

Ulster County

HEART Safe



Community[®]

Application Packet



HEART Safe Community **DESIGNATION APPLICATION FORM**

INTRODUCTION:

Data from the New York State Department of Health and the Hudson Valley Regional EMS Center indicates approximately 105 residents in Ulster County die each year due to sudden cardiac arrest. Cardiovascular disease is the leading cause of death in Ulster County and in the nation. According to the American Heart Association (AHA) less than five percent of sudden cardiac arrest victims survive because a vast majority of people witnessing the arrest do not know CPR or the “chain of survival” consisting of a series of four steps:

- **Early access** to care (dial 911 immediately),
- **Early CPR** to maintain blood flow to the brain until the next step,
- **Early defibrillation** to deliver a shock of electricity to restart the heart with the use of an AED,
- and **Early advanced care** to be administered by a pre-hospital emergency team at the scene and transport to the hospital.

The AHA states that knowledge and execution of these steps can increase the survival rate by 20 percent or more. To help increase the survival of those who experience a heart attack in Ulster County, the Ulster County Legislature charged the Ulster County Health Department with the implementation of an AHA program called *HEART Safe Communities*. The *HEART Safe* program is based on incentives and recognition to all those who meet specific criteria that have the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation.

A “***HEART Safe***” entity or community promotes and supports:

- CPR training in the community,
- Public access to defibrillation through strategic placement of automated external defibrillators (AEDs) for use by public safety professionals and other trained community members,
- Early advanced care, and
- Increase of out of hospital survival rate.

In support of *HEART Safe* Communities, the Ulster County Legislature adopted Resolution 45 on February 19, 2008, which states that in the best interest of Ulster County and all its residents that AEDs will be broadly and readily available at the most affordable price possible through the County. The County Legislature implores that every home, business and community gathering place be equipped with an AED.

Benefits of Participating in this Initiative:

There are various benefits to having a *HEART Safe* organization or entity. First, it increases the chances of survival of those who might have a sudden cardiac arrest at a *HEART Safe* location. Second, having a compliant program including emergency plan, drills and training, will minimize the frivolous lawsuits and offer legal protection. And finally, worksites' entities might have a reduction in their workers' compensation insurance premium.

Do you live in a *HEART Safe Community*? Do you work for a *HEART Safe Entity*?

- If someone in your community suffers a sudden cardiac arrest tomorrow, how likely is he or she to survive due to **rapid access** to life-saving treatment?
- How many residents and public safety officials in your community can **recognize the symptoms** of cardiac arrest and know how to get help “on the way, right away”?
- Who knows **cardiopulmonary resuscitation** (CPR) in your agency/community and is prepared to administer it when necessary?
- Where are **automated external defibrillators** (AEDs) located, and who has been trained to use them appropriately?

The answers to these questions could determine whether or not your community or agency qualifies as to be designated *HEART Safe*.

A *HEART Safe* designation is determined by meeting basic and category specific criteria. To obtain a *HEART Safe* designation please complete all the information requested in this form.

ULSTER COUNTY HEART Safe DESIGNATION

APPLICATION PROCESS

Every applicant must complete the five basic criteria (as outlined in the application form). Additional criteria achieved, such as number of staff trained in CPR, will determine your bronze, silver, or gold status.

Once your application is received, members of the **ULSTER County HEART Safe Committee** will review it. The application must include a New York State Public Access Defibrillator (PAD) intent form. After review of your application a site visit may be done to verify the application content.

The designation is valid for two years, after which you can re-apply to maintain or upgrade your designation.

Completed applications may be emailed to: HealthEd@co.ulster.ny.us, or they may be mailed to:

**Ulster County Health Department
Attn: Health Education Unit
300 Flatbush Avenue
Kingston, NY 12042**

Note: You may apply for a tax credit when purchasing your AED (if applicable)

HEART Safe DESIGNATION APPLICATION FORM

Application Date: _____

Name/Address of entity seeking designation:

--

Name

--	--	--

Address

State

Zip code

Entity's Chief Elected Officer (or designee):

--	--	--

Name

Job title

Business phone number

--	--	--

Business address

State

Zip code

911 Call Center Location:

Ulster County Emergency Communications Center	845-338-1440
---	--------------

Name

Phone number

238 Golden Hill Lane, Kingston	NY	12401
--------------------------------	----	-------

Address

State

Zip code

Emergency Medical Services Provider(s):

--	--

Organization/agency

Contact person(s)

--	--	--

Address

State

Zip code

--	--

Phone

Email address

Which accredited CPR training program did you use?

- American Heart Association (AHA)
- American Red Cross (ARC)
- American Safety and Health Institute (ASHI)
- National Safety Council (NSC)

Specify the category your entity can be identified as (select only one):

- Educational Institutions
- Work Places
- Community Based Entities (CBO or Faith Based)
- Local Jurisdictions

All entities applying will need to meet the following five basic criteria before they can be considered for the **Ulster County HEART Safe** designation (see glossary for details).

Check the boxes to indicate that your agency/community meets these basic criteria.

- Orientation of enhanced 911 included in the program training (Access to 911)
- Develop Emergency Response Policies and Procedures
- CPR-trained personnel / faculty / students
- AED readily available (should be self testing unit) on site with proper signage, and is regularly monitored
- PAD Notice of Intent (Please attach a copy to this application)

To help us decide which level of designation you qualify for, **please check off the appropriate boxes within the specific row that identifies your entity** (i.e. Educational institution, workplace, community based organization, or local jurisdiction).

	BRONZE	SILVER	GOLD
EDUCATIONAL INSTITUTIONS	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 25% permanent staff trained in current CPR <input type="checkbox"/> 25-49% students trained in CPR <input type="checkbox"/> 100% security must be trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 50% permanent staff trained in current CPR <input type="checkbox"/> 50-74% students trained in CPR <input type="checkbox"/> 100% security must be trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 75% permanent staff trained in current CPR <input type="checkbox"/> 75-100% students trained in CPR <input type="checkbox"/> 100% security must be trained in CPR
BUSINESSES	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 25% permanent staff trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 50% permanent staff trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 75% permanent staff trained in CPR
COMMUNITY BASED/ PLACE OF ASSEMBLY/ RESTAURANTS	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 25% permanent staff trained in CPR <input type="checkbox"/> 25-49% restaurants will have CPR kits (per New York State Law)	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 50% permanent staff trained in CPR <input type="checkbox"/> 50-74% restaurants will have CPR kits (per New York State Law)	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 75% permanent staff trained in CPR <input type="checkbox"/> 75-100% restaurants will have CPR kits (per New York State Law)
LOCAL JURISDICTIONS (TOWNS, CITIES, VILLAGES, COUNTY)	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 25% Municipally owned or leased property will have AEDs available <input type="checkbox"/> 25% permanent staff will be trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 50% Municipally owned or leased property will have AEDs available <input type="checkbox"/> 50% permanent staff will be trained in CPR	<input type="checkbox"/> Meets Basic Criteria + <input type="checkbox"/> 75% Municipally owned or leased property will have AEDs available <input type="checkbox"/> 75% permanent staff will be trained in CPR

GLOSSARY OF TERMS

Advanced Life Support Personnel

Emergency Medical Technician or Paramedic currently certified by the New York State Department of Health.

AED (Automated External Defibrillator)

A semi-automatic or automatic defibrillator which guides the user through the steps of defibrillation. This device recognizes life threatening heart rhythms and advises the user to shock or not shock the victim.

AED Placement / AED readily available on site with proper signage

Signs should be placed throughout the building indicating that there is an AED on site. AEDs should be placed in an area where it is readily available to use in an emergency. AEDs are lightweight, sturdy, and easy to use by anyone who has been trained. AEDs should only be used by individuals certified by defibrillation training programs that have medical oversight.

Chain of Survival

Four links that increase the chances of survival for cardiac arrest victims: early access to emergency care, early CPR, early defibrillation, and early advanced care.

CPR (Cardiopulmonary Resuscitation)

CPR is the provision of rescue breathing and chest compressions to individuals suffering from cardiac arrest. It is a simple, easily learned emergency procedure designed to keep the victim's brain and heart supplied with blood and oxygen until medical help arrives.

Current CPR Training

Training in CPR taught by an accredited training center using an accredited program such as American Heart Association and other national accredited programs (see resources in appendix). CPR training must also be kept current with re-certification every two years.

Defibrillation

The delivery of an electric shock to restore a heart's normal rhythm. Provided by an individual trained and currently certified in the use of an automated external defibrillator (AED).

Early Access to Emergency Care

This involves the ability of bystanders to recognize the symptoms of cardiac arrest and call 911 immediately. It also means that EMS dispatchers are equipped with instructions for the caller and can get an Advanced Life Support response vehicle to the scene quickly.

Early Advanced Care

Advanced care is delivered by a response vehicle staffed by advanced life support personnel (EMT-Intermediates or Paramedics). Advanced care is a way of providing many of the emergency room procedures in the field in a timely manner, thereby increasing the chances of survival for the victim.

Early CPR

CPR, when properly administered, buys precious minutes until a defibrillator is available. Public knowledge and awareness must be increased so that those trained in CPR will actually use it when it is needed.

Early Defibrillation

Defibrillation is the delivery of an electric shock to restore the heart's normal rhythm. Early defibrillation is a critical link in the chain of survival.

Emergency Medical Services (EMS)

Officially designated system for the provision of emergency response in a community for the first responder, basic, and advanced life support services.

Emergency Response Plan

A comprehensive written response plan used in the event of an emergency. This plan should include:

- Identification of location of AED(s)
- Schedule and description of drilling procedures
- Accredited CPR training program
- Name of outside training center to be used, if not in house
- 911 calling instructions and inclusion of enhanced 911-program training

Enhanced 911

An intricate system where the call is routed directly to an E-911 center. The call-taker can see the address and phone number of caller immediately on the screen. The dispatcher obtains necessary information relative to emergency. Instructions are then given to caller, while a second dispatcher sends the proper units to the address of the emergency.

First Responder

Officially-designated first responder emergency service for a municipality. May be EMS, fire, or police response vehicles.

HEART Safe Designation

A community or entity that has documented the 'Chain of Survival' links to address cardiac emergencies for its community. These links include early access to emergency care, early CPR, early defibrillation, and early advanced care.

Heart Attack

A heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly, the section of heart muscle becomes damaged from lack of oxygen and begins to die.

Public Access Defibrillator (PAD) notice of intent

A New York State Department of Health Bureau of Emergency Medical Services' Notice of Intent requires specific information including physician oversight, selection of an approved training program, written practice protocols, etc. The purpose of this intent form is to assist a person, firm organization, or other entity in understanding the notification process for the operation of an Automated External Defibrillation (AED). Pursuant to a collaborative agreement under the provision of 552 of the laws of 1998, authorizing Public Access Defibrillator (PAD).

Sudden Cardiac Arrest

Also known as sudden cardiac death, is when the heart suddenly and unexpectedly stops beating. When this occurs, blood stops flowing to the brain and other vital organs. Sudden cardiac arrest usually causes death if not treated in minutes.

QUESTIONS & ANSWERS

Who can apply to be designated *HEART Safe*?

Any entity within the community meeting the defined criteria.

Is there an application fee?

No, there is no application fee.

Why should my agency/community be designated as *HEART Safe*?

To make the agency/community a safer place to live, work, and play by being prepared as well as to reduce the number of deaths and disabilities associated with cardiac arrest.

When is the *HEART Safe* Designation application due?

HEART Safe designation application can be submitted to the Ulster County Health Department anytime; however review periods will be January and August.

For how long is the designation valid?

The *HEART Safe* designation is valid for two years.

What is the cost associated with meeting the criteria to become *HEART Safe*?

The cost will vary depending on characteristics including CPR training needs and AED costs.

Who decides if an agency/community has met the criteria to be designated *HEART Safe*?

The Ulster County *HEART Safe* Task Force, which is made up of Ulster County Health Department staff, representatives and/or volunteers of American Heart Association, and other community members appointed by the County Executive.

Will an AED always resuscitate someone in cardiac arrest?

The AED will look at the electrical activity of the heart. If the electrical activity is “chaotic” and needs a “restart” the unit will request a shock will be delivered. If someone is in cardiac arrest and the AED does not indicate a shock, CPR should be initiated.

Is the AED safe to use?

Absolutely! An AED is safe to use by anyone who has been trained in its operation. They are designed with multiple safeguards and warnings before any energy is released. There should be training or supervision from a trained person.

Can anyone buy an AED?

Yes, however, AEDs are manufactured and sold under guidelines approved by the FDA. For organizational use, the New York State Department of Health’s Public Access Defibrillator (PAD) Notice of Intent must be completed and submitted. For home use, current FDA rules require a physician’s prescription to purchase an AED.

How much does an AED cost?

There is a variety of AEDs available. Some are designed for medical professionals and are priced higher than the AEDs that can be used by the general public. In New York State, there is a \$500 tax deduction available. In support of *HEART Safe* Communities, the Ulster County Legislature adopted Resolution 45 on February 19, 2008, which states that in the best interest of Ulster County and all its residents that AEDs will be broadly and readily available at the most affordable price possible through the County. For resuscitation of a friend, coworker, or loved one, it’s priceless. Websites for purchasing AEDs and financial assistance are listed in the Reference page.

What type of maintenance is involved with an AED?

The AED requires regular inspection to ensure the unit is functioning. Weekly inspection is required to ensure the AED and the alarm on the cabinet is operating correctly and supplies are current. Every AED has specific criteria for inspection, but in general for inspections of AEDs and the cabinet, you must:

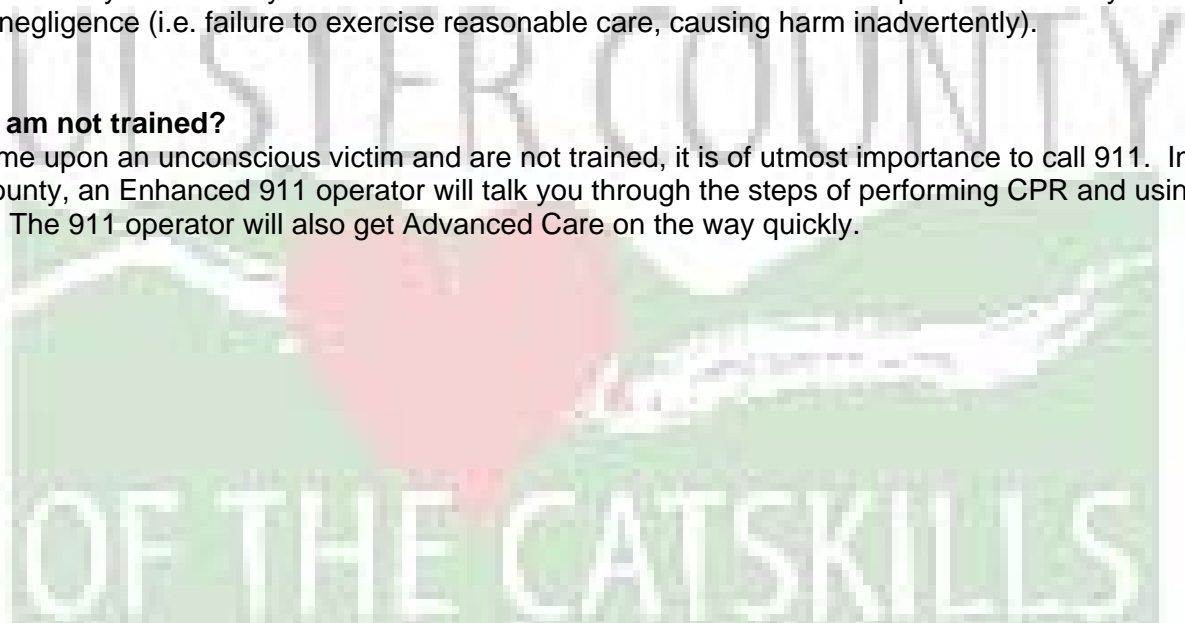
- Open the AED case and inspect the unit for damage
- Check expiration dates on the 2 sets of Adult & 2 sets of Pediatric defibrillator pads and note dates on weekly checklist.
- Check “install before date” on spare battery and note date on weekly checklist.
- Check plastic bag for the following supplies: A pocket mask, disposable gloves, disposable shaver, disposable face shield with one-way valve, scissors, and towel.
- Notify Medical Director of use. If there is a data card in the AED, remove and give to Medical Director.

Who can administer CPR and use the AED?

Anyone who is currently certified by a nationally recognized agency or is acting under the direction of someone with training (i.e. 911), acting in good faith, and within the constraints of their certification receives immunity from liability under Public Health Law 3000 a & b. This law precludes liability for ordinary negligence (i.e. failure to exercise reasonable care, causing harm inadvertently).

What if I am not trained?

If you come upon an unconscious victim and are not trained, it is of utmost importance to call 911. In Ulster County, an Enhanced 911 operator will talk you through the steps of performing CPR and using an AED. The 911 operator will also get Advanced Care on the way quickly.



APPENDIXES

- NYS Public Health law Section 3000 - Good Samaritan Law - <http://www.health.state.ny.us/nysdoh/ems/art30.htm>
- Resources
- NYS DOH Bureau of Emergency Medical Services - Public Access Defibrillation Program requirements, including Notice of Intent to Provide Public Access Defibrillation - <http://www.health.state.ny.us/nysdoh/ems/policy/06-03.htm>
- CT -250 Tax Credit Application Form for purchase of an automated external defibrillator - http://www.tax.state.ny.us/pdf/2006/corp/ct250_2006.pdf



GOOD SAMARITAN LAW

New York State Public Health Law Section 3000-a

§ 3000-a. Emergency medical treatment.

1. Except as provided in subdivision six of section six thousand six hundred eleven, subdivision two of section six thousand five hundred twenty-seven, subdivision one of section six thousand nine hundred nine and sections six thousand five hundred forty-seven and six thousand seven hundred thirty-seven of the education law, any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill, or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such person. Nothing in this section shall be deemed or construed to relieve a licensed physician, dentist, nurse, physical therapist or registered physician's assistant from liability for damages for injuries or death caused by an act or omission on the part of such person while rendering professional services in the normal and ordinary course of his or her practice.
2.
 - i. A person who, or entity, partnership, corporation, firm or society that, purchases or makes available resuscitation equipment that facilitates first aid, an automated external defibrillator or an epinephrine auto-injector device as required by or pursuant to law or local law, or
 - ii. an emergency health care provider under a collaborative agreement pursuant to section three thousand-b of this article with respect to an automated external defibrillator, or
 - iii. the emergency health care provider with a collaborative agreement under section three thousand-c of this article with respect to use of an epinephrine auto-injector device, shall not be liable for damages arising either from the use of that equipment by a person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or medical emergency, or from the use of defectively manufactured equipment; provided that this subdivision shall not limit the person's or entity's, partnership's, corporation's, firm's, society's or the emergency health care provider's liability for his, her or its own negligence, gross negligence or intentional misconduct.

Public Health Law Section 3000-b

§ 3000-b. Automated external defibrillators: Public access providers.

1. Definitions. As used in this section, unless the context clearly requires otherwise, the following terms shall have the following meanings:
 - a. "Automated external defibrillator" means a medical device, approved by the United States Food and Drug Administration, that:
 - i. is capable of recognizing the presence or absence, in a patient, of ventricular fibrillation and rapid ventricular tachycardia;
 - ii. is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient;
 - iii. upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient's heart; and
 - iv. then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.
 - b. "Emergency health care provider" means
 - i. a physician with knowledge and experience in the delivery of emergency cardiac care; or
 - ii. a hospital licensed under article twenty-eight of this chapter that provides emergency cardiac care.
 - c. "Public access defibrillation provider" means a person, firm, organization or other entity possessing or operating an automated external defibrillator pursuant to a collaborative agreement under this section.
 - d. "Nationally-recognized organization" means a national organization approved by the department for the purpose of training people in use of an automated external defibrillator.
2. Collaborative agreement. A person, firm, organization or other entity may purchase, acquire, possess and operate an automated external defibrillator pursuant to a collaborative agreement with an emergency health care provider. The collaborative agreement shall include a written agreement and written practice protocols, and policies and procedures that shall assure compliance with this section. The public access defibrillation provider shall file a copy of the collaborative agreement with the department and with the appropriate regional council prior to operating the automated external defibrillator.

3. Possession and operation of automated external defibrillator. Possession and operation of an automated external defibrillator by a public access defibrillation provider shall comply with the following:
 - a. No person may operate an automated external defibrillator unless the person has successfully completed a training course in the operation of an automated external defibrillator approved by a nationally recognized organization or the state emergency medical services council. However, this section shall not prohibit operation of an automated external defibrillator, by a health care practitioner licensed or certified under title VIII of the education law or a person certified under this article acting within his or her lawful scope of practice or
 - i. by a person acting pursuant to a lawful prescription.
 - b. The public access defibrillation provider shall cause the automated external defibrillator to be maintained and tested according to applicable standards of the manufacturer and any appropriate government agency.
 - c. The public access defibrillation provider shall notify the regional council of the existence, location and type of any automated external defibrillator it possesses.
 - d. Every use of an automated external defibrillator on a patient shall be immediately reported to the appropriate local emergency medical services system, emergency communications center or emergency vehicle dispatch center as appropriate and promptly reported to the emergency health care provider.
 - e. The emergency health care provider shall participate in the regional quality improvement program pursuant to subdivision one of section three thousand four-a of this article.
4. Application of other laws.
 - a. Operation of an automated external defibrillator pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.
 - b. Operation of an automated external defibrillator pursuant to this section shall not constitute the unlawful practice of a profession under title VIII of the education law.

RESOURCES

- For additional support **to complete this packet**, you may call American Heart Association at 845.905.2135.
- If you are interested in getting an **accredited training CPR program** you can log on to:
 - * American Heart Association's website at www.americanheart.org/cpr
 - * The American Red Cross' website at <http://chapters.redcross.org/ny/Ulster/sched.hs.htm>
 - * The National Safety Council at <http://www.nsc.org/train/ed>Or another nationally accredited program where you will find training centers in your area and schedules for CPR trainings.

- If you are interested in **purchasing an AED**, the following websites and phone numbers can help:

Cardiac Science
800.991.5465

www.caridacscience.com

Defibtech
866.333.4248

www.defibtech.com

HEARTSINE Technologies
866.478.7463

www.heartsine.com

Medical Research Laboratories Inc.
800.462.0777

www.mrlinc.com

Medtronic Physio-Control
800.442.1142

www.medtronicphysiocontrol.com

Philips Medical Systems/Heartstream
800.263.3342

www.medical.philips.com

Zoll Medical Corporation
800.348.9011

www.zoll.com

Or the websites:

<http://americanheart.org/presenter.jhtml?identifier=3020077>

<http://americanheart.org/presenter.jhtml?identifier=3011859>

Please Note:

The Ulster County Health Department and American Heart Association do not endorse or recommend one device over another.

- If you would like to know about **financial support and grants** for purchasing AEDs visit:

<http://www.americanheart.org/presenter.jhtml?identifier=3010150>

<http://www.Medtronic.com/foundation/>

<http://www.defibrillatorhub.com/AEDGrants.php>

<http://www.la12.org/>

<http://www.aedgrant.com/>



Public Access Defibrillation

Bureau of EMS Policy Statement	
Policy Statement #	06-03
Date	05/09/06
Subject	Re: Public Access Defibrillation
Supercedes/Updates	98-10

The purpose of this policy is to assist a person, firm, organization or other entity in understanding the notification process for operating an automated external defibrillator pursuant to a collaborative agreement under the provisions of Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation. A Public Access Defibrillation (PAD) program is designed to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest. Since the enabling legislation's inception, there have been 4,140 PAD programs established, with over 135,000 people trained. This program has been successful in saving many lives across New York State.

To be authorized to use an AED under this statute an individual or organization needs to make specific notification of intent to establish a PAD program to the appropriate Regional Emergency Medical Services Council (REMSCO) and the New York State Department of Health (DOH).

There are no approvals or certifications required.

Public Access Defibrillation Program Requirements Original Notification Process

To be authorized to have a PAD program and utilize an AED, the following steps must be completed:

- Identify a New York State licensed physician or New York State based hospital knowledgeable and experienced in emergency cardiac care to serve as Emergency Health Care Provider (EHCP) to participate in a collaborative agreement;
- Select an AED that is in compliance with the Article 30, section 3000-B (1)(A). The AED must be programmed to the current Emergency Cardiovascular Care (ECC) Guidelines, capable of defibrillating both adult and pediatric patients. Please check the shaded box on the Notice of Intent to Provide PAD (DOH-4135) if the machine is approved for pediatric use;
- Select and use a DOH approved PAD training course for AED users. The approved programs are listed on the Notice of Intent Form;
- Develop with the EHCP, a written collaborative agreement which shall include, but not be limited to the following items:
 - Written practice protocols for the use of the AED;
 - Written policies and procedures which include:
 - Training requirements for AED users;
 - A process for the immediate notification of EMS by calling of 911;
 - A process for identification of the location of the AED units;
 - A process for routine inspection of the AED unit(s) as well as regular maintenance and which meet or exceed manufacturers recommendations;
 - Incident documentation requirements, and
 - Participation in a regionally approved quality improvement program.
- Provide written notice to the 911 and/or the community equivalent ambulance dispatch entity of the availability of AED service at the organization's location,
- File the Notice of Intent to Provide PAD (DOH 4135) and a signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO), and

- File a new Collaborative Agreement with the REMSCO if the EHCP changes.

Reporting a PAD AED Use

In the event that the PAD program uses the AED to defibrillate a person, the program must report the incident to the appropriate REMSCO. The REMSCO may request additional information regarding the incident, but the PAD must report, at a minimum, the following information:

- Provide written notification of AED usage to the REMSCO within 48 hours of the incident;
- The name of the PAD program;
- Location of the incident;
- The date and time of the incident;
- The age and gender of the patient;
- Estimated time from arrest to CPR and the 1st AED shock;
- The number of shocks administered to the patient;
- The name of the EMS agency that responded, and
- The hospital to which the patient was transported.

A copy of the usage report should also be provided to the EHCP.

Regional EMS Council Responsibility in Public Access Defibrillation

Each REMSCO is responsible for receiving and maintaining notification and utilization documentation. The REMSCOs must develop and implement the following policies and procedures:

- Insure that a copy of each new or updated Notice of Intent (DOH 4135) is forwarded to the Bureau of EMS;
- Maintain a copy of the Notice of Intent and the Collaborative Agreement;
- Collect utilization documentation and information;
- Provide detailed quarterly reports to the DOH on PAD programs in the region, and
- Develop Quality Assurance participation, data submission and documentation requirements for participating organizations.

Data Collection Requirements

REMSCO quality improvement programs are encouraged to use the data elements from the Utstein Guidelines for Prehospital Cardiac Arrest Research (Cumming RO, Chamberlain DA, Abramson NS, et al, Circulation 1991; 84:960-975).

The following minimum data set is to be developed and collected as a part of the regional PAD QI process. A copy of the data set is to be provided by each region to the DOH Bureau of EMS quarterly:

- Name of organization providing PAD
- Date of incident
- Time of Incident
- Patient age
- Patient gender
- Estimated time from arrest to 1st AED shock
- Estimated Time from arrest to CPR
- Number of shocks administered to the patient
- Transport ambulance service

- Patient outcome at incident site (remained unresponsive, became responsive, etc)

Ambulance and ALS First Response Services

Ambulance or ALSFR services may not participate in PAD programs for emergency response. Certified EMS agencies must apply for authority to equip and utilize AEDs through their local Regional Emergency Medical Advisory Committee (REMAC).

Please note that the Prehospital Care Report (PCR) has a check box for EMS providers to indicate that a patient has been defibrillated prior to EMS arrival by a community or by-stander PAD provider. Documenting this information is required so that the DOH may monitor the effectiveness of these community based programs.

Attachments

1. [Notice of Intent to Provide Public Access Defibrillation](#) (PDF 25KB 1pg.)
2. [Regional EMS Council Listing](#)



**Notice of Intent to Provide
 Public Access Defibrillation**

Original Notification Update

Entity Providing PAD

Name of Organization		() Telephone Number
Name of Primary Contact Person		E-Mail Address
Address		() Fax Number
City	State	Zip

Type of Entity (please check the appropriate boxes)

<input type="checkbox"/>	Business	<input type="checkbox"/>	Fire Department/District	<input type="checkbox"/>	Private School
<input type="checkbox"/>	Construction Company	<input type="checkbox"/>	Police Department	<input type="checkbox"/>	College/University
<input type="checkbox"/>	Health Club/ Gym	<input type="checkbox"/>	Local Municipal Government	<input type="checkbox"/>	Physician's Office
<input type="checkbox"/>	Recreational Facility	<input type="checkbox"/>	County Government	<input type="checkbox"/>	Dental Office or Clinic
<input type="checkbox"/>	Industrial Setting	<input type="checkbox"/>	State Government	<input type="checkbox"/>	Adult Care Facility
<input type="checkbox"/>	Retail Setting	<input type="checkbox"/>	Public Utilities	<input type="checkbox"/>	Mental Health Office or Clinic
<input type="checkbox"/>	Transportation Hub	<input type="checkbox"/>	Public School K - 6	<input type="checkbox"/>	Other Medical Facility (specify)
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Public School 6 - 12	<input type="checkbox"/>	Other (specify)

PAD Training Program

<input type="checkbox"/>	American Heart Association	<input type="checkbox"/>	National Safety Council	<input type="checkbox"/>	REMSCO of NYC, Inc
<input type="checkbox"/>	American Red Cross	<input type="checkbox"/>	Emergency Services Institute	<input type="checkbox"/>	EMS Safety Service, Inc
<input type="checkbox"/>	American Safety & Health Institute	<input type="checkbox"/>	Medic First Aid International	<input type="checkbox"/>	State University of NY

Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable <input type="checkbox"/>	Number of Trained PAD Providers	Number of AEDs
--------------------------	--	------------------------------------	----------------

Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)		Telephone Number
Address		() Fax Number
City	State	Zip

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person	Telephone Number
Name of 911 Dispatch Center and Contact Person	County

Authorization Names and Signatures

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date

DOH-4135(5/08) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for your area



CT-250

Staple forms here

New York State Department of Taxation and Finance

Credit for Purchase of an Automated External Defibrillator

Tax Law — Articles 9-A, 32, and 33

All filers must enter tax period:

beginning [] ending []

Name [] Employer identification number []

File this form with Form CT-3, CT-3-A, CT-3-S, CT-32, CT-32-A, CT-32-S, CT-33, CT-33-A, or CT-33-NL.

Part 1 – Computation of credit (attach additional sheets if necessary)

Table with 5 columns: A Defibrillator name/model number, B Date purchased, C Cost, D Maximum credit, E Credit. Includes summary rows 1-3.

Part 2 – Computation of credit used (New York S Corporations do not complete this part)

Table with 9 rows for tax computation: 4 Tax before credits, 5 Enter other tax credits used, 6 Net tax, 7 Tax limitation, 8 Credit limitation, 9 Credit used for the current tax year.

41801060094

Instructions

General information

A credit for purchase of an automated external defibrillator, as defined under section 3000-b of the Public Health Law, is allowed for tax years beginning on or after January 1, 2001. A taxpayer may claim the credit for each automated external defibrillator purchased (other than for resale) during the tax year.

Eligibility

The following taxpayers are eligible to claim the credit:

- General business corporations taxable under Article 9-A
- Banking corporations taxable under Article 32
- Insurance corporations taxable under Article 33

Credit amount

The amount of the credit allowed for each automated external defibrillator purchased (other than for resale) during the tax year is equal to the lesser of

- the cost to the taxpayer of the automated external defibrillator, or
- \$500.

There is no limit on the number of automated external defibrillators purchased during the tax year on which the credit may be claimed. However, the credit cannot exceed \$500 for each unit purchased. The credit cannot reduce the tax to less than the following minimum taxes:

- the larger of the tax on minimum taxable income base or fixed dollar minimum tax as computed under Article 9-A;
- the fixed minimum tax of \$250 computed under Article 32; or
- the fixed minimum tax of \$250 under Article 33.

Any amount of the credit not applied against the current tax year may not be carried over to the following tax year or years. The credit is not refundable. Any amount of the credit not applied against the current tax year may not be claimed as an overpayment of tax. The credit cannot be applied against the metropolitan transportation business tax (MTA surcharge) under Articles 9-A, 32, or 33.

Definition

An *automated external defibrillator* is a medical device, approved by the United States Food and Drug Administration, that

- is capable of recognizing the presence or absence, in a patient, of ventricular fibrillation and rapid ventricular tachycardia;
- is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient;
- upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient's heart; and
- then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.

Line instructions

General business corporations taxable under Article 9-A (other than New York S corporations), banking corporations taxable under Article 32, and insurance corporations taxable under Article 33 complete Part 1 and Part 2.

New York S corporations: Complete Form CT-250 through line 3 and include the amount from line 3 on Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*.

Part 1 — Computation of credit

Column A — Enter the name and model number of each automated external defibrillator (as defined under Public Health Law section 3000-b) that you purchased (other than for resale) during the current tax year.

Column B — Enter the date that the automated external defibrillator listed in column A was purchased.

Column C — Enter the cost of the automated external defibrillator listed in column A. The term *cost* means the basis of the property as defined in Internal Revenue Code (IRC) section 1012.

Column E — Enter for each automated external defibrillator listed in column A, the lesser of

- the cost of the automated external defibrillator as shown in column C, or
- the \$500 maximum shown in column D.

The credit amount cannot exceed \$500 for each unit purchased.

If you purchased more than five automated external defibrillators, list the requested information on a separate sheet and attach the list to this form.

Line 1 — Use line 1 if you own the automated external defibrillator and you are claiming the credit for the purchase. Do not include on line 1 a credit for purchase of an automated external defibrillator received from a pass-through entity described on line 2.

Line 2 — If you have a credit for purchase of an automated external defibrillator from a pass-through entity that is a partnership, enter on line 2 your pro rata share of the credit of an automated external defibrillator received from the partnership. This information should be provided to you by the partnership. The partnership completes Form IT-250, *Claim for Credit for Purchase of an Automated External Defibrillator*, and provides each partner with their pro rata share of the credit for purchase of an automated external defibrillator.

If you have pass through credits from more than one partnership, add them together and enter the amount on line 2.

If you have no credit for purchase of an automated external defibrillator from a pass-through entity that is a partnership, enter 0 on line 2.

Part 2 — Computation of credit used

New York S corporations: Do not complete Part 2. Transfer the line 3 amount to Form CT-34-SH and provide each shareholder with their pro rata share of the credit. Each shareholder of the New York S corporation will claim their share of the credit on Form IT-250, Schedule C. See Form IT-250-I, *Instructions for Form IT-250*, for further information.

A credit that originates in a New York S year flows through to the individual shareholders of the New York S corporation under Article 22, and the credit cannot be applied against the New York State corporation franchise tax in a New York S year.

Line 4 — Enter your franchise tax before credits from the following forms:

- Form CT-3, line 78
- Form CT-3-A, line 77
- Form CT-32, line 5
- Form CT-32-A, line 5
- Form CT-33, line 11
- Form CT-33-A, line 15
- Form CT-33-NL, line 5

Line 5 — If you are claiming more than one tax credit for this year, enter the amount of credits claimed before applying this tax credit. Refer to the instructions of your franchise tax return to determine the ordering of credits.

Article 9-A taxpayers: Refer to Form CT-600-I, *Instructions for Form CT-600, Ordering of Corporation Tax Credits*.

If you are included in a combined return, include any amount of tax credit(s) being claimed by other members of the combined group, including the automated external defibrillator credit, that you wish to apply before your automated external defibrillator credit.

Life insurance corporations: Do not enter on this line any amount of empire zone (EZ) wage tax credit, zone equivalent area (ZEA) wage tax credit, or EZ capital tax credit you may be claiming. If you are included in a combined return, do not include any amount of these credits being claimed by other members of the combined group.

Need help?



Internet access: www.nystax.gov
(for information, forms, and publications)



Fax-on-demand forms: 1 800 748-3676



To order forms and publications: 1 800 462-8100

Corporation Tax Information Center: 1 888 698-2908

From areas outside the U.S. and
outside Canada: (518) 485-6800



Hearing and speech impaired
(telecommunications device for the
deaf (TDD) callers only): 1 800 634-2110

41802060094