



## Wyoming-Erie Regional Emergency Medical Services Council

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### 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 1<sup>st</sup> 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

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## Western Regional Emergency Medical Advisory Committee (WREMAC)

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

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

## Western Regional Emergency Medical Advisory Committee (WREMAC)

<b>PROCEDURE:</b>			
<b>Automated</b>	<b>PAD/BLSFR/EMT-B</b>	<b>EMT-I</b>	<b>EMT-CC/P</b>
<b>Voice Prompts</b>	Yes	Yes	Optional
<b>Visual Prompts</b>	Yes	Yes	Optional
<b>Hands-Free Defibrillation</b>	Yes	Yes	Optional
<b>Ability to Print Code Summary for Receiving Hospital Within 24 Hours</b>	Optional	Optional	Yes
<b>Ability to Print Real-time Rhythm Strip</b>	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
<b>Screen/Display to Monitor Rhythm</b>	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
<b>Manual Operation (Adult &amp; Pediatric)</b>	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
<b>Synchronized Cardioversion (Adult &amp; Pediatric)</b>	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
<b>Pacing (Adult &amp; Pediatric)</b>	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
<b>Defibrillation</b>	Yes	Yes	Yes

	<b>(Adult &amp; Pediatric)</b>			
	<b>Bi-Phasic Capabililty</b>	Yes	Yes	Yes
	<b>Waveform Capnography (Adult &amp; Pediatric)</b>	Optional (Device option may be available to I/CC/P only)	Yes	Yes
	<b>12 Lead Monitoring Capability</b>	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
	<b>Ability to transmit 12-lead EKG</b>	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

462 Grider Street ♦ Buffalo, New York 14215 ♦ (716) 898-3600

Fax: (716) 898-5988 ♦ [www.opcems.org](http://www.opcems.org)

# 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).