



Automated External Defibrillator (AED) Local Law 20 Fact Sheet

New York City Department of Health and Mental Hygiene

Bureau of Chronic Disease/ Cardiovascular Disease Prevention and Control

BACKGROUND

Out-of-hospital sudden cardiac arrest is responsible for an estimated 160,000 deaths a year nationally. If arrest is caused by an abnormal heart rhythm known as ventricular fibrillation or tachycardia, death may be averted if a quick and effective shock is delivered with a defibrillator and a normal rhythm restored. When properly used on a person experiencing one of these abnormal heart rhythms, an automated external defibrillator (AED) performs an analysis of the heart rhythm, determines if defibrillation is required and, if needed, delivers an electrical shock.

The New York City Council passed Local Law 20 in early 2005 requiring the placement of AEDs in certain public places. This law did not impose a duty or obligation to provide assistance with an AED to a victim of a medical emergency.

New York State regulates the use of AEDs through Public Health Law § 3000-b, which requires training and registration of the devices with the appropriate regional council designated by NYS DOH before they can be used by non-health care professionals. The Regional Emergency Medical Services Council of New York City, Inc. (REMSCO-NYC) is the local entity for registration of AEDs in New York City.

Local Law 20 went into effect on July 5, 2005. The New York City Department of Health and Mental Hygiene (NYC DOHMH) drafted rules to implement that law which went into effect on November 6, 2005. While this fact sheet provides an overview of the new law and regulations, a complete copy of Local Law 20, NY State Law 3000-b and the full NYC DOHMH regulations can be found on the NYC DOHMH website at www.nyc.gov/health search on "AED" or "defibrillator".

FACILITIES REGULATED BY LOCAL LAW 20

Local Law 20 requires the placement of AEDs in the following public places:

- Nursing homes;*
- Senior centers;
- The publicly accessible portions of buildings maintained by the Department of Citywide Administrative Service's Division of Facilities Management and Construction;
- Selected city-operated parks;
- Ferry terminals owned and operated by the City with a passenger capacity of ≥ 1000 ;
- All golf courses, stadiums and arenas.

* Nursing homes that already provide advanced life support, which includes use of a manual or automated defibrillator and trained physicians, registered nurses or emergency medical technicians present on-site 24 hours a day, seven days a week, are exempt from these regulations. However those nursing homes that do not have a manual defibrillator or AED are required to obtain an AED(s) and to have at least two staff members trained in the use of an AED on premises at all times.

Local Law 20 also sought to require that health clubs, gyms, health spas, health or weight control studios, martial arts and self defense schools and other physical fitness centers with a membership ≥ 250 have an AED. **However**, Section 631 of the New York State General Business Law ("GBL") preempts the Local Law 20 health club requirement. However, state law, specifically Section 627-a of the GBL, which went into effect on July 20, 2005, does require the provision of AEDs in health clubs statewide with membership ≥ 500 . Therefore, while Local Law

20 does not apply to health clubs, and other types of physical activity centers, the State law does apply and must be followed.

COMPLIANCE WITH NEW YORK STATE LAW

Any AED required by Local Law 20 shall be acquired, possessed and operated in accordance with the requirements of §3000-b of the New York State Public Health Law.

Collaborative Agreement

Any facility with an AED for use by non-medical personnel must have a collaborative agreement with an emergency health care provider. The collaborative agreement shall include a written agreement, written practice protocols (including a Site-Specific Response and Maintenance Plan), and policies and procedures that shall assure compliance with NYS Public Health Law 3000b. The facility shall register and file a copy of the collaborative agreement with REMSCO-NYC prior to operating the AED. More information on these requirements and a sample collaborative agreement can be found on Regional Emergency Medical Services Council (REMSCO)'s website at <http://www.nycremsco.org> under Forms and Applications, "Public Access Defibrillators."

Site-Specific Response Plan

A written Site-Specific Response and Maintenance Plan, including written practice protocols, is required and must be made available to the DOHMH upon its request. Specifics to be included in the plan are outlined in the regulations and are summarized below.

The Site-Specific Plan must include the following:

1. A list of all trained responders, a description of the specific training they received, information on how they can be contacted, and the locations of the trained responders at the site.
2. The provider of the AED/CPR (cardiopulmonary resuscitation) training received by each trained responder, the date that training was received as well as the due dates for training recertification of each trained responder.
3. The specific location(s) of the AED(s) at the public place. The AED(s) shall be in a location(s) accessible to the trained responder(s).
4. The party responsible for verifying that the AED(s) is in operable condition and for ensuring that the equipment is maintained in conformity with the manufacturer's recommendations.
5. The placement and exact location of the AED signage which includes information on how to contact the site's trained responder(s).
6. Instructions on how to identify an on-site medical emergency and a listing of procedures to be followed to notify trained responders of the existence of that emergency.
7. Procedures to be followed to notify the emergency medical services system (i.e.: 911 or other contracted emergency medical providers) as to the existence of an on-site medical emergency.
8. How the trained responder(s) at a site will be dispatched to the location of the medical emergency.
9. The procedures to be followed by the trained responder(s) at the location upon their response to the location of a medical emergency.
10. Procedures to be followed by trained responders upon their transfer of care of an emergency to the emergency medical services system.
11. Instructions on how to document each use of an AED and immediately report such usage in accordance with NYS Public Health Law §3000-b.

Careful planning of responder location distribution within a facility and effective responder contact mechanisms to facilitate rapid contact and response time are essential to making AEDs successful.

Other State Requirements

Any person, firm, organization or other entity possessing or operating an AED pursuant to a collaborative agreement is a “public access defibrillation provider” (PAD). Such PAD providers must, in addition to the above requirements, also comply with the following:

- Maintain and test AED according to applicable standards of the manufacturer and any approved government agency.
- Notify the regional council (REMSCO-NYC) of the existence, location, number, and type of any AED it possesses.
- Report every use of AED immediately to the emergency health care provider who is party to the Collaborative Agreement who is then required to report the use to the REMSCO.

PLACEMENT OF AEDS:

AEDs are required to be located in a prominent location and placed so that the equipment can be accessed at all times in a timely manner by persons trained in their operation. Your AED vendor may offer a site survey to help you identify appropriate locations for placement.

For those buildings operated by the Division of Facilities Management and Construction of the Department of Citywide Administrative Services (DSCAS) with publicly accessible areas located more than five (5) floors apart, no such publicly accessible area shall be more than five floors from where an AED is located.

SIGNAGE REQUIREMENT:

AED signage is required to appear on the wall informing the public as to the availability of an AED at that location and on the face of the storage container in which the AED is contained. Owners or operators of the facility are required to conform to the specific signage requirements described in the DOHMH rules. The DOHMH can supply the necessary signage at no cost to either public or private facilities required to have an AED. The facility can alternatively use its own signage provided that the sign(s) used meets the requirements specified in the regulations.

TRAINING:

Every facility mandated to have an AED must identify and arrange to have employees trained in their operation and in cardio-pulmonary resuscitation (CPR) by a training facility that has been approved by NY State Department of Health. A list of approved training sites is available by calling 311 or on the NYC DOHMH website at www.nyc.gov/health search on “AED” or “Defibrillator”.

The number of trained responders in each public place shall be commensurate with the size and configuration of the facility to permit rapid response during regular business hours. Nursing homes are required to have at least two staff members trained in the use of an AED on premises at all times.

For more information, visit the NYC DOHMH website at www.nyc.gov/health search on “AED” or “Defibrillator”.