

COLLABORATIVE AGREEMENT

between public access defibrillation (pad) provider and emergency health care provider for the provision of automated external defibrillation in Chemung, Schuyler and Steuben counties of New York

I, _____ (CEO/president/designee) of _____, Public Access Defibrillation (PAD) Provider, and I, _____, **Emergency Health Care Provider** (physician or hospital designee), 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 operate under protocols for use of an AED, as promulgated for Southern Tier Regional Emergency Medical Services Council (STREMS Council) and the Southern Tier Regional Emergency Medical Advisory Committee (STREMAC).
2. The PAD 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 or the New York State Emergency Medical Services Council.
3. Prior to operation of an AED, the PAD Provider shall notify the STREMS Council 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 standards.
8. The responsibilities of the Emergency Health Care Provider shall include, but will not be limited to the following:
 - Participating in the STREMS COUNCIL, STREMAC Quality Assurance Program via reporting to the Regional EMS Council within 3 (three) 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 first 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
 - 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, s/he shall immediately notify the Regional EMS Council in writing.

PAD Provider's (Designee's) Signature Date: _____

Emergency Health Care Provider's (Designee's) Signature Date: _____