

S A M P L E
COLLABORATIVE AGREEMENT
BETWEEN
PUBLIC ACCESS DEFIBRILLATION PROVIDER
AND
EMERGENCY HEALTH CARE PROVIDER
FOR THE PROVISION OF
AUTOMATED EXTERNAL DEFIBRILLATION
IN THE STREMS COUNCIL REGION

I, _____ (CEO/president/designee)
of _____ (organization name),

Public Access Defibrillation (PAD) Provider,

and I, _____, **Emergency Health Care Provider,**
(physician or hospital Chief Executive Officer or 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 all trained AED operator(s) shall operate under the New York State BLS protocol for use of an AED.
2. The PAD Provider shall ensure that all persons designated to operate an AED have 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 and AED Operators shall ensure that the appropriate Emergency Medical Dispatch Center is **immediately** called when a request for the PAD is made.
6. The PAD Provider and AED Operators 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:
 - i. Participating in the STREMS Council 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. (See STREMS Quality Assurance Form)
 - ii. Monitoring the quality of patient care provided by the PAD Provider and all AED Operators.
 - iii. Require AED operator participation in the STREMS Region Recertification Program for AED Providers.
9. 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 STREMS Council (PO Box 3492, Elmira NY 14905) in writing.

PAD Provider's Signature

Date: _____

Emergency Health Care Provider's Signature

Date: _____