



**County of Simcoe
Paramedic Services**
1110 Highway 26,
Midhurst, Ontario L0L 1X0

Main Line 705-719-9398 Ext. 6
Toll Free 1-866-768-7654
Fax 705-725-5495
Web: simcoe.ca



Public Access Defibrillator Registration with 911

All Public Access Defibrillators (PAD's) in the County of Simcoe Paramedic Services PAD Program are registered with the Georgian Central Ambulance Communications Centre (CACC). Registering an Automatic External Defibrillator (AED) with the CACC allows a 911 dispatcher to advise a caller reporting a cardiac arrest if there is an AED in the building. It is important that registered sites notify us of any of the changes regarding the AED including:

- Change of facility address
- Change to location of the AED within the facility
- Removal of the AED or the AED not in a "ready to rescue" state
- Contact person's name, phone number and email

If you have an AED that is not a part of the County of Simcoe PAD Program and would like to register it with our CACC, please fill out the "Independent Facility Registration Form" located at the bottom of this page. The form can also be obtained through contacting the CSPS PAD Program at: pad.program@simcoe.ca. Please send your completed form to the PAD Program by email (pad.program@simcoe.ca) or by fax to (705) 725-5495.

The County of Simcoe Paramedic Services PAD Program is not responsible for independent AEDs registered through us. This registration gathers information to allow Georgian CACC to direct 911 callers to a buildings' AED in case of a cardiac arrest. There is no charge for independent defibrillator registration with Georgian CACC.



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Independent Facility Registration Form

Facility: _____

Address: _____

Town/City: _____ **Postal Code:** _____

Contact Person: _____

Phone: _____ **E-mail:** _____

Emergency Contact Phone: _____

This number will be used by the Central Ambulance Communication Centre to notify your facility staff that they have received a 911 call for a possible cardiac arrest.

Defibrillator Model: _____ **Serial Number:** _____

Type of Business: _____

LOCATION OF AEDS WITHIN THE FACILITY

1. _____
2. _____
3. _____

Training Agency: _____

By signing below, I authorize The County of Simcoe Paramedic Services and the Ministry of Health to utilize the above information to register the above facility as a defibrillator-equipped facility.

I acknowledge that the County of Simcoe Paramedic Services PAD Program is not responsible for the maintenance of the defibrillator.

I acknowledge that the above facility must notify the County of Simcoe Paramedic Service PAD Program with any changes to the above contact information, location of defibrillators or the condition of the defibrillator.

Signature: _____ **Date:** _____

Title: _____

Registering your facility allows the County of Simcoe Paramedic Services to identify cardiac safe facilities and provide updates on public access defibrillation to your facility. Your participation in completing this form is appreciated.

Please email completed forms to pad.program@simcoe.ca or fax to 705-725-5495.