



PUBLIC ACCESS DEFIBRILLATION INFORMATION SHEET

This document, and its attachments, are intended to provide information about “Public Access Defibrillation” (PAD) for groups or organizations which may be interested in starting PAD programs at their facilities.

What is “Public Access Defibrillation”?

Public Access Defibrillation is the use of Automated External Defibrillators (AEDs) by persons other than traditional EMS responders, to treat victims of sudden cardiac arrest (SCA). AEDs are computerized “smart” defibrillators which incorporate technology capable of recognizing which victims of cardiac arrest require the immediate application of one or more electric shocks to restore their hearts to organized, blood-pumping states.

What is the Purpose of PAD?

The purpose of PAD is to increase the likelihood of survival of victims of sudden cardiac arrest occurring outside of a hospital, by reducing the time interval from the victim’s collapse until the application of a defibrillator to the minimum possible.

Why is PAD Important?

Extensive medical research has demonstrated that, *even with properly-performed CPR*, the likelihood of survival of a victim of SCA *decreases by up to 10%* for every minute that goes by between the onset of SCA and the first application of a defibrillator. In communities in other states where PAD programs have been put into place, the overall survival rate of all victims of out-of-hospital SCA is approaching 50%. (Survival means that the victim is discharged alive from the hospital, and goes home with some level of retained physical and mental function). In the average community in the United States today, that rate is only 10% to 20%.

What has made PAD Possible?

In response to powerful recommendations from the medical and EMS communities across the state, the New York State Legislature passed, and Governor George Pataki signed into law in late August of 1998, a bill amending the Public Health Law to permit the creation of PAD programs. This law allows virtually any public or private entity to collaborate with a physician or hospital to acquire, and to train personnel in the use of, AEDs. The advent of compact, more affordable (\$1,000 to \$2,000 each) and virtually maintenance-free AEDs has made it possible for personnel with a minimum of training (4 - 6 hours) to safely and effectively provide life-saving early defibrillation to victims of SCA.

Can all SCA Victims Benefit from PAD?

Persons who are suffering from certain disturbances in the electrical rhythm that controls their heartbeat can have those disturbances corrected by the early application of an AED. Such persons represent the vast majority of victims of SCA (75% - 85%), at least at the onset. Extensive medical research has demonstrated that a large percentage of such victims can be restored to life-sustaining heart function if defibrillation is applied within the first few minutes following the onset of SCA.

What is Required to Sponsor a PAD Program?

The law requires that any business, organization, or agency, public or private, meet the following requirements in order to sponsor a PAD program (see attached New York State Department of Health EMS Policy Statement 98-10 for more detailed information):

1. Have a physician or hospital which is “knowledgeable and experienced in emergency cardiac care” to oversee the PAD program. The PAD sponsor must enter into a written agreement with this physician or hospitals, which specifies certain details about how the program will be conducted.
2. Have all members or employees who will participate in the PAD program successfully complete an approved AED training program. This would include a program certified by the American Heart Association, American Red Cross, or National Safety Council, and is available from a number of Community Training Centers throughout the state.
3. Send written notice of the program to the 911 dispatch center having responsibility for dispatching EMS services to the area or facility to be served by the program.
4. File a completed “Notice of Intent to Provide PAD” (DOH 4135) form (attached), along with a copy of the written agreement with the physician or hospital specified in item 1, to the appropriate Regional Emergency Medical Services Council. In Broome, Chenango, and Tioga Counties, this is the Susquehanna Regional EMS Council, at the address given on the head of this document. If any part of this agreement changes, the updated one must also be filed with the Regional Council.
5. Obtain one or more AEDs. These are available from several manufacturers of biomedical electronic equipment.

What is the Role of the Regional Emergency Medical Services Council in PAD Programs?

New York State’s 18 Regional EMS Councils have given the responsibility by the state to:

1. Promote PAD in their regions, including the distribution of the information you are reading.
2. Provide technical assistance to prospective sponsors of PAD programs, including:
 - a) Information about how they might find a physician or hospital to oversee the program.
 - b) Help in developing the required written agreement with the physician or hospital.
 - c) Information about where approved AED training courses can be obtained.
 - d) Information about which 911 dispatch centers and EMS agencies serve each area.
 - e) Information about companies which sell AEDs.
3. Assure that proposed PAD programs, as described in the written agreements with their physicians or hospitals, meet the state requirements specified in Policy Statement 98-10.
4. Collect certain information from the PAD sponsor any time an AED is actually used to treat a victim of SCA, and the use of this information in a regional Quality Improvement (QI) program to assure that such treatment is appropriate, and to provide feedback to sponsors.

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

PUBLIC ACCESS DEFIBRILLATION AGENCY COLLABORATIVE AGREEMENT

(Pursuant to § 3000-B, New York State Public Health Law, As Amended by Chapter 552 of the Laws of 1998)

AGREEMENT made as of the ____ day of _____, _____ by and between

(hereinafter referred to as the "AGENCY"), and

(hereinafter referred to as the "EMERGENCY
HEALTHCARE PROVIDER").

WITNESSETH:

WHEREAS, the American Heart Association, in collaboration with other national authorities, has developed the "Chain of Survival" model of optimal response to an out-of-hospital cardiac arrest emergency, which includes as its four components: Early Access, Early Cardiopulmonary Resuscitation, Early Defibrillation, and Early Advanced Life Support; and

WHEREAS, the AGENCY is desirous of strengthening the Chain of Survival within its community/facility through the provision of Early Defibrillation under the Public Access Defibrillation provision of the New York State Public Health Law; and

WHEREAS, the EMERGENCY HEALTHCARE PROVIDER, as a medical professional, is desirous of extending the benefits of Early Defibrillation to as many persons as feasible, through the participation of as many qualified agencies as practical in Public Access Defibrillation programs;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. The undersigned EMERGENCY HEALTHCARE PROVIDER agrees to serve, subject to the AGENCY'S continued compliance with all provisions of this agreement, as the Emergency Health Care Provider for the AGENCY'S Public Access Defibrillation program, as defined in § 3000-B 1. (B) of the New York State Public Health Law.
2. The AGENCY will, at its own expense or through its own resources, purchase and maintain in full accordance with its manufacturer's recommendations, one or more automated external defibrillators (AEDs), as defined in § 3000-B 1. (A) of the New York State Public Health Law.
3. The AGENCY will maintain its AED(s) in use-ready condition, at all times, at a location or locations which is (are) known to all members, employees, or affiliates who are to be involved in the provision of early defibrillation under this agreement. The AGENCY will also maintain, at a minimum, with each AED, the necessary equipment for body substance isolation during the provision of cardiopulmonary resuscitation (disposable medical examination gloves in appropriate sizes, and a "pocket" resuscitation mask or bag-valve-mask device for the respiratory ventilation of adult victims).
4. The AGENCY will provide or procure for all of its members, employees, or affiliates who are to be involved in the provision of early defibrillation under this agreement, formal training in automated external defibrillation pursuant to a curriculum approved by the New York State Emergency Medical Services Council for this purpose. The curriculum selected for use under this agreement will be the Automated External Defibrillation course of the _____
(nationally-recognized training organization)
5. The AGENCY will use, as its sole treatment protocol with respect to the Public Access Defibrillation program governed by this agreement, the Automated External Defibrillation Protocol presented in the training materials of the above-referenced national training organization.
6. The AGENCY will assure that only those members, employees, or affiliates who have successfully completed training as specified in Item 3, above, are permitted to operate an AED within the scope of the Public Access Defibrillation program governed by this agreement.
7. The AGENCY will assure that the community's Emergency Medical Services (EMS) System is immediately activated for response to any person on whom the AGENCY's members, employees, or affiliates use or attempt to use its AED. This will be accomplished by dialing 9-1-1, and requesting EMS response, at the earliest possible moment after the discovery of a medical emergency.

8. The AGENCY will abide by all standards of continuing and in-service education and practice required by the EMERGENCY HEALTHCARE PROVIDER, and will require its members, employees, or affiliates to complete any and all classes or training sessions which may be required by the EMERGENCY HEALTHCARE PROVIDER. This will include, at a minimum, semi-annual re-qualification on the AED via manikin practice. The use of a computerized simulation program as a substitute for actual hands-on manikin practice will be permissible for one such re-qualification annually. Complete records of such semi-annual re-qualification will be kept and maintained for an indefinite period by the AGENCY.
9. The AGENCY will assure that, immediately following any incident in which the AGENCY's AED has been connected to a person, the AED will be connected to an appropriately-equipped computer, and that the data stored in its internal memory will be "downloaded" to that computer. Further, the AGENCY will assure that the operator of the AED in any instance in which the AED has been connected to a person, completes the Case Report Form, with respect to that instance, and records thereon, at a minimum, the following information:
 - The name of the AGENCY.
 - The date of the incident.
 - The time of the incident.
 - The age of the victim.
 - The sex of the victim.
 - The estimated time from the onset of cardiac arrest until the first shock from the AED was given.
 - The estimated time from the onset of cardiac arrest until cardiopulmonary resuscitation was begun.
 - The total number of shocks administered to the patient via the AGENCY's AED.
 - The name of the ambulance service transporting the patient from the incident scene.
 - The status of the patient when he/she was transported from the scene (continued cardiac arrest, spontaneous pulse present, unresponsive, responsive, etc.)
10. The AGENCY will assure that the completed Case Report Form, along with a copy of the data captured in the computer, as specified in Item 9, above, are sent in a timely manner to the EMERGENCY HEALTHCARE PROVIDER. Written procedures for accomplishing this transfer shall be maintained by the AGENCY.
11. The AGENCY shall participate in all Quality Assurance/Quality Improvement activities required by the EMERGENCY HEALTHCARE PROVIDER. This shall consist, at a minimum, of review by the EMERGENCY HEALTHCARE PROVIDER or her agent of the electronic data submitted by the AGENCY, as required in Item 10, above. The EMERGENCY HEALTHCARE PROVIDER or her agent, after completion of such review, shall issue a written or verbal communication to the AGENCY outlining the results or findings of the review.
12. At the request of the EMERGENCY HEALTHCARE PROVIDER or her agent, the AGENCY shall make available in a timely manner for a review meeting any and all of its members, employees, or affiliates who were involved in the use or attempted use of the AED on a person.

IN WITNESS HEREOF, the parties hereto have duly executed this AGREEMENT as of the day and year first written above.

For the AGENCY:

EMERGENCY HEALTHCARE PROVIDER:

By: _____
Chief Executive Officer of the AGENCY

By: _____
EMERGENCY HEALTHCARE PROVIDER

Printed Name

Printed Name

Title of CEO of the AGENCY

Title of Signer

Regional EMS Councils

<p>Adirondack-Appalachian EMS Council 2920 State Route 30. P.O. Box 212 Speculator, New York 12164 (518) 548-5911 (518) 548-7605 Fax www.aarems.org</p> <p>Counties: Delaware, Fulton, Hamilton, Montgomery, Otsego, Schoharie</p>	<p>Big Lakes Regional EMS Council 600 Main St. Medina, NY 14103 (585) 329-8087 (585) 345-7452 Fax http://www.biglakesems.com</p> <p>Counties: Genesee, Niagara, Orleans</p>
<p>Central New York Regional EMS Council Jefferson Tower - Suite LL1 50 Presidential Plaza Syracuse, New York 13202 (315) 701-5707 (315) 701-5709 Fax www.cnyems.org</p> <p>Counties: Cayuga, Cortland, Onondaga, Oswego, Tompkins</p>	<p>Finger Lakes Regional EMS Council FLCC Geneva Extension Center 90 Pulteney Street Geneva, New York 14456 (315) 789-0108 (315) 789-5638 Fax www.flremsc.org</p> <p>Counties: Ontario, Seneca, Wayne, Yates</p>
<p>Hudson-Mohawk Regional EMS Council REMO 431 New Karner Road Albany, New York 12205 (518) 464-5097 (518) 464-5099 Fax www.remo-ems.com</p> <p>Counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady</p>	<p>Hudson Valley Regional EMS Council 33 Airport Center Drive Second Floor, Suite 204 New Windsor, New York 12553 (845) 245-4292 (845) 245-4181 Fax www.hvremSCO.org</p> <p>Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster</p>
<p>Mid-State Regional EMS Council Faxton-St. Luke's Healthcare EMS Program 1705 Burstone Rd. New Hartford, New York 13413 (315) 738-8351 (315) 738-8981 Fax www.midstateems.org</p> <p>Counties: Herkimer, Madison, Oneida</p>	<p>Monroe-Livingston Regional EMS Council University of Rochester Medical Center 601 Elmwood Avenue Box 655 Rochester, New York 14642 (585) 463-2900 (585) 463-2966 Fax www.mlremS.org</p> <p>Counties: Livingston, Monroe</p>
<p>Mountain Lakes Regional EMS Council 375 Bay Road, Ste 202 Queensbury, NY 12804 (518) 793-8200 (518) 793-6647 Fax www.nenyems.org</p> <p>Counties: Clinton, Essex, Franklin, Warren, Washington</p>	<p>Nassau Regional EMS Council 131 Mineola Boulevard Suite 105 Mineola, NY 11501-3919 (516) 542-0025 (516) 542-0049 Fax www.nassauems.org</p> <p>Counties: Nassau</p>

<p>North Country Regional EMS Council <i>SUNY Canton College of Technology</i> 34 Cornell Dr. Canton, New York 13617 (315) 379-3977 (866) 475-3977 (315) 379-3979 Fax www.canton.edu/ncems</p> <p>Counties: Jefferson, Lewis, St. Lawrence</p>	<p>Regional EMS Council of New York City 475 Riverside Drive, Suite 1929 New York, New York 10115 (212) 870-2301 (212) 870-2302 Fax www.nycremsco.org</p> <p>Counties: Bronx, Kings, New York, Queens, Richmond</p>
<p>Southern Tier Regional EMS Council 1058 West Church Street Elmira, New York 14905 (607) 732-2354 (607) 732-2661 Fax www.emstar.org/stremscouncil E-mail: strems@stny.rr.com</p> <p>Counties: Chemung, Schuyler, Steuben</p>	<p>Southwestern Regional EMS Council PO Box 544 Olean, New York 14760 (716) 372-0614</p> <p>Counties: Allegany, Cattaraugus, Chautauqua</p>
<p>Suffolk Regional EMS Council 360 Yaphank Avenue, Suite 1B Yaphank, New York 11980 (631) 852-5080 (631) 852-5028 Fax www.suffolkremsco.com</p> <p>Counties: Suffolk</p>	<p>Susquehanna Regional EMS Council 62 Lusk St. Johnson City, New York 13790 (607) 699-1367 (607) 397-2728 Fax www.srems.com</p> <p>Counties: Broome, Chenango, Tioga</p>
<p>Westchester Regional EMS Council 4 Dana Rd. Valhalla, New York 10595 (914) 231-1616 (914) 813-4161 Fax www.wremsco.org</p> <p>Counties: Westchester</p>	<p>Wyoming-Erie Regional EMS Council PO Box 216 Buffalo, New York 14225 (716) 898-3725 (716) 898-5988 Fax www.werems.org</p> <p>Counties: Erie, Wyoming</p>

Public Access Defibrillation

Bureau of EMS Policy Statement	
Policy Statement #	09-03
Date	03/06/2009
Subject	Re: Public Access Defibrillation
Supersedes/Updates:	98-10, 06-03, 07-04

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](#)

Issued and Authorized by

Edward G. Wronski, Director, Bureau of EMS

Questions or comments: dohweb@health.ny.gov

Revised: March 2009