

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

Collaborative Agreement

**Between Public Access Defibrillation (PAD) Provider and Emergency Health Care Provider
For the Provision of Automated External Defibrillation in the REMO Region
(May be Amended to Meet Local Needs)**

I, _____ of _____ Public Access
CEO/President/Designee Organization Name
Defibrillation Provider, and I _____ Emergency Health Care Provider
Physician or hospital-designated physician

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 on Automated External Defibrillation (AED) by the PAD Provider

1. The PAD provider and trained AED operator(s) shall operate under appropriate protocols for use of an AED, as promulgated for the REMO Region by the Regional Emergency Medical Services Council and the Regional Emergency Medical Advisory Committee (REMAC) of the Hudson-Mohawk Valleys.
2. The PAD Provider shall ensure that all persons designated to operate an AED successfully complete an AED training course that 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 Section 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 AEDs are maintained and tested according to manufacturer and/or government standard.
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 5 (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 1st AED shock, estimated time from arrest to CPR, number of shocks administered to the patient, name of transporting ambulance service, and patient outcome at incident site, and
 - b) Monitoring the quality of patient care provided by the PAD Provider

9. The PAD Provider and the Emergency Health Care Provider agree to file a Collaborative Agreement every 2 (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 5 (five) business days. Additionally, if the Emergency Health Care Provider resigns, they shall immediately notify REMO in writing.

PAD Provider's Designee's Signature

Date: _____

Emergency Health Care Provider's Signature

Date: _____

Please use this space for additional comments or amendments to the agreement.
