

	 New York State Department of Health <b>Bureau of Emergency Medical Services</b>  <b>POLICY STATEMENT</b> <i>Supersedes/Updates: 98-10, 06-03, 07-04</i>	<b>No. 09-03</b>  <b>Date: March 6, 2009</b>  <b>Re: Public Access Defibrillation</b>  <b>Page 1 of 5</b>
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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 13 approved programs are as follows:

American Heart Association	Emergency University
American Red Cross	EMS Safety Service, Inc
American Safety & Health Institute	Medic First Aid International
Emergency Care and Safety Institute	National Safety Council
Emergency First Response	REMSCO of NYC, Inc
Emergency Services Institute	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).

### **Submit completed Notice of Intent to Provide Public Access Defibrillation form to:**

Hudson Valley EMS Council  
45 Academy Avenue  
Cornwall-on-Hudson, NY 12520

**Notice of Intent to Provide  
Public Access Defibrillation**

Original Notification  Update

**Entity Providing PAD**

Name of Organization	( ) 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"/> Business	<input type="checkbox"/> Fire Department/District	<input type="checkbox"/> Private School
<input type="checkbox"/> Construction Company	<input type="checkbox"/> Police Department	<input type="checkbox"/> College/University
<input type="checkbox"/> Health Club/ Gym	<input type="checkbox"/> Local Municipal Government	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Recreational Facility	<input type="checkbox"/> County Government	<input type="checkbox"/> Dental Office or Clinic
<input type="checkbox"/> Industrial Setting	<input type="checkbox"/> State Government	<input type="checkbox"/> Adult Care Facility
<input type="checkbox"/> Retail Setting	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Mental Health Office or Clinic
<input type="checkbox"/> Transportation Hub	<input type="checkbox"/> Public School K - 6	<input type="checkbox"/> Other Medical Facility (specify)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Public School 6 - 12	<input type="checkbox"/> Other (specify)

**PAD Training Program**

<input type="checkbox"/> American Heart Association	<input type="checkbox"/> National Safety Council	<input type="checkbox"/> REMSCO of NYC, Inc
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Emergency Services Institute	<input type="checkbox"/> EMS Safety Service, Inc
<input type="checkbox"/> American Safety & Health Institute	<input type="checkbox"/> Medic First Aid International	<input type="checkbox"/> State University of NY

**Automated External Defibrillator**

Manufacturer of AED Unit	Number of AEDs	Number of Trained PAD Providers	Sign(s) posted at Building Entrance(s) <input type="checkbox"/>
	Are AED(s) Pediatric Capable <input type="checkbox"/>		

**Emergency Health Care Provider**

Name of Emergency Health Care Provider (Hospital or Physician)	NYS License Number	( ) Telephone Number
Address		
City State Zip		( ) Fax Number

**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

DOH-4135(9/07) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area