

AED Administrator Update

Sent via e-mail to all AED Administrators on 3/2//06
From AED Project Director

Good afternoon,

I hope that all of you are doing well. I have spoken to many of you over the last three months regarding the development of PAD Plans and the submission of your respective agency reports. The intent of this e-mail is to reach out to AED Administrators in order to provide information in a consistent manner to ensure that the AED reports submitted by April 1, 2006 are comprehensive and similar. Most of you have received this information on an individual basis during our phone conversations and meetings.

Upon submittal of the AED reports, OGS's initial focus will be two fold. First, agency estimates of the number of AEDs that need to be purchased will be used to identify the scope of the project on a statewide basis. Secondly, the same information will be used to make funding decisions that will designate funds available to particular agencies from the money allocated by the state for this program. Since the scope of the project is unknown, it is still unclear how the exact funding process will take place. OGS plans to evaluate all aspects involved in implementing PAD programs (AEDs, training, ancillary equipment, etc.). The expectation is to build a funding schedule that will provide funding to individual agencies over the next four years. At this time it is also unclear whether this money will be available as a "lump sum", as "installments" over specified time periods, or whether it will become contingent on other unforeseen factors.

Many agency programs are extensive and require significant expenditures, thus changes may need to be made to the initial plans based on the available funding. You will need to build the initial agency plans with the information currently available and we can work together on any obstacles that may arise. These changes can be addressed in the subsequent annual reports.

As always if you have any questions or concerns please do not hesitate to call. If you feel that you would like to sit down and discuss your plan, please let me know and I will be more than happy to schedule time to meet with you or members of your agency.

The following information is being provided as an aid to program development. There are many more resources available on the internet but the following should help in the process:

1. Link to OGS AED Regulations, (Title 9, Executive Law, Subtitle G, Chapter IV, Section 303.0):

http://www.ogs.state.ny.us/aboutOgs/regulations/statutes/303_0.htm

2. Link to NYS AED approved vendor contracts:

Group 12601, Award Number 00549 --- Cardiac Science PC 58776

Award Number 02612 --- Welch Allyn PC 60004

--- Medtronic PC 60006

--- N.I.C.E. PC 60008

--- Zoll PC 60011

Group 12602, Award Number 02432 --- Philips PC 59701

http://www.ogs.state.ny.us/purchase/spg/lists/gp_126.asp

3. Link to NYS Department of Health:

<http://www.nyhealth.gov/>

<http://www.health.state.ny.us/nysdoh/ems/policy/98-10.htm>

Link to the 18 state REMSCO's: <http://www.health.state.ny.us/nysdoh/ems/regional.htm>

Sample Forms on the Hudson-Mohawk Regional EMS Council web site

- PAD Quarterly Report
- Memorandums of Understanding (MOU)
- Collaborative Agreements
- AED Incident Forms
- Quarterly Reports

Richard C. Lamendola
Office of General Services
AED Project Director
39th Floor, Corning Tower
Empire State Plaza
Albany, NY 12242
(518) 473-5282

ATTACHMENT #1

AED Report Requirements

1. Name of Agency.
2. Address of Agency.
3. Agency AED Administrator contact information.
4. List Agency buildings.
5. Number of floors in each building.
6. Approximate number of employees in buildings.
7. Number of AEDs needed per building.
8. Estimated number of trained volunteers.
9. Proposed five-year implementation schedule.
10. Estimated cost of implementation broken out yearly. Include calculations.
11. Identify any major services expected to be provided by an AED vendor (examples: medical oversight, program management, post-event services). Include these estimated costs.
12. Identify any special considerations associated to particular buildings that could cause a building to be considered higher in priority than on its face value alone (examples: fitness center, frequent public events or public meetings, a high level of physical work preformed at the site).
13. Describe in detail the process by which buildings were prioritized.
14. Describe the process by which buildings were placed with-in the five-year implementation schedule.
15. Identify any Agency buildings with a current AED program. Demonstrate how they comply or will comply with the new regulations.
16. Identify any restrictive conditions which your Agency believes exist, that prevents your Agency from reasonably complying with the requirements of the regulations. Identify any alternative implementation program designed to provide AED protection for these areas. **In addition to being referenced in the report, a separate attachment in letter form needs to be provided to OGS for submission to DOH.**
17. If an Agency operates a medical facility that provides alternative services for the purpose of addressing emergency defibrillation, that Agency shall file with the Commissioner a written notification explaining how the medical facility addresses emergency defibrillation in a sufficient manner so as to be consistent with the health and safety objectives of these regulations. **In addition to being referenced in the report, a separate attachment in letter form needs to be provided to OGS for submission to DOH.**
18. If in place, a copy of the notice(s) of Intent to provide Public Access Defibrillation. If not presently in place, a copy must be provided to OGS upon notification to the REMSCO(s).
19. If in place, a copy of the signed Collaborative Agreement with the EHCP. If not presently in place, a copy must be provided to OGS when an agreement is in place.

20. If a PAD plan has been submitted, a copy of the written confirmation from the REMSCO of receipt of the Agency PAD plan must be provided to OGS. If the PAD plan has not been submitted, a copy of confirmation must be provided to OGS when received by the Agency.

21. Need to submit 1 original and 3 copies of the report to:

Richard C. Lamendola
 Office of General Services
 AED Project Director
 39th Floor, Corning Tower
 Empire State Plaza
 Albany, NY 12242

Example:

Building	Floors	Employees	Considerations	AEDs	Volunteers
90 State St	24	400	Gym on 2 nd Fl	30	150
10 Broadway	4	80	-----	4	20
120 Madison	1	60	Visitors Center: many children and Elderly	4	10
41 State St	1	1	Maintenance Garage	0	0

ATTACHMENT #2

**Sales Reps for AEDs on State Contract
1/12/06**

Cardiac Science

Mary Wynne
Territory Manager
1900 Main Street, Suite 700
Irvine, CA 92614
Tel: 585-738-1928
Fax: 585-385-2133

N.I.C.E.

Dr. Christopher Byron
One Gate Court
Dix Hills, NY 11746
Tel: 631-643-9896
Fax: 631-643-2780

Welch Allyn

Jim Dodgen
Specialty Sales Manager
Emergency Medical Services
4341 State Street Road
PO Box 220
Skaneateles Falls, NY 13153
Tel: 315-685-4560
VM: 800-769-4014, Ext. 3192

Zoll

Gene McAuliffe
Channel Partner Manager
Public Safety Div.
Northeast Region
Zoll Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
Tel: 978-421-9777
Cel: 978-697-4942
Fax: 978-336-4678

Medtronic

Frank Piraino
Senior Sales Representative
11811 Willows Road NE
PO Box 97023
Redmond, WA 98073
Tel: 800-442-1142, Ext. 2567
Cell: 315-247-3260
Fax: 425-867-4146

Philips

Brian Brooks
District Manager
Cardiac Resuscitation
155 North Street
Auburn, NY 13021
Cell: 315-575-1315
VM: 800-218-2045, Ext. 5132
Fax: 315-253-6201