

Public Access Defibrillation Collaborative Agreement

It is the intent of _____ to provide Public Access Defibrillation. This
(Name of Agency)
Service is being offered in cooperation with _____
(Physician/Hospital).

In accordance with the provisions of Chapter 552 of the Laws of 1998 and New York State Department of Health Bureau of Emergency Medical Services Policy Statement 98-10, our organization has:

- Identified a physician or hospital knowledgeable and experienced in emergency cardiac care to serve as our Emergency Health Care Provider (EHCP).
- Selected an approved PAD training course for AED users. (Approved courses in NYS are administered by American Red Cross, American Heart Association, and the National Safety Council).
- Provided written notice to 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at our organization's location
- Filed with the Regional Emergency Medical Services Council (REMSCO) serving the area a copy of the "Notice of Intent to Provide PAD" (DOH 4135) along with a signed copy of this agreement.
- Agreed to file a new Collaborative Agreement with the Regional Emergency Medical Services Council (REMSCO) if the Emergency Health Care Provider (EHCP) changes.
- Agreed to Participate in the required Quality Improvement Program, mailing in the requested information **each time** the AED is used.

Policies:

It is the policy of our organization that persons providing PAD be properly trained, therefore all persons providing PAD shall be certified by the _____.

It is the policy of our organization to ensure the rapid arrival of EMS, therefore 911 and/or the community equivalent ambulance dispatch entity will be called **immediately** when the AED is used. Our primary responding ambulance is _____ (name of ambulance service).

It is the policy of our organization to ensure ready identification of the location of the AED units, therefore our unit will be located _____ in a prominent location.

It is the policy of our organization to ensure the AED is in a state of readiness at all times, therefore all regular maintenance and checkout procedures of the AED will meet or exceed the manufacturer's recommendations. The unit will be maintained and inspected by _____.

It is the policy of our organization to ensure appropriateness in providing PAD, therefore we will participate in the required Quality Improvement program as determined by the Regional Emergency Medical Services Council (REMSCO).

Signed in agreement...

For the Organization

Physician/Hospital

Print Name

Print Name

Date Signed _____

Date Signed _____