



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
45 Academy Avenue  
Cornwall on Hudson, NY 12520  
(845) 534-2430 Phone  
(845) 534-3070 Fax  
hvremSCO@hvremSCO.org  
www.hvremSCO.org

## COLLABORATIVE AGREEMENT

### Public Access Defibrillation

As per New York State Department of Health requirements,

**Agency Name:** \_\_\_\_\_ and  
(Hereafter referred to as the Public Access Defibrillation Entity)

**Physician/Hospital:** \_\_\_\_\_  
(Hereafter referred to as the Emergency Health Care Provider)

enter into this collaborative agreement in which;

1. The Public Access Defibrillation (PAD) Entity will possess and operate one or more automated external defibrillators (AED) in accordance with New York State Public Health Law Article 30, Section 3000-b and will develop written operating protocols to ensure AED use conforms with the standards established by the American Heart Association;
2. The PAD Entity will establish written policies and procedures which ensure the immediate calling of 911 and readily identifies the location of the AED units;
3. The PAD Entity will ensure that regular maintenance and checkout procedures for the AED unit(s) meet or exceed manufacturer recommendations;
4. The Pad Entity will ensure that the AED will only be utilized by personnel who have successfully completed a PAD training course that is approved by the New York State Department of Health;
5. The PAD Entity will participate in the Hudson Valley Regional EMS Council (HVREMSCO) Quality Improvement Program and will utilize the provided PAD incident report to document all uses of the AED. This incident report will be mailed to the HVREMSCO Office immediately following all uses of the AED. Additionally, copies of all written and digital records resulting from the utilization of the AED will be made available to the Emergency Health Care Provider (ECHP);
6. The PAD Entity agrees to provide written notice of the availability of AED service at the organization's location to the 911 and/or community equivalent ambulance dispatch entity;
7. The Emergency Health Care Provider acknowledges that they are knowledgeable and experienced in emergency cardiac care;
8. The Pad Entity will review this agreement on an annual basis and will file a new Collaborative Agreement with the Hudson Valley Regional EMS Council if the EHCP, or any of the contents of this agreement, changes.

\_\_\_\_\_  
**Name of Authorized PAD Entity Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(If EHCP is a Hospital) Name of Authorized Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Emergency Health Care Provider's Signature**

\_\_\_\_\_  
**Date**