



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
OFFICE OF GENERAL SERVICES
MAYOR ERASTUS CORNING 2ND TOWER
THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA
ALBANY, NEW YORK 12242

Date

Annual AED Report – April 2007

Introduction

- Name of agency.
- Main agency address.
- State that this is your agency's report, complying with Section 303.2(h) of the AED Regulations.
- State that this report is due April 1, 2007.

- Include the name, address, phone number, and e-mail address of your agency's AED Administrator.

- State that your agency has either achieved full implementation and is currently in compliance with the current regulations *or* acknowledge that you are in the process of implementation and compliance and will submit subsequent annual reports until full implementation has been achieved.

General Program Status

Prior Program

- State whether your agency has a pre-existing AED program or not.
 - If yes, does your AED program need to expand to meet the current regulations.
 - If you have a pre-existing AED program, identify the number of buildings, numbers of AEDs and the number of trained responders.
 - Identify the manufacturer(s) of the pre-existing AEDs.
 - What training program has been utilized to train responders?

Current Program

For agencies with a pre-existing AED program that needs to expand:

- Identify the extent of the expansion and the measures that need to be taken to become fully compliant with the current AED regulations.
 - How many additional AEDs, buildings, floors and trained responders will be encompassed within the expansion?
 - What training program is or will be utilized to train new responders?
 - To what extent are these AEDs and responders available for immediate use?
 - If your agency has not fully implemented its program expansion, describe your agencies schedule for completion.
- Is your agency continuing to use the same Emergency Health Care Provider (EHCP) or has it changed EHCP?
- Provide the name of your current EHCP.
- Confirm that your agency's EHCP is licensed in the State of New York.
- State whether or not you have a current, signed, collaborative agreement with your EHCP.
 - Has your agency provided OGS with a copy?
- Has a current, signed, NOI (Notice of Intent to Provide PAD) been submitted to the proper REMSCO(s).
 - State whether or not a copy of your signed collaborative agreement was included with your NOI submission.
 - Has your agency provided OGS with a copy of the NOI?
- Has your agency received a letter from the REMSCO(s) confirming their receipt of your NOI?
 - Has your agency provided a copy of the letter to OGS?
- Has your agency provided written notification to 911 Emergency Management Centers or the community equivalent?
- Is your agency utilizing any MOUs that delineate AED/PAD responsibilities between your agency and other state agencies?
 - If yes, provide a description of the key elements.
- Is your agency unable to fill any of the requirements of the Title 9 regulations as a result of insufficient staff or other restrictive conditions?
 - If yes, provide a separate report explaining such circumstances.
- Does your agency operate a medical facility that provides alternate services for the purpose of addressing emergency defibrillation?
 - If yes, provide written notification explaining how the medical facility addresses emergency defibrillation in a sufficient manner as to be consistent with the Title 9 regulations.
- Please provide any other relevant information that is specific to your agency's AED program. **Your agency should review section 303.2 of the Title 9 regulations in order to confirm that all of the required elements are included in your submission.**

For agencies implementing a new AED program:

- Identify the extent and the measures that need to be taken to become fully compliant with the current AED regulations.
 - How many AEDs, buildings, floors and trained responders will be encompassed within the program?
 - What training program is or will be utilized to train responders?
 - To what extent are these AEDs and responders available for immediate use?
 - If your agency has not fully implemented its program, describe your agencies schedule for completion.
- State whether or not your agency has a current EHCP.
- If in place, provide the name of your current EHCP.
- If in place, confirm that your agency's EHCP is licensed in the State of New York.
- State whether or not your agency has a current, signed, collaborative agreement with your EHCP.
 - Has your agency provided OGS with a copy?
- Has a current, signed, NOI (Notice of Intent to Provide PAD) been submitted to the proper REMSCO(s).
 - State whether or not a copy of your signed collaborative agreement was included with your NOI submission.
 - Has your agency provided OGS with a copy of the NOI?
- Has your agency received a letter from the REMSCO(s) confirming their receipt of your NOI?
 - Has your agency provided a copy of the letter to OGS?
- Has your agency provided written notification to 911 Emergency Management Centers or the community equivalent?
- Is your agency utilizing any MOUs that delineate AED/PAD responsibilities between your agency and other state agencies?
 - If yes, provide a description of the key elements.
- Is your agency unable to fill any of the requirements of the Title 9 regulations as a result of insufficient staff or other restrictive conditions?
 - If yes, provide a separate report explaining such circumstances.
- Does your agency operate a medical facility that provides alternate services for the purpose of addressing emergency defibrillation?
 - If yes, provide written notification explaining how the medical facility addresses emergency defibrillation in a sufficient manner as to be consistent with the Title 9 regulations.
- Please provide any other relevant information that is specific to your agency's AED program. **Your agency should review section 303.2 of the Title 9 regulations in order to confirm that all of the required elements are included in your submission.**