

Warren County Board of Supervisors

RESOLUTION NO. 126 OF 2012

Resolution introduced by Supervisors Wood, Girard, Bentley, Thomas, Conover, Frasier and Strainer

APPROVING THE OFFICE OF EMERGENCY SERVICES PUBLIC ACCESS DEFIBRILLATION PROGRAM PLAN

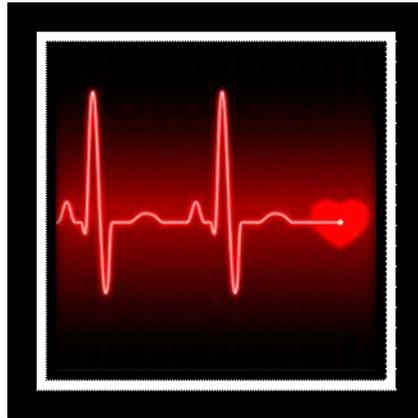
WHEREAS, the Director of Office of Emergency Services has submitted the Office of Emergency Services Public Access Defibrillation Program Plan for Warren County, attached hereto as Schedule "A", to the Warren County Board of Supervisors for approval, now, therefore, be it

RESOLVED, that the Office of Emergency Services Public Access Defibrillation Program Plan as presented to the Warren County Board of Supervisors, be, and hereby is, accepted and approved.



**Warren County
Office of Emergency Services**

Public Access Defibrillation Program



PUBLIC ACCESS DEFIBRILLATION PROGRAM

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**WARREN COUNTY
PUBLIC ACCESS DEFIBRILLATION (“PAD”) PROGRAM**

Warren County Office of Emergency Services has instituted a public access defibrillation program (the “PAD Program”). The purpose of this program is to insure that all New York State laws, rules and regulations applicable to the program are strictly adhered to. This document sets forth the practices, protocols, and procedures of the PAD Program, and is deemed incorporated into each collaborative agreement to which the Warren County Office of Emergency Services is or becomes a party.

“The program goal is to improve an individual’s chance of survival after experiencing sudden cardiac arrest”

TRAINING:

- .Training will be offered to County Employees in CPR and the use of an Automatic External Defibrillator (AED) utilizing a New York State Department of Health approved PAD training course for AED users.
- .A data base of all trained Employees will be kept on file within the Office of Emergency Services. This data will include the name of the employee and a copy of the current certification card.
- .The Warren County Office of Emergency Services will provide initial PAD training and recertification programs for County Employees.
- .An Employee may also obtain initial or recertification thru any Department of Health approved PAD training course.
- .All trained Employees shall be familiar with and trained to use the specific model of AED units owned by Warren County.

LOCATION of AED's

The Warren County Office of Emergency Services has, five (5) AED units, which are to be available at the following locations:

1. Municipal Center, 1st floor by DMV
2. Municipal Center, 2nd floor by Board of Supervisors
3. Human Services Building, 1st floor Security Area
4. Up Yonda
5. Airport

Placement of units will vary by building and will be located to minimize response time in the event of an emergency.

If the Warren County Office of Emergency Services elects to obtain additional AED's, this program shall be amended to reflect such additions, and the location at which they shall be employed.

MAINTENANCE AND INSPECTION OF AED's

All AED units shall be stored in their cases or cabinets, as supplied by the manufacturer, and shall be kept in a clean, warm, and dry location at all times when not in use.

(a) Weekly Inspection: Certified staff or their designee of any facility at which an AED unit is located, shall conduct a weekly *visual* inspection during regular working hours of such AED to determine whether the seal has been broken, or any of the self-diagnostic tests indicate that attention is required. If the security seal has been broken or any repair or other maintenance condition is identified, the Office of Emergency Services should be notified immediately.

* *Recording of weekly inspections is not required.*

* *Certified staff is anyone trained in the use of the AED.*

(b) Monthly Inspection: The Warren County Office of Emergency Services, EMS (Emergency Medical Services) Coordinator or Deputy Coordinator shall, at the beginning of the month, inspect the AED unit(s) stationed at such facility, and complete the Monthly Inspection Report (See Appendix D). These reports will be kept on file in the EMS Coordinators office. If any inventory problems are noted, the appropriate supplies will be replenished or replaced as necessary. Appropriate levels of batteries/pads will be ordered according to current expiring dates. The cost for supplies will be assigned to the EMS Coordinators Budget.

(c) Bi-Annual Inspection: The Warren County Office of Emergency Services, EMS (Emergency Medical Services) Coordinator or Deputy Coordinator shall inspect each AED unit as part of the program's bi-annual safety inspections (See Appendix E). These reports will be kept on file in the EMS Coordinators office.

Each bi-annual inspection shall include observation of all self-diagnostic indicators on the equipment, as well as verification that each unit is complete, clean, and in good operating condition.

If a problem is detected in any of the above inspections, or if some attention otherwise seems warranted, then the person inspecting the AED unit should notify the Office of Emergency Services immediately.

In the event that such service or attention so warrants, arrangements shall be made immediately through the Office of Emergency Service to have this completed promptly.

IN THE EVENT OF EMERGENCY

Call 911 or direct someone else to call 911.

Caller should be prepared to provide the location and any pertinent details of the event.

Provide CPR and use AED as per American Heart Association Guidelines.

AFTER THE ARRIVAL OF MEDICAL ASSISTANCE

After EMS (Emergency Medical Services) has reached the location of the emergency, the Warren County Employees who have been attending to the patient may remain at the scene to assist the emergency medical service personnel unless otherwise directed.

AFTER THE DEPARTURE OF MEDICAL ASSISTANCE

1. When the AED is no longer needed it should be secured, taken out of service and returned to the Office of Emergency Services.
2. Employees involved in the use of the AED will be asked to meet with the EMS Coordinator or a Deputy Coordinator in order to fill out the QI report. (Appendix C).
3. Due to the possible emotional stress caused by a critical incident, determination of the need for Critical Incident Stress Debriefing will be made and reevaluated periodically after the event by the EMS Coordinator or Deputy Coordinator.

DOCUMENTATION REQUIREMENTS

In the event that any AED is used, the following steps are required:

- a.) The EMS Coordinator or Deputy Coordinator will complete the QI Incident Report and mail it to the Mountain Lakes Regional Emergency Medical Services Council within 5 days. (Appendix C)
- b.) EMS Coordinator or Deputy Coordinator will notify the Warren County Pad Program Medical Director promptly and provided them with the Incident Report and other relevant data.

**** Documentation requirements are the same should a non Warren County Employee use the AED.**

EMERGENCY HEALTH CARE PROVIDER

The Warren County Office of Emergency Services has entered into a collaborative agreement with a Medical Director: (Appendix A and B)

Dr. Douglas Girling
100 Park Street
Glens Falls, N.Y. 12801
Office (518) 926-1000

If the identity of the Medical Director changes, the Warren County Office of Emergency Services shall enter into a collaborative agreement with the new Medical Director, and shall submit the new collaborative as per the current requirement at that time.

QUALITY IMPROVEMENT PROGRAM

As required by the NYS Health Department, the Warren County Office of Emergency Services will participate in a regionally approved quality improvement program.

APPENDIX A

Date

Mr. Travis Howe
Mountain Lakes Regional Emergency Medical Services Council
5 Warren Street
Glens Falls, NY 12801

Dear Mr. Howe:

Enclosed is the Collaborative Agreement between Warren County and Dr. _____. You will also find our Notice of Intent to provide public access defibrillation.

Also, included is a copy of our public access defibrillation program for your review. Any comments and suggestions are welcome.

Please feel free to call anytime should you need any additional information.

Sincerely,

AED Coordinator



APPENDIX B
Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801

Public Access Defibrillation Collaborative Agreement

This document shall serve as a collaborative agreement between _____ (“*The Company*”) located at (address) _____ and the company's medical director / emergency health care provider. This document shall meet the provisions set forth in Section 3000-B Article 30 of the Public Health Law of the State of New York for the provisions Automated External Defibrillator (AED).

PURPOSE:

The Company is participating in Public Access Defibrillation to insure that as many employees as necessary can be trained in the use of an Automated External Defibrillator (AED). This training will be provided for the acquisition, deployment, and use of an AED(s) within the facility in an effort to reduce the number of deaths associated with sudden cardiac arrest.

MEDICAL DIRECTOR / EMERGENCY HEALTH CARE PROVIDER:

The Company operates under the guidance of a medical director. This shall fulfill the requirements of an "emergency health care provider" as outlined on the New York State Department of Health form 4135 *Notice of Intent to Provide PAD*.

TRAINING:

The Company has adopted the _____ guidelines for PAD and the training of employees in the use of the AED. All emergency response personnel and any other interested persons MUST successfully complete the required training course. All personnel must complete refresher training in accordance with the guidelines set forth by the training program. The trained employees shall be familiar with the location of the AED and perform regularly scheduled inspections (as recommended by the manufacturer) on the unit.

PROTOCOL FOR USE OF AED:

The Company has adopted the _____ AED Treatment algorithm for the use of the AED(s). The company's AED(s) shall be programmed to prompt the user and deliver counter shocks as outlined by the _____ algorithm.

EMS NOTIFICATION:

The Company will notify the (Ambulance Service Name) _____, (Fire Dept Name) _____ and the (County Name) _____ County Public Safety Answering Point (Dispatch Center) by mail of the placement and training for public access defibrillation. The (County Name) _____ County Public Safety Answering Point (Dispatch Center) will also be notified in the time of emergency.

DOCUMENTATION AND QUALITY IMPROVEMENT:

Anytime the AED is used in the resuscitation efforts of a patient, the operator shall complete a written report it shall be photocopied for the company's records and mailed to the REMSCO for data collection. This will be done as soon as possible to allow for further compilation of data as well as review of the incident. The address to return this information is:

Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801

All incidents involving the use of the AED shall be reviewed by the company's Medical Director / Emergency Health Care Provider, as well as the Mountain Lakes Regional EMS Council (REMSCO) in an effort to continue providing better care to future patients.

SUMMARY:

The Company is participating in Public Access Defibrillation in an effort to provide progressive quality emergency medical care to the employees, students and / or visitors who have experienced cardiac arrest. A number of employees will be trained to the standards of the _____ to perform CPR and utilize an AED in accordance with these provisions in an effort to lessen the number of deaths caused by sudden cardiac arrest.

AUTHORIZATION NAMES AND SIGNATURES:

Authorized Signature for Company

Date

(Print name)

Title

Signature of Medical Director / EHCP Representative

Date

(Print name)

APPENDIX C
Mountain Lakes Regional EMS Council

5 Warren Street
Glens Falls, NY 12801

518-793-8200

Public Access Defibrillation QI Report

Name of PAD Provider Organization:

Date of Incident://Time of Incident: am/pm

Patient's Age:Patient's Sex: () Male () Female

CPR prior to Defibrillation:() Attempted() Not Attempted

Cardiac Arrest: () Not Witnessed () Witnessed by Bystander () Witnessed by AED

Estimated Time (in minutes) from Arrest to: CPR: Shock: () Indicated () Not Indicated

Estimated Time (in minutes) from Arrest to 1st shock Number of Shocks:

Additional Comments:

Patient Outcome at Incident Site:

- () Return of pulse and breathing() No return of pulse or breathing
- () Return of pulse with no breathing() Became responsive
- () Return of pulse, then loss of pulse() Remained unresponsive

Name of AED Operator:_____Transporting Ambulance:_____

Name of Facility Patient Transported to:

Name of Emergency Health Care Provider:

_____Signature of Health Care Provider Date of Report

This report is to be completed **within five (5) business days of use** of an AED.

The completed report must be mailed to:

Mountain Lakes Regional EMS Council

5 Warren Street
Glens Falls, NY 12801

The information obtained from this report will be maintained as confidential Quality Assurance information pursuant to Article 30, Section 3004-A and 3006 of the Public Health Law of the State of New York.

**APPENDIX D
WARREN COUNTY OFFICE OF EMERGENCY SERVICES
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
MONTHLY INSPECTION REPORT**

DEVICE LOCATION:

Date of Inspection _____

INVENTORY ITEM:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:
1.Storage Cabinet Intact / Sealed				
2.AED Unit Intact				
3.Battery Installed & Functional				
4. Ready Light Operational				
5.AED Self Test				
6.AED User Guide In Cabinet				
7.CPR Guide In Cabinet				
8.Spare Battery(Exp. Date)				
9a.Adult Electrode Pad Exp. date				
9b.Child Electrode Pad Exp. date				
10.Incident Report Forms (2)				
11.Pen				
12.Mouth Barrier Device				
13.Razor				
14.Scissors				
15.Non-Latex Glove (2 Pairs)				
16.Gauze Pads or Towel				

17.Serial Number				
SIGNATURE OF INSPECTOR: _				

COMMENTS:

**APPENDIX E
WARREN COUNTY OFFICE OF EMERGENCY SERVICES
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
BI-ANNUAL INSPECTION REPORT**

DEVICE LOCATION:

Date of Inspection _____

INVENTORY ITEM:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:
1.Storage Cabinet Intact / Sealed				
2.AED Unit Intact				
3.Battery Installed & Functional				
4. Ready Light Operational				
5.AED Self Test				
6.AED User Guide In Cabinet				
7.CPR Guide In Cabinet				
8.Spare Battery(Exp. Date)				
9a.Adult Electrode Pad Exp. date				
9b.Child Electrode Pad Exp. date				
10.Incident Report Forms (2)				
11.Pen				
12.Mouth Barrier Device				
13.Razor				
14.Scissors				
15.Non-Latex Glove (2 Pairs)				
16.Gauze Pads or Towel				

17.Serial Number				
SIGNATURE OF INSPECTOR: _				

COMMENTS:

APPENDIX F

Warren County Board of Supervisors Resolution of Acceptance of this plan

APPENDIX G

**COPY OF
NOTICE OF INTENT TO PROVIDE
PUBLIC ACCESS DEFIBRILLATION**