



Send the completed PAD Notice of Intent and this Collaborative Agreement to:  
Southwestern Regional EMS Council  
c/o Southern Tier Health Care System  
150 North Union Street  
Olean, NY 14760

**Public Access Defibrillation Collaborative Agreement**

It is the intent of \_\_\_\_\_ to provide Public Access Defibrillation.  
(Name of Agency/Business/Organization)

This service is being offered in cooperation with \_\_\_\_\_.  
(Name of EHCP: Physician/Hospital)

In accordance with the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation and New York State Department of Health Bureau of Emergency Medical Services Policy Statement 09-03, our organization has completed the following steps to have a PAD program and utilize an AED:

- 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.
- 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),
- File a new NOI and Collaborative Agreement with the REMSCO if the EHCP changes,
- Agreed to participate in the required quality improvement program, mailing in the requested information each time the AED is used in cooperation with the Regional EMS Program Agency (STEMS), and
- In accordance with NYS Public Health Law Section 3003-b, we will post a sign at the main entrance of the facility or building where the AED is stored indicating the location of the AED.

It is the policy of our organization that persons providing PAD are properly trained; therefore all persons providing PAD shall be certified by the \_\_\_\_\_.  
(Name of training course)

It is the policy of our organization to ensure the rapid arrival of EMS; therefore 911 and/or the Emergency Services Dispatch entity \_\_\_\_\_, will be called immediately when the AWED 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 Unit(s); therefore our unit(s) will be located in the \_\_\_\_\_, in a prominent location.

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) and in cooperation with the Regional EMS Program Agency (STEMS).

Signed in Agreement:

\_\_\_\_\_  
(Agency/Business/Organization Signature)

\_\_\_\_\_  
(EHCP: Physician/Hospital Signature)

\_\_\_\_\_  
(Agency/Business/Organization Printed Name)

\_\_\_\_\_  
(EHCP: Physician/Hospital Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)



Southern Tier Emergency Medical System

A program of  Southern Tier Health Care System Inc.

### Public Access Defibrillator (PAD) Organization Information Sheet

Agency/Business/Organization Name	
County(s) Location	
Mailing Address	
Contact Person	
Phone Number	
Email Address	

Medical Director or EHCP	
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Number of AED	
Location(s) of AED	

Please use a separate sheet of paper for AED locations, if necessary.

Number of Trained Providers	
Training Program Used	
# of times AED was deployed in the last year	
Was AED deployment reported to STHCS?	

***Return this completed form to Southern Tier Health Care System.***

Mail:  
Southern Tier Health Care System, Inc.  
Attn: STEMS  
150 North Union Street  
Olean, NY 14760

Fax: (716) 372-5217

Email: stems@sthcs.org