

Agency Specific AED Deliverables

Numbering following each deliverable corresponds to Title 9 AED Regulations.

1. Provide and maintain on-site, a sufficient number of functional cardiac AED devices. (303.2 (b))
2. Provide a sufficient number of trained AED operators. (303.2 (b))
3. Complete phase-in by March 31, 2010. (303.2 (c))
4. **If applicable**, detail in the reports, any extraordinary circumstances resulting in noncompliance with the regulations. (303.2 (c))
5. **If applicable**, create MOU in the event that specific building space is shared between agencies. (303.2 (d))
6. **If applicable**, agency letter explaining the ability to provide alternative medical services sufficient to be consistent with the health and safety objectives of these regulations. (303.2(g))
7. File a written report, by April 1, 2006, setting forth the details of the Agency's AED program plan. The report shall include specific reference to the individual requirements set out in the OGS regulations. (303.2(h))
8. Update reports annually until full implementation is achieved. Upon full implementation, reports will be required only for years with substantive changes. (303.2(h))
9. **If applicable**, provide a written report explaining the reasons why an agency is unable to fulfill all of the requirements of the regulations. Include an alternate implementation plan or explanation why there is no feasible method of implementation. (303.2(i))
10. Plan shall commence by prioritizing AED placement in buildings with the largest number of state employees other intended occupants or estimated regular visitors. (303.3(a.1))
11. Determine the quantity and placement of AEDs within its buildings. (303.3(b))
12. Consider AED options for children. (303.3(d))
13. Recruit volunteers and/or assign employees as part of their official job duties to operate AEDs. (303.4(a))
14. Train volunteers in the combination of both CPR and AED training and maintain the training at the necessary intervals to maintain certification. (303.4(b))

15. Select a training provider approved by DOH for purposes of training employees consistent with the provisions of Public Health Law section 3000-b (3) (a). (303.4(c))
16. Designate an AED Administrator responsible for the administering and monitoring of the program. (303.5(a))
17. Designate an AED Coordinator, who is the primary liaison between the Agency's AED program and the EHCP. (303.5(b))
18. AED Coordinator responsibilities:
 - ♦ Maintain equipment and supplies.
 - ♦ Organize training and re-training.
 - ♦ Maintain a list of designated AED operators.
 - ♦ Monitor the above tasks if they are performed by a third party.
 - ♦ Forward incident data to the EHCP.
 - ♦ If necessary, hold post-event debriefing sessions for any responders involved. (303.5(b.1))
 - ♦ Hold an annual AED drill. (303.5(b.2))
19. Obtain a prescription from EHCP to purchase the AEDs. (303.6(b))
20. Ensure that trained AED operators are informed of the locations of the AEDs. (303.6(c))
21. AEDs shall be maintained and inspected according to Agency policy, manufacturers' and applicable federal and state government standards. (303.6(d))
22. Use reasonable best efforts to perform or arrange for an inspection on a regular basis not less frequently than that recommended by the manufacturer. (303.6(e))
23. Have a collaborative agreement with an EHCP as defined in Public Health Law section 3000-b(2). (303.7(a)) and (303.7(b.3))
24. Identify local REMSCO. (303.7(b.1))
25. File with DOH and appropriate REMSCO a copy of the notice of intent to provide public access defibrillation and a signed copy of the collaborative agreement. (303.7(b.4))
26. Endeavor to secure written confirmation from REMSCO of its receipt of the Agency's PAD plan. (303.7(b.4))
27. AED Administrator must maintain a copy of the PAD plan. (303.7(b.4))
28. Provide OGS with notices, agreements and confirmations pursuant to notice of intent documentation and collaborative agreements. (303.7(b.4))

29. Refrain from operating an AED until an Agency PAD plan has been formally approved by a REMSCO. (303.7(b.5))
30. Provide notification to 911, or community equivalent, of availability of AEDs at the facilities. (303.7(b.6))
31. Document each use on a patient. (303.8(a.1))
32. After each use, deliver the AED to the coordinator or inform them of its location. (303.8(a.2))
33. Upon receiving notice of the use of an AED the AED coordinator shall:
 - ♦ Immediately report such use to the local emergency medical service system and promptly notify the EHCP and AED Administrator. (303.8(b.1))
 - ♦ Ensure that the data is downloaded to the appropriate computer. (303.8(b.2))
 - ♦ Ensure that the data is transmitted to the EHCP within 24 hours of the event. (303.8(b.3))
 - ♦ Ensure that the PAD QI Report is completed by the EHCP and transmitted to the appropriate REMSCO within 5 business days of AED use. (303.8(b.4))
 - ♦ Check the AED and replace any used supplies as soon as possible following a cardiac event. (303.8(b.5))
 - ♦ Perform a battery insertion test on the AED prior to returning it to service. (303.8(b.6))
34. AED Coordinators shall ensure that quarterly reports are submitted to the appropriate REMSCO. (303.8(c.1))
35. AED Coordinators shall perform a battery insertion test on an AED following any battery change. (303.8(c.2))
36. Establish and periodically update a replacement schedule which considers the useful life of the AED units. (303.9)