

# Warren County Board of Supervisors

## RESOLUTION NO. 554 OF 2023

**RESOLUTION INTRODUCED BY SUPERVISORS GERACI, MAGOWAN, SMITH, CONOVER, MCDEVITT, DRISCOLL, AND LEGGETT**

### **APPROVING REVISIONS TO THE OFFICE OF EMERGENCY SERVICES PUBLIC ACCESS DEFIBRILLATION PROGRAM PLAN**

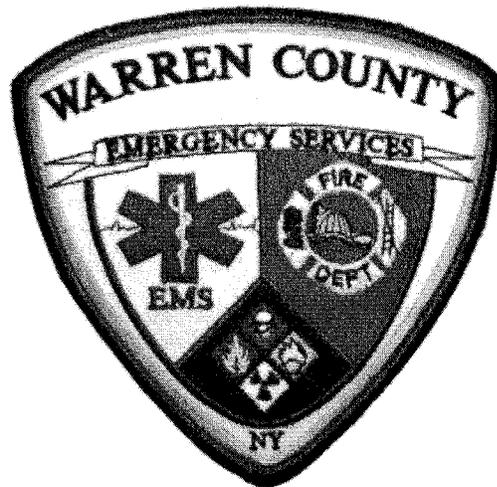
WHEREAS, the Director of Office of Emergency Services has updated the Office of Emergency Services Public Access Defibrillation Program Plan and the Criminal Justice & Public Safety Committee has recommended that the same be advanced to the full Board of Supervisors for consideration, and

WHEREAS, the updated Office of Emergency Services Public Access Defibrillation Program Plan is included with this resolution as Schedule "A," now, therefore, be it

RESOLVED, that the proposed revisions to the Office of Emergency Services Public Access Defibrillation Program Plan, annexed hereto as Schedule "A," be, and the same hereby is, adopted as the official Plan for Warren County, and be it further

RESOLVED, that any and all prior Office of Emergency Services Public Access Defibrillation Program Plan or Resolutions are hereby repealed, effective December 15, 2023.

# **Warren County Office of Emergency Services**



## **Public Access Defibrillation Program**

**November 2023**



**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 ensure 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:**

1. Training will be offered to County Employees in CPR and the use of an Automatic External Defibrillator (AED) utilizing an American Heart Association training course.
2. A database 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.
3. The Warren County Office of Emergency Services will provide initial PAD training and recertification programs for County Employees upon request of their department head.
4. An Employee may also obtain initial or recertification through any American Heart Association training course.
5. 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 sixteen (16) AED units, which are to be available at the following locations:

1. Municipal Center, 1<sup>st</sup> floor by DMV
2. Municipal Center, 2<sup>nd</sup> floor by Board of Supervisors
3. Human Services Building, 1<sup>st</sup> floor Security Area
4. Up Yonda Farm
5. Warren County Airport
6. Warren County Fish Hatchery
7. Countryside Adult Home
8. EMS Car 1
9. EMS Car 2
10. EMS Car 3
11. EMS Car 4
12. Fire Car 1
13. Fire Car 3
14. Fire Car 4 - OES 8
15. EMS Rehab Trailer
16. Warren/Washington Training Center

*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.

Each monthly 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 the EMS Coordinator or Deputy EMS Coordinator shall download reports and restock the unit.
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:  
Mountain Lakes REMSCO  
C/O FDRHPO North Country EMS Program Agency  
120 Washington St., Suite 230  
Watertown, NY 13608  
  
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>

Ms. Ann Smith  
Mountain Lakes REMSCO  
C/O FDRHPO North Country EMS Program Agency  
120 Washington Street, Suite 230  
Watertown, NY 13608

Dear Ms. Smith:

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,

PAD Coordinator

APPENDIX B

	<p>Mountain Lakes Regional EMS Council          5 Warren Street          Glens Falls, NY 12801</p> <p style="text-align: right;">07 2012</p>
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Public Access Defibrillation  
Collaborative Agreement

This document shall serve as a collaborative agreement between the Warren County Office of Emergency Services (Hereafter referred to as "Entity Providing PAD") and the Entity Providing PAD'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:

Entity Providing PAD 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:

Entity Providing PAD 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:

Entity Providing PAD has adopted the American Heart AED (Hereafter referred to as "Appropriate Training Program") 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:

Entity Providing PAD has adopted the *Appropriate Training Program's* 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 *Appropriate Training Program's* algorithm.

EMS NOTIFICATION:

Entity Providing PAD will notify the West Glens Falls Emergency Squad and the Warren County Public Safety Answering Point (Dispatch Center) by mail of the placement and training for public access defibrillation. The Warren 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 Entity Providing PAD'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:

Entity Providing PAD 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 *Appropriate Training Program* 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:

Gary Schwore 5/7/12  
(Print) Entity Providing PAD President / CEO / Director of Operations Date

Gary Schwore 5/7/12  
(Sign) Entity Providing PAD President / CEO / Director of Operations Date

Douglas Girling 2/13/12  
(Print) Medical Director / EHCP Representative Date

[Signature] 2/13/12  
(Sign) Medical Director / EHCP Representative Date

**APPENDIX C**

**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 1<sup>st</sup> 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**  
120 Washington Street, Ste 230  
Watertown, NY 13608

**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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>INVENTORY ITEM:</b>	<b>UNIT # Loc:</b>	<b>UNIT # Loc:</b>	<b>UNIT # Loc:</b>	<b>UNIT # Loc:</b>
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 is In Cabinet				
7.CPR Guide is 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				
<b>SIGNATURE OF INSPECTOR:</b>				

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPENDIX E**

Warren County Board of Supervisors Resolution of Acceptance of this plan

APPENDIX F

New York State Department of Health  
Bureau of Emergency Medical Services

Notice of Intent to Provide  
Public Access Defibrillation

07/2012

Original Notification  Update

Entity Providing PAD

Name of Organization WARREN County Office of Emergency Services		Telephone Number (518) 232 4292
Name of Primary Contact Person Gary Scidmore		E-Mail Address Scidse@hotmail.com
Address 1740 State Route 9 Lake George NY		Fax Number ( )
City Lake George	State NY	Zip 12845

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 checked="" 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 (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [http://www.health.state.ny.us/nysdoh/ems/policy/09-03.html])

American Heart Assoc Heart Group

Automated External Defibrillator SEE ATTACHED SHEET

Manufacturer of AED Unit	Model of AED Pediatric Capable	Is the AED Pediatric Capable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trained PAD Providers 20	Number of AEDs 11
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Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician) Dr. Gurling DO	Telephone Number 926 3050
Address 100 Park Street	Fax Number ( )
City Glens Falls	State NY
Zip 12801	

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person West Glens Falls Dan Albert	Telephone Number 798 5011
Name of 911 Dispatch Center and Contact Person Warren County Sheriff's Office Larry Johnson	County Warren

Authorization Names and Signatures

CEO or Designee (Please print) Gary Scidmore Gary Scidmore	Signature [Signature]	Date 5/7/12
Physician or Hospital Representative (Please print) Douglas Gurling	Signature [Signature]	Date 2/13/12

DOH-4133(4/09) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area