



Croton Little League Automated External Defibrillator Implementation Plan

Program Name: Croton Little League

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All youth sports programs (“program”) that either hosts or participates in games, matches, tournaments, leagues, or similar activities in which at least five teams are participating are required to provide an automated external defibrillator (AED) or describe reasonable access to an AED at the program. Additionally, each program is required to have one or more staff (employee, volunteer, coach, umpire, official or other qualified adult) possessing an acceptable certificate of training in the operation of an AED and have an implementation plan. Public Health Law Section [3000-F](#) requires AED implementation plans be done in accordance with the requirements and protections of PHL Section [3000-B](#). For guidance about complying with this section of PHL, please see Bureau of Emergency Medical Services [Policy Statement 09-03](#). The Department expects to update this policy so if this link is no longer functional, please check the [BEMS Policy Statements website](#) or contact your [Regional Emergency Medical Services Council](#).

Completion of the following information and attachment of the equipment checklist and the protocols for AED use during cardiac emergencies as specified below satisfies the implementation plan requirements for programs. The completed plan is **NOT** required to be submitted to the [local health department or State District Office](#) that has jurisdiction in the county where the program is located.

A copy of the plan is to be maintained by the program.

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

CARDIAC EMERGENCY RESPONSE PLAN (CERP)

1. **Call 911:** Quickly call emergency services upon suspicion of a cardiac emergency. Provide clear and concise information about the situation, location, and any pertinent details.
2. **Activate Emergency Response Team (ERT):** Have program member (i.e., program volunteer, coach or referee) present at the program activity respond to cardiac emergency. Make best effort to certify adults in CPR and AED use.
3. **Access and Use AED:** Identify the location(s) of Automated External Defibrillators (AEDs) at the activity. Provide accessibility information to program members in advance. Use AED pursuant to training and/or instructions provided by self-guiding AED units.
4. **Perform CPR:** Begin cardiopulmonary resuscitation (CPR) if trained personnel are available. Perform CPR until emergency medical services arrive.
5. **Coordinate with Emergency Services:** Provide assistance and information to responding emergency personnel upon their arrival.
6. **Follow-Up and Review:** Update protocols and procedures as needed.

Remember: We prioritize action to hopefully improve outcomes for the affected individual.

1. **How will emergency medical services, e.g., 911, be contacted during an emergency?** As outlined above, a member of the CERT team shall use cell phones or other similar devices.
2. **How will CPR-trained staff will be summoned in an emergency?** It is expected that the majority of the CERT team will be on-site coaches or referees within our program. We are not expecting to summon anyone from within our organization in an emergency from another location. We expect to dial 911 to summon the emergency services.

3. **How will the AED be accessed in an emergency?** The AED will be accessed in accordance with the AED’s installation or placement. In certain cases, a locked outdoor cabinet may be used to mitigate the risk of tampering or theft. Members of on-site CERT team will have keys or other method of accessing locked outdoor cabinet.

How our “best efforts” will attempt to ensure a AED-trained individual is in attendance at all events:

- New York State already requires AED and associated training for certain locations/individuals who may already be involved in our program.
- Certain volunteers in our program and individuals in our community already have taken or maintain AED training for a variety of reasons including vocational (school/police/fire/etc.) or volunteer (Croton AYSO Soccer/Croton FC/Croton Youth Lacrosse/volunteer fire/volunteer EMS/etc.)
- Due to the user-friendly nature of AEDs which are designed to be used by individuals that do not have AED training, the high cost of taking in-person AED training every two years, the fact that our programs depend on volunteers, the fact that our volunteers can change each year, the lack of online AED training courses recognized by the State of New York, the fact that it is impossible to anticipate which volunteers may be ultimately called on to use the AED, the lack of centralized AED training providers/records, the recordkeeping burden that would be created to track each volunteer’s training record and expiry with multiple volunteer organizations, it would be an undue burden to aim to train each volunteer, a set percentage of volunteers, or a set number of volunteers. Instead, we believe periodically providing access to voluntary AED training meets this requirement and will result in a number of trained volunteers that is commensurate with the size and configuration of our programs and facilities. Periodically, we will also disseminate written materials and/or videos instructing our volunteers on the location and operation of program AEDs.
- Our Implementation Plan is intended to meet this objective to periodically provide access to AED training for our volunteers
- Flexibility was provided in the legislation meaning that if an AED-trained individual cannot be or is not present at the event, the game/practice/camp/tournament/etc., can continue as planned

How we will make available an AED to the participants and those in attendance or provide reasonable access:

- There are no field/game/tournament-based requirements for AEDs, so youth sports programs are provided discretion to determine what “reasonable access” would mean to each program.
- Our Implementation plan relies on a community effort to install or make available AED devices at the locations used by the community programs
- This objective of availability/reasonable access may also be met through “mobile” AED as deemed appropriate (e.g., for locations that are not regularly used or other situations)
- Certain field owners, municipalities and schools already provide AED on a voluntary or required basis. This availability/access is intended to help meet this objective.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) LOCATION AND ACCESS

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

1. Indicate how an AED is provided and accessible at the program: *See below chart.*
 - Provided by program
 - Provided by the facility or location where the program is held. An AED is accessible to program staff at all times the program is in operation.
2. How many AEDs are provided on-site? *See below chart.*
3. Specify the locations of AED(s) at the program or at the facility/location where the program can access the AED. If the AED(s) are provided by the facility/location, describe how the program will access the AED(s). *See below chart.*
4. Describe how to access an AED provided by the program or the facility/location. *See below chart.*

AED LOCATION AND ACCESS CHART

Program Location	Provided by	# of AED	AED Location	How to access
Dobbs Park Field 143 Maple Street	Croton Little League	1	Croton Little League Storage Shed	<i>See below</i>
Duck Pond Field 10 Bungalow Road	Croton Little League	1	Croton Little League Storage Shed	<i>See below</i>
Manes Field 19 Alexander Lane (End of Road)	Croton Little League, Croton AYSO	1	Croton Little League Storage Shed	<i>See below</i>
Firefighters Field 10 Gerstein Street (End of Road)	Croton Little League	1	Croton Little League Storage Shed	<i>See below</i>
Vasallo Park 10 Old Post Road South (Rear of)	Croton Little League	1	Croton Little League Storage Shed at Dobbs Park Field	<i>See below</i>
<p>How to access: AED are stored in locked sheds that can be accessed via combination lock. AED may be removed seasonally while not in use by programs.</p>				

STAFF TRAINED IN AED USE

5. Describe the procedure used to alert the AED-certified staff in an emergency: **It is expected that verbal communication or physical hand signals would be used to alert AED-certified staff in an emergency.**

RESPONSE PROTOCOLS AND EQUIPMENT CHECKLIST

If “Provided by program” 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: **SEE AUTOMATED EXTERNAL DEFIBRILLATOR TREATMENT PROCEDURE BELOW.**
7. An equipment checklist has been established, including any AED maintenance, inspections and testing specified by the manufacturer. Check box to attest: **SEE AED EQUIPMENT CHECKLIST BELOW.**

AED EQUIPMENT CHECKLIST

- AED maintenance:
- If unit requires maintenance, replace batteries or pads or rescue supplies as necessary.
- Monthly inspections while AED is in service:
 - Check the status/service indicator light is green/operable
 - Note absence of visual/audible service
 - Medical Supplies kit is sealed with tamper-evident seal
 - If possible, record maintenance check such as by initialing and dating an AED inspection card

AUTOMATED EXTERNAL DEFIBRILLATOR TREATMENT PROCEDURE

For use by personnel who have successfully completed an appropriate training course to provide this care.

INDICATIONS: FOR PATIENTS OLDER THAN 8 YEARS OF AGE OR WEIGHING MORE THAN 55 POUNDS, IN CONFIRMED CARDIAC ARREST.

NOTE:
IMMEDIATELY NOTIFY 911 OF EMERGENCY.

1. Assess the **A**irway.
2. Assess **B**reathing.
3. Assess **C**irculation.
4. If not responsive and not breathing, perform CPR (PUSH HARD & FAST) until **AED** is attached.
5. Stop CPR and press “analyze”. **DO NOT TOUCH, MOVE, OR PERFORM CPR!**

NOTE:
IF NO SHOCK IS INDICATED, CONTINUE CPR FOR 2 MINUTES AND THEN RE-ANALYZE.

6. If “shock indicated” follow AED prompts.

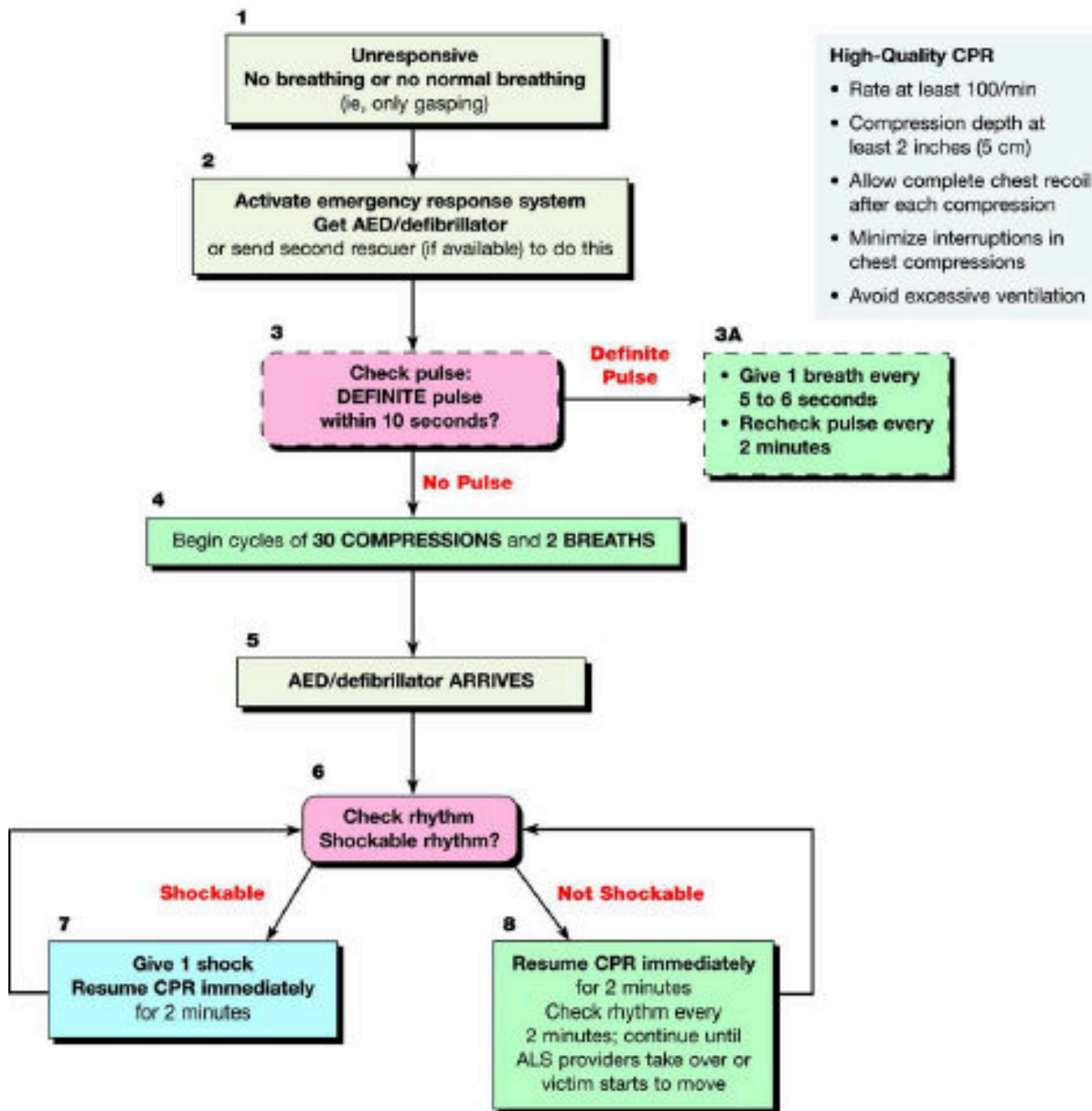
NOTE:
IF SIGNS OF CIRCULATION PRESENT OR PATIENT BREATHING AND RESPONSIVE; SUPPORT AIRWAY, SUPPORT BREATHING. CONTINUALLY REASSESS ABCs UNTIL EMS ARRIVAL.

NO SIGNS OF CIRCULATION OR NO BREATHING AND UNRESPONSIVE

7. CPR for 2 minutes.
8. Press “ANALYZE”
9. Defibrillate by following AED prompts.
10. CPR for 2 minutes.
11. Check for responsiveness, if absent...
12. Press “ANALYZE”.
13. Defibrillate by following AED prompts.
14. Continue CPR until arrival of EMS, or return of signs of circulation.

NOTE:
IF AT ANYTIME THE PATIENT REGAINS SIGNS OF CIRCULATION BUT IS NOT BREATHING, PERFORM RESCUE BREATHING.

Adult BLS Healthcare Providers



Note: The boxes bordered with dashed lines are performed by healthcare providers and not by lay rescuers

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Simplified Adult BLS

