AED Plan

Camp Name:	Enter text here.	Date:	Enter a date.
Prepared By:	Enter text here.	Title:	Enter text here.
Phone number:	Enter text here.	Email A	Address: Enter text here.
Signature:			
All regulated of describe reason more staff possimplementation accordance with complying with statement 09-please check the Services Councillo Completion of for AED use du requirements District Office	sessing an acceptable certificate on plan. Public Health Law Section the the requirements and protect the this section of PHL, please see 103. The Department expects to the BEMS Policy Statements webstill.	amp. Add of train on 3000- tions of I Bureau update t site or co ttachme cified be mpleted ty where	·
For Health Den	artment Use Only		
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I Approved: ∐ Y	′es ⊔ No		

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Comments: Enter text here.

Date: Enter a date.

Reviewer: Enter text here.

IMPLEMENTATION PLAN

Develop a cardiac emergency response plan that addresses the following. The American Heart Association has resources and templates for developing a cardiac emergency response plan available at https://cpr.heart.org/en/training-programs/cardiac-emergency-response-plan-cerp.

- 1. How will emergency medical services, e.g., 911, be contacted during an emergency?
- **2.** How will CPR-trained staff will be summoned in an emergency?
- 3. How will the AED be accessed in an emergency?

If the camp uses an AED that is provided by the facility or location where the camp operates, it is recommended to check with the facility for protocols for the use of their AED during cardiac emergencies and tailor a plan to their camp.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) LOCATION AND ACCESS

All camps are required to possess or describe reasonable access to at least one AED at the location the camp is operated.

1.	Indicate how an AED is provided and accessible at the camp:
	☐ Provided by camp
	\square Provided by the facility or location where the camp is held. An AED is accessible to camp staff at all times the camp is in operation.
2.	How many AEDs are provided on-site? Enter text here.
3.	Specify the locations of AED(s) at the camp or at the facility/location where the camp can access the AED. If the AED(s) are provided by the facility/location, describe how the camp will access the AED(s).
	Enter text here.

4. Describe how to access an AED provided by the camp or the facility/location:

Enter text here.

STAFF TRAINED IN AED USE

Camps must have one or more staff possessing an acceptable certificate of training in the operation and use of an automated external defibrillator (AED). Camps may wish to certify multiple people to help ensure someone is always available in an emergency.

Acceptable AED training/certification courses include:

- Certifications for courses held by the training course providers listed in the Bureau of Emergency Medical Services Policy Statement 09-03 that contain AED training.
- CPR certifications specifying AED training listed on the New York State Department of Health's Cardiopulmonary Resuscitation (CPR) Certification Fact Sheet.

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Enter text here. **RESPONSE PROTOCOLS AND EQUIPMENT CHECKLIST** If "Provided by camp" was selected in #1 above, complete items 6 and 7. **6.** Protocols for AED use during cardiac emergencies at the camp were developed with the Emergency Health Care Provider. Check box to attest: □ 7. An equipment checklist has been established, including any AED maintenance, inspections and testing specified by the manufacturer. Check box to attest: \Box

5. Describe the procedure used to alert the AED-certified staff in an emergency:

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