



This Agreement made as of the _____

BETWEEN:

The County of Grey Public Access Defibrillation Program

AND

Whereas: The host site/ facility:

The host site agrees to the following in regards to the operation of a Public Access Defibrillation program:

- 1) The host site/facility agrees to ensure at least two staff members (full-time, part-time, volunteer) employed at the facility has been trained in automatic defibrillation.
- 2) The host facility agrees to complete an initial Automated External Defibrillator provider/CPR training program, review the program regularly, and re-certify annually/bi-annually.
- 3) The host site/facility must ensure that the Automated External Defibrillator (AED) is properly maintained according to the manufacturer's recommendations. This includes all monthly checks, as well as post defibrillation checks and restocking (PAD replacement on expiry). The host site shall ensure that battery replacement and maintenance is done by the manufacturer as specified. (Usually every 5 years). Bio-medical service is to be completed every 5 years. A service provider can be suggested.
- 4) The facility agrees to ensure an internal response plan has been created to ensure a timely response with an AED to the patient's side throughout the facility.
- 5) The host site understands that the AED will be donated by the County of Grey Public Access Defibrillation Program initially; however the AED is not owned by the County of Grey and is the responsibility of the host site/facility. Grey County PAD can provide recertification training for a reasonable cost, or the host site may contract training independently.
- 6) The host site agrees to report any use or operating issues to the County of Grey PAD program.

- 7) The site will place the AED in a public location (or as close as possible) within the facility, with appropriate signage to assist the providers and public in the process involved with its use.

Whereas The County of Grey:

1. Shall provide an automated external Defibrillation training program for the host site/facilities for the initial set up.
2. Shall provide medical oversight of the public access defibrillation program (PAD) for all host sites/facilities.
3. Shall track all use and patient reports for the County of Grey PAD program.
4. Shall assist the host site/facility with any operational issues with the AED
5. Shall assist the host site/facility with program implementation and provide PAD site manual to assist the facility.

This Agreement has been signed on behalf of the County of Grey Public Access Defibrillation Program and on behalf of the Host site/facility by the proper signing authorities.

The County of Grey PAD Program

Witness

Signature: _____
County of Grey Public Access
Defibrillation Program

Sponsor:

Witness
Name and Title

Signature: _____
Signature of Authorized Signing Officer

I/ We have the authority to bind the Host site/facility.