS DEFIBRILLATION QI REPORT**

Name of PAD Provider Organization: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_:\_\_\_\_ am / pm

Patient's Age: \_\_\_\_\_

Patient's Sex:  Male  Female

CPR prior to Defibrillation:  Attempted  Not Attempted

Cardiac Arrest:  Not Witnessed  Witnessed by Bystander  Witnessed by EMS

Estimated time (in minutes) from Arrest to CPR \_\_\_\_:\_\_\_\_ Shock  Indicated  Not Indicated

Estimated time (in minutes) from Arrest to 1<sup>st</sup> Shock \_\_\_\_:\_\_\_\_ Number of Shocks: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Patient Outcome at Incident Site:**

- Return of pulse and breathing
- Return of pulse and no breathing
- Return of pulse, then loss of pulse
- No return of pulse or breathing
- Became responsive
- Remained unresponsive

Name of AED Operator: \_\_\_\_\_ Transporting Ambulance: \_\_\_\_\_

Name of Facility Patient Transported to: \_\_\_\_\_

Name of Emergency Health Care Provider: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date of Report

**This report is to be completed by the Organization's Emergency Health Care Provider (Physician or Hospital-Designated Physician) or AED user within five (5) business days of use of an AED.**

**Mail completed reports to:**

**REMO  
Attn: PAD QI  
24 Madison Ave Ext.  
Albany, NY 12203  
Fax: 518-464-5099**

**Questions regarding this form should be directed to  
Ph. (518) 464-5097 ext. 3009**

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

**THE REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM COUNCIL of the HUDSON MOHAWK VALLEYS, INC.  
ALBANY • COLUMBIA • GREENE • SARATOGA • RENSSELAER • SCHENECTADY**

# PUBLIC ACCESS DEFIBRILLATION PROGRAM AGENCY QUARTERLY REPORT

**Agency Name/Entity Providing PAD:** \_\_\_\_\_

**Quarter:**  Jan. - March       April – June      **Year:** \_\_\_\_\_  
*(Circle Quarter)*  
 July – Sept.       Oct. – Dec.

Males <1 year old defibrillated: \_\_\_\_\_      Females <1 year old defibrillated: \_\_\_\_\_  
Males 1-7 years old defibrillated: \_\_\_\_\_      Females 1-7 years old defibrillated: \_\_\_\_\_  
Males 8 -17 years old defibrillated: \_\_\_\_\_      Females 8-17 years old defibrillated: \_\_\_\_\_  
Males 18-64 years old defibrillated: \_\_\_\_\_      Females 18-64 years old defibrillated: \_\_\_\_\_  
Males > 65 years old defibrillated: \_\_\_\_\_      Females > 65 years old defibrillated: \_\_\_\_\_

<b>Outcomes</b>	<b>Males &lt; 1</b>	<b>Females &lt; 1</b>	<b>Males 1 - 7</b>	<b>Females 1 - 7</b>	<b>Males 8 - 17</b>	<b>Females 8 - 17</b>	<b>Males 18 - 64</b>	<b>Females 18 - 64</b>	<b>Males Over 65</b>	<b>Females Over 65</b>
Remained Unresponsive										
Became Responsive										
Spontaneous Return of Pulse										
Spontaneous Return of Pulse & Respiration										
Dead on Arrival in Emergency Department										
Died in Emergency Department										
Died Within 24 Hours of Admission										
Died More Than 24 Hours After Admission										
Discharged Alive										

Name of EHC Provider (Medical Director): \_\_\_\_\_

Agency Contact Person (PAD Coordinator): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Thank you for your continued cooperation in this matter.**  
**Please return to: REMO Attn: PAD QI**  
**24 Madison Ave Ext. Albany, NY 12203**  
**Fax: 518-464-5099 • Phone: 518-464-5097 ext. 3009**



## **Section 3000. Declaration of policy and statement of purpose.**

The furnishing of medical assistance in an emergency is a matter of vital concern affecting the public health, safety and welfare. Prehospital emergency medical care, the provision of prompt and effective communication among ambulances and hospitals and safe and effective care transportation of the sick and injured are essential public health services.

It is the purpose of this article to promote the public health, safety and welfare by providing for certification of all advanced life support first response services and ambulance services; the creation of regional emergency medical services councils; and a New York state emergency medical services council to develop minimum training standards for certified first responders, emergency medical technicians and advanced emergency medical technicians and minimum equipment and communication standards for advanced life support first response services and ambulance services.

## **Section 3000-a. Emergency medical treatment.**

- 1. Except as provided in subdivision six of section six thousand six hundred eleven, subdivision two of section six thousand five hundred twenty-seven, subdivision one of section six thousand nine hundred nine and sections six thousand five hundred forty-seven and six thousand seven hundred thirty-seven of the education law, any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill, or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such person. Nothing in this section shall be deemed or construed to relieve a licensed physician, dentist, nurse, physical therapist or registered physician's assistant from liability for damages for injuries or death caused by an act or omission on the part of such person while rendering professional services in the normal and ordinary course of his or her practice.
  
- 2.
  - i. Any person who, or entity, partnership, corporation, firm or society that, purchases, operates, facilitates implementation or makes available resuscitation equipment that facilitate first aid, an automated external defibrillator or an epinephrine auto-injector device as required by 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, or
  - iii. the emergency health care provider with a collaborative agreement under section three thousand-c of this article with respect to use of an epinephrine auto-injector device, 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, society's or the emergency health care provider's liability for his, her or its own negligence, gross negligence or intentional misconduct.

## **Section 3000-b. Automated defibrillators: Public access providers.**

- 1. 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 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 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 a lawful prescription; or
  - (III) by a person who operates the automated external defibrillator other than as part of or incidental to his or her employment or regular duties, who is acting in good faith, with reasonable care, and without expectation of monetary compensation, to provide first aid that includes operation of an automated external defibrillator; nor shall this section limit any good samaritan protections provided in section three thousand-a of this article.
- 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 possess.
- 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 reproted 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.
- F) The public access defibrillation provider shall post a sign or notice at the main entrance to the facility or building in which the automated external defibrillator is stored, indicating the location where any such automated external defibrillator is stored or maintained in such building or facility on a regular basis.

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.



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**

**Page 1 of 5**

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



24 Madison Ave Ext, Albany NY 12203  
Ph. (518) 464.5097 ext. 3009  
Fax (518) 464.5099  
[www.remo-ems.com](http://www.remo-ems.com)

## **Public Access Defibrillation (PAD) REMO's Roles and Responsibilities**

REMO's roles and responsibilities with respect to Public Access Defibrillation fall into three primary categories:

**Administrative:** Pursuant to section 3000-b of the New York State Public Health Law and NYS DOH Policy Statement 98-10, the regional EMS Councils are assigned Administrative and Quality Improvement responsibilities including receiving the Notice of Intent....DOH 4135 and a signed Collaborative Agreement from the provider agency. A copy of the letter of intent is to be forwarded to the DOH. REMO will perform these tasks and maintain an appropriate, up to date file on all PAD activity in the region. REMO will collect and develop a QI data set, which will meet or exceed the requirements delineated in Statute and Policy.

**Public Education and Information:** REMO will serve as a resource for information regarding PAD, including but not limited to – training, training sites and dates, equipment, and medical control/involvement. REMO will compile and distribute a Provider Packet containing current information and guidelines and make it readily available to any prospective provider agency. REMO will promote the PAD concept via the media, direct mailing, and personal contact. Promotional materials will be made available to the public, business councils, public service organizations, and the medical community. REMO will provide County EMS Councils with promotional information for encouragement of further local promotion.

**Training:** REMO will offer State-approved PAD training. REMO will conduct training for provider agencies including initial provider training, in-service training, and instructor training. The REMO training program will work in concert with other volunteer and professional training agencies in the region.

PAD training will be incorporated into the REMO training and administrative programs. Staff will be assigned by the Executive Director, and job descriptions will be created and/or modified as necessary to include these new areas of responsibility.