

**AUTOMATED EXTERNAL DEFIBRILLATORS EXHIBIT**

*REGIONAL EMS COUNCIL OF THE HUDSON MOHAWK VALLEYS, INC. (REMO)*

*Collaborative Agreement*

*Between public Access Defibrillation Provider and Emergency Health Care Provider*

*For the Provision of Automated External Defibrillators in the REMO Region*

*(May be amended to Meet Local Needs)*

I, Leslie Lomis, of the Bethlehem Central School District Public Access  
Superintendent of Schools

Defibrillation (PAD) Provider, and I \_\_\_\_\_  
(Physician)

Emergency Health Care Provider, agree to abide by the following terms and conditions set forth by §3000-B of Article 30 or 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 operate under appropriate protocols for the use of an AED as outlined for the REMO Region by the Regional Emergency Medical Service Council and the Regional Emergency Medical Advisory Committee (REMAC) of the Hudson Mohawk Valleys.
2. The PAD and Emergency Health Care Provider shall ensure that all persons designated to operate an AED successfully complete an AED training course, which has been approved by the New York State Department of Health.
3. Prior to operation of an AED, the PAD Provider shall notify REMO of the existence, location, quantity, and type of all mobile and stationary AED(s) on the premises of the PAD Provider.
4. The PAD Provider shall comply with §3000-B of Article 30 of the Public Health Law of the State of New York.
5. The PAD Provider shall ensure that an ambulance service is immediately called.
6. The PAD Provider shall ensure that the Emergency Health Care Provider is notified within 24 hours of each use of an AED.
7. The PAD Provider shall ensure that all AED's are maintained and tested according to manufacturer and/or government standards.
8. The responsibilities of the Emergency Health Care Provider shall include but will not be limited to the following:
  - a. Participating in the Regional EMS Council/REMAC of the Hudson Mohawk Valleys Quality Assurance Program via reporting to the Regional EMS Council within five business days of each use of an AED. Minimum required information to be reported shall include the name of the PAD Provider, date and time of incident, patient age and sex, estimated time from arrest to 1<sup>st</sup> AED shock, ambulance service, and patient outcome at incident site; and
  - b. Monitoring the quality of patient care by the PAD Provider.

- 9. The PAD Provider and Emergency Health Care Provider agree to file a Collaborative Agreement every two years from the date of the initial Collaborative Agreement. If the Emergency Health Care Provider changes, a new Collaborative Agreement shall be filed within five business days. Additionally, if the Emergency Health Care Provider resigns, they shall immediately notify REMO in writing.

\_\_\_\_\_ Date: \_\_\_\_\_  
PAD Provider's Designee's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Health Care Provider's Signature

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**PLEASE USE THIS SPACE FOR ADDITIONAL COMMENTS OR AMENDMENTS TO THE AGREEMENT.**

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Adoption date: November 20, 2002