



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

REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO
Main St. PO Box 212
Speculator, NY 12164
(518) 548-5911
(518) 548-7605 fax

**Counties: Delaware, Fulton,
Hamilton, Montgomery, Otsego,
Schoharie**

Big Lakes Regional EMS Council
534 Main Street Suite 19
Medina, NY 14103
(585) 798-1620

**Counties: Genesee, Niagara,
Orleans**

Central NY Regional EMS Council
Jefferson Tower - Suite LL1
50 Presidential Plaza
Syracuse, NY 13202
(315) 701-5707
(315) 701-5709 – fax

**Counties: Cayuga, Cortland,
Onondaga, Oswego, Tompkins**

Finger Lakes Regional EMS Council
FLCC Geneva Ext. Ctr.
63 Pulteney Street
Geneva, NY 14456
(315) 789-0108
(315) 789-5638 fax

**Counties: Ontario, Seneca, Wayne,
Yates**

Hudson-Mohawk Regional EMS
Council
C/O REMO
1653 Central Avenue
Albany, NY 12205
(518) 464-5097
(518) 464-5099 fax

**Counties: Albany, Columbia,
Greene, Rensselaer, Saratoga,
Schenectady**

Hudson Valley Regional EMS Council
45 Academy Avenue
Cornwall on Hudson, NY 12520
(845) 534-2430
(845) 534-3070 fax

**Counties: Dutchess, Orange,
Putnam, Rockland, Sullivan, Ulster,**

Mid-State Regional EMS Council
2521 Sunset Avenue
Utica, NY 13502
(315) 738- 8351
(315) 738- 8981 fax
(888) 225-6642

**Counties: Herkimer, Madison,
Oneida**

Monroe-Livingston Reg EMS Council
Office of Prehospital Care
Strong Memorial Hospital
601 Elmwood Ave. Box 4-9200
Rochester, NY 14692
585-275-3098 or
585-273-3961

Counties: Livingston, Monroe

Mountain Lakes Regional EMS
Council
365 Aviation Road
Queensbury, NY 12804
(518) 793-8200
(518) 793-6647 fax

**Counties: Clinton, Essex, Franklin,
Warren, Washington**

Nassau Regional EMS Council
2201 Hempstead Turnpike
Bldg. A - 4th Floor
Box 78
East Meadow, NY 11554
(516) 542-0025
(516) 542-0049 fax

Counties: Nassau

North Country Regional EMS Council
SUNY Canton College of Technology
34 Cornell Drive
Canton, NY 13617
866-475-3977
315-379-3977
(315) 379-3979 fax

**Counties: Jefferson, Lewis,
St. Lawrence**

Regional EMS Council of NYC
475 Riverside Drive, Suite 1929
New York, NY 10115
(212) 870-2301
(212) 870-2302 fax

**Counties: Bronx, Kings, New York,
Queens, Richmond**

Southern Tier Regional EMS Council
PO Box 3492
Elmira, NY 14905-0492
(607) 732- 2354
(607) 732-2661 fax
800-343-1311

**Counties: Chemung, Schuyler,
Steuben**

Southwestern Regional EMS Council
PO Box 544
Olean, NY 14760
(716) 373-2612

**Counties: Allegany, Cattaraugus,
Chautauqua**

Suffolk Regional EMS Council
Suffolk County Dept. of Hlth. Svcs.
Div. of Emergency Medical Services
Dennison Building, 1st Floor
100 Veterans Memorial Highway
Hauppauge, NY 11788-5401
(631) 853-5800
(631) 853-8307 fax

Counties: Suffolk

Susquehanna Regional EMS Council
Public Safety Building
153 Lt. Van Winkle Drive
Binghamton, NY 13905-1559
(607) 778-1178

**Counties: Broome, Chenango,
Tioga**

Westchester Regional EMS Council
4 Dana Road
Valhalla, NY 10595
(914) 231-1616
(914) 813-4161 fax

Counties: Westchester

Wyoming-Erie Regional EMS Council
PO Box 630
Clarence, NY 14031
(716) 668-9184
(716) 668-2754 fax

Counties: Erie, Wyoming

Listing Revised: March 12, 2009



Wyoming-Erie Regional Emergency Medical Services Council

Public Access Defibrillation Collaborative Agreement

It is the intent of _____ (**Organization Name**) to provide public access defibrillation (PAD).

This service is being offered in cooperation with _____ (**Physician/Hospital**).

In accordance with the provision of Chapter 552 of the Laws of 1998 and conditions set forth by Section 3000-B of Article 30 of the Public Health Law of the State of New York, 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 AED that is in compliance with Article 30, section 3000-B, 1a. The AED will be programmed to the current Emergency Cardiovascular Care (ECC) Guidelines and will be capable of defibrillating both adult and pediatric patients and will comply with the WREMAC cardiac monitor/defibrillation specification policy and procedure (**Attachment 1**).
- Selected a PAD training course for AED users that has been approved by the Department of Health (Policy #1 below).
- Provided written notice to 9-1-1 and/or the community equivalent ambulance dispatch entity of the availability of AED service at our organization's location (**Attachment 2**).
- 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 participate in the required Quality Improvement Program by mailing the requested information each time the AED is used (**Attachment 3**).
- Agreed to follow the practice protocol for use of the AED (**Attachment 4**).
- Agreed to file a new collaborative agreement with the REMSCO if the EHCP changes; and provide written notice of such change to the named EHCP below.

Policies:

1. It is the policy of our organization that persons providing PAD be properly trained. Therefore, all persons providing PAD shall be certified by the (check all that apply):

American Heart Association	National Safety Council	REMSCO of NYC, Inc
American Red Cross	Emergency Services Institute	EMS Safety Service, Inc
American Safety & Health Institute	Medic First Aid International	State University of NY

2. It is the policy of our organization to ensure the rapid arrival of EMS. Therefore, 9-1-1 and/or the community equivalent ambulance dispatch entity will be called **immediately** when the AED is deployed. Our primary responding ambulance is _____ (**Name of Ambulance Company**).

3. It is the policy of our organization to conform with *NYS Public Health Law* Article 30 section 3(f) by placing a notice or sign at the main entrance of the facility and/or building in which the AED is stored, advising of its location.



4. 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. Documentation of such inspections shall be dated and maintained in a secure file for a period of three (3) years. Inspections shall be the responsibility of the agency's PAD Program Coordinator. The agency PAD Program Coordinator shall be _____.

5. It is the policy of our organization to ensure appropriateness in providing PAD. Therefore, our agency shall participate in the required Quality Improvement program as determined by the Regional Emergency Medical Services Council.

6. It is the policy of our organization to provide written notification of AED use to the EHCP and REMSCO within forty-eight (48) hours of the incident. Therefore, our agency shall report, at a minimum, the following information:

- Name of PAD program where AED was used;
- Location of the incident;
- Date and time of incident;
- Age and gender of the patient;
- Estimated time from arrest to CPR and the 1st AED shock;
- Number of shocks delivered to the patient;
- Name of the EMS agency that responded, and
- Hospital to which the patient was transported

Signed in agreement:

PAD Program Coordinator:

Print

Sign

Date

PAD Agency CEO:

Print

Sign

Date

PAD EHCP:

Print

Sign

Date

Attachment 1

Western Regional Emergency Medical Advisory Committee (WREMAC)

Title: WREMAC Cardiac Monitor/Defibrillator Specifications for All New Equipment Purchases	Effective Date: January 4, 2008 Page 1 of 2
Policy # 1997-2	Revised: May 2004, January 2008

Policy	All cardiac monitors / defibrillator equipment used in the WREMAC region shall be compliant with the specifications in the attached procedure.
Procedure	Follow attached guidelines
Reference	Western Regional Emergency Medical Advisory Committee (WREMAC) March, 2008 Minutes (approval)

Western Regional Emergency Medical Advisory Committee (WREMAC)

PROCEDURE:			
Automated	PAD/BLSFR/EMT-B	EMT-I	EMT-CC/P
Voice Prompts	Yes	Yes	Optional
Visual Prompts	Yes	Yes	Optional
Hands-Free Defibrillation	Yes	Yes	Optional
Ability to Print Code Summary for Receiving Hospital Within 24 Hours	Optional	Optional	Yes
Ability to Print Real-time Rhythm Strip	Optional (Device option may be available to CC/P and Credentialed I's only)	Optional (Device option may be available to CC/P and Credentialed I's only)	Yes
Screen/Display to Monitor Rhythm	Optional (Device option may be available to CC/P and credentialed I's only)	Optional (Device option may be available to CC/P and credentialed I's only)	Yes
Manual Operation (Adult & Pediatric)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Yes
Synchronized Cardioversion (Adult & Pediatric)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Yes
Pacing (Adult & Pediatric)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Optional (Device option may be available to CC/P only and must be controlled by lockout/password)	Yes
Defibrillation	Yes	Yes	Yes

	(Adult & Pediatric)			
	Bi-Phasic Capabililty	Yes	Yes	Yes
	Waveform Capnography (Adult & Pediatric)	Optional (Device option may be available to I/CC/P only)	Yes	Yes
	12 Lead Monitoring Capability	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Yes
	Ability to transmit 12-lead EKG	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Recommended

Attachment 2

SAMPLE 911 or Ambulance Dispatch Letter

CURRENT DATE

JOHN DOE, Senior Dispatcher
XYZ Fire Control
City, State ZIP

To Whom It May Concern:

Please be advised that (NAME OF PAD AGENCY) has engaged in an agreement to provide Public Access Defibrillation (PAD). We are notifying you of this agreement pursuant to the requirements of New York State Public Health Law, Article 30, Section 3000-b and because you will serve as our 9-1-1 public safety answering point.

Our PAD Program Coordinator is Jane Doe and may be contacted by phone at 716-555-1212. Please feel free to call if you have any questions regarding our program.

Thank you very much for your time and attention.

Sincerely,

Jane Doe
PAD Program Coordinator

Attachment 3



Notice of AED Use by PAD Agency

Name of PAD Site: _____

Location of Incident: _____ City: _____ State: _____ Zip: _____

Date of Incident: _____ Time of Incident: _____

Age of Patient (in years): _____ (approximate if unknown) Sex (circle): MALE FEMALE

Witnessed arrest (circle): YES NO Estimated time from arrest to CPR: _____ minutes.

CPR initiated by (circle): BYSTANDER STAFF OTHER (specify) _____

Total number of shocks delivered by PAD agency: _____

Name of transporting ambulance service: _____

Hospital name where the patient was transported: _____

Patient outcome on scene (circle):

Regained pulse Remained pulseless

Became responsive Remained unresponsive

THIS SECTION IS TO BE COMPLETED BY EHCP for QI

Was code summary reviewed? YES NO If not, why? _____

Were actions appropriate? YES NO If not, why? _____

Was the agency contacted for follow-up? YES NO

Are there any unresolved issues with this incident? YES NO

If yes, what and how will they be addressed? _____

Incident reviewed by: _____ Date: _____

Within 48 hours of AED use, please mail this form & downloaded "code summary" to:

Office of Prehospital Care
ATTN: PAD Program
462 Grider Street
Buffalo, NY 14215

Attachment

4

Cardiac Arrest (Non – Traumatic)

Note:

**Determine if the patient has a Do Not Resuscitate (DNR) order.
Treatment must not be delayed while making this determination.**

Request Advanced Life Support if available. Do not delay transport to the hospital.

- I. Perform initial assessment.
- II. If patient is confirmed to be absent of respirations and pulse, begin Cardiopulmonary Resuscitation as per current AHA/ARC/NSC guidelines.
 - A. Artificial ventilation and/or CPR must not be delayed to attach supplemental oxygen. Initial ventilations without supplemental oxygen should be used until supplemental oxygen can be attached.
 - i. Deliver each breath over 1 second.
 - ii. Give sufficient tidal volume to produce visible chest rise.
 - iii. Avoid rapid or forceful ventilations.
 - iv. When a secure/advance airway is in-place (endotracheal tube, Combitube, or LMA) with 2 – person CPR, ventilations are to be given at a rate of 8 – 10 breaths per minute without attempting synchronization between compressions. Do not pause compressions for delivery of ventilations.
 - B. If cardiac arrest was unwitnessed by EMS or EMS arrival to the patient is more than 4 to 5 minutes since the patient went in to cardiac arrest, begin CPR for 2 minutes (5 cycles of CPR) prior to defibrillation.
 - i. During this initial administration of CPR, the AED should be attached to the patient.
 - ii. Initial AED analysis of the patient’s rhythm should occur 2 minutes after CPR has been initiated.
 - C. If cardiac arrest was witnessed by EMS or EMS arrival to the patient is less than 4 minutes since the patient went in to cardiac arrest, attach the AED to the patient and check rhythm prior to beginning CPR.

Cardiac Arrest, continued

- III. During application of the AED pads:
 - A. Assure proper application and adhesion of the pads to the patient's chest.
 - B. If present, remove Nitroglycerin medication patch from the patient's chest.
 - i. When in doubt of the type of medication patch the patient has on their chest, remove the patch.
 - ii. Assure that patient's medication patch does not come in contact with your skin (wear appropriate PPE).
 - iii. Assure proper disposal of the medication patch at the Emergency Department through use of properly identified biohazard bags.
- IV. Once the AED has analyzed the patient's rhythm, follow the voice prompts to either "check patient" or administer a "shock".
 - A. Pediatric patients under the age of 8 or who are preadolescent (prepubescent) should be defibrillated using an AED equipped for and FDA approved for use on children.
 - i. In an emergency situation where an AED equipped for use on children is unavailable, an adult AED unit can be used.
- V. After the first and all subsequent defibrillations immediately begin CPR for 5 cycles (approximately 2 minutes), without checking for a pulse, before the next rhythm check and/or defibrillation. Do not check for a pulse or rhythm after defibrillation until 5 cycles of CPR has been completed *or* the patient appears to no longer be in cardiac arrest.
- VI. All actions and procedures occurring during a cardiac arrest should be accomplished in a way that minimizes interruptions of chest compressions.
- VII. Transporting Agencies - Transport to the Emergency Department:
 - A. A maximum of 3 defibrillations may be delivered at the scene prior to initiating transport. If transportation is unavailable, continue your AED/CPR sequence until transportation is available.
 - B. If the AED advises that no shock is indicated, initiate transport with rhythm checks by the AED occurring approximately every 2 minutes.
 - C. During transport, the AED should perform rhythm checks approximately every 2 minutes with as few interruptions of chest compressions as possible.
- VIII. If patient is no longer in cardiac arrest, complete an Initial Assessment, support airway and breathing, place patient in the recovery position, obtain vital signs, and treat according to appropriate protocol while continuing transport.

Cardiac Arrest, continued

- IX. Record all patient care information, including the patient's medical history and all treatment provided (including the total number of defibrillations administered), on a Prehospital Care Report (PCR).



Notice of AED Use by PAD Agency

Name of PAD Site: _____

Location of Incident: _____ City: _____ State: _____ Zip: _____

Date of Incident: _____ Time of Incident: _____

Age of Patient (in years): _____ (approximate if unknown) Sex (circle): MALE FEMALE

Witnessed arrest (circle): YES NO Estimated time from arrest to CPR: _____ minutes.

CPR initiated by (circle): BYSTANDER STAFF OTHER (specify) _____

Total number of shocks delivered by PAD agency: _____

Name of transporting ambulance service: _____

Hospital name where the patient was transported: _____

Patient outcome on scene (circle):

Regained pulse Remained pulseless

Became responsive Remained unresponsive

THIS SECTION IS TO BE COMPLETED BY EHCP for QI

Was code summary reviewed? YES NO If not, why? _____

Were actions appropriate? YES NO If not, why? _____

Was the agency contacted for follow-up? YES NO

Are there any unresolved issues with this incident? YES NO

If yes, what and how will they be addressed? _____

Incident reviewed by: _____ Date: _____

Within 48 hours of AED use, please mail this form & downloaded "code summary" to:

Office of Prehospital Care
ATTN: PAD Program
462 Grider Street
Buffalo, NY 14215