

**CORPORATION OF THE MUNICIPALITY OF WEST GREY**  
**BY-LAW NUMBER 36 - 2012**

**BEING** a By-law to authorize the Mayor and CAO to enter into a Public Access Defibrillation Program Agreement with the County of Grey;


**NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE MUNICIPALITY OF WEST GREY ENACTS AS FOLLOWS:**

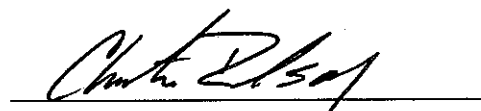
1. THAT the Mayor and CAO are hereby authorized to sign a Public Access Defibrillation Program Agreement with the County of Grey, a copy of which is attached hereto as Schedule "A", and is hereby declared to form part of this by-law.
  
2. THAT this by-law shall come into force and take effect on the date of passing thereof.

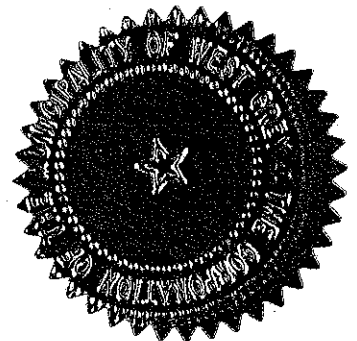
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Read a first and second time this 8<sup>th</sup> day of August, 2012.

Read a third time and finally passed this 8<sup>th</sup> day of August, 2012.

  
\_\_\_\_\_  
Kevin Eccles, Mayor

  
\_\_\_\_\_  
Christine Robinson, CAO



**SCHEDULE "A" TO BY-LAW NO. 36 - 2012**

**MUNICIPALITY OF**

***West  
Grey***

**COUNTY OF GREY PUBLIC ACCESS  
DEFIBRILLATION PROGRAM AGREEMENT**



This Agreement made as of the 1<sup>st</sup> day of July

**BETWEEN:**

**The County of Grey Public Access Defibrillation Program**

**AND**

**Municipality of West Grey**

*West Grey Municipal Office  
West Grey Public Library*

*Durham Town Hall  
Centennial Hall*

**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. Grey County PAD can provide recertification training for a reasonable cost, or the host site may contract training independently.
- 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 is a donation by the Ontario Defibrillation Access Initiative through the aid of the Provincial Government and The Heart and Stroke Foundation, is not owned by the County of Grey and is the responsibility of the host site/facility.

- 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 an accessible location to the public within the facility. It is a requirement of the Heart and Stroke Foundation to document and report AED location, therefore movement of the AED within the facility will require prior notification. The site will place 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.
6. Shall document and report to the Heart and Stroke Foundation AED location as per their requirements.

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.


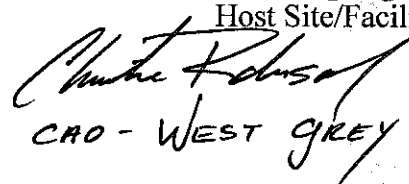
**The County of Grey PAD Program**

Signature: \_\_\_\_\_



County of Grey  
Public Access Defibrillation Program

Signature: \_\_\_\_\_

  
  
CAO - WEST GREY