

**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 (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [<http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm>])

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Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable	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)	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



Westchester Regional EMS Council

REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE PUBLIC ACCESS DEFIBRILLATION (PAD) COLLABORATIVE AGREEMENT

Between A Public Access Defibrillation Provider And An Emergency Health Care Provider For The Provision of Automated External Defibrillation in New York State

I, _____, (CEO/President/Designee) of _____,
(Organization Name), Public Access Defibrillation (PAD) Provider, and I, _____,
(Physician) Emergency Health Care Provider (EHCP), agree to abide by the following terms and conditions set forth
by Section 3000-B of Article 30 of the Public Health Law of the State of New York for the provision of Automated
External Defibrillation (AED) by the PAD Provider.

1. The PAD Provider and trained AED operator(s) shall possess and operate the AED(s) according to the written protocols attached.
2. The PAD Provider shall ensure that all persons designated to operate an AED have successfully completed an AED training course and maintain current certification. The course must be an approved NYSDOH AED course.
3. Prior to the operation of an AED, the PAD Provider shall notify in writing to the WREMSCO and the 911 system and/or the community equivalent ambulance dispatch entity of the existence, location, quantity, and type of all mobile and stationary AED(s) on the premises of the PAD Provider.
4. Prior to the operation of an AED, the PAD Provider shall file with the WREMSCO a copy of the "Notice of Intent to Provide PAD" (NYSDOH 4135) and this collaborative agreement.
5. The PAD Provider shall comply with Section 3000-B of Article 30 of the Public Health Law of the State of New York and the NYSDOH policy 98-10, dated 9/4/98 or superseding policy.
6. The PAD Provider shall ensure that the 911 system is activated and an ambulance service is immediately called upon the use of an AED.
7. The PAD Provider shall ensure that within 24 hours of each use of an AED, the EHCP is notified and an AED post-use QI report is completed and sent to the EHCP and WREMSCO.
8. The PAD Provider shall ensure that all AED(s) are maintained and tested according to the manufacturer and/or government standards. A maintenance and inspection log will be maintained. (Sample enclosed.)
9. The responsibilities of the EHCP shall include, but not be limited to the following:
 - a. Participation in the WREMSCO / WREMAC QI Program
 - b. Monitor the quality of patient care provided by the PAD Provider.

PAD Provider's Signature

Date

EHCP's Signature

Date

WREMSCO/WREMAC/PAD/CA/2001