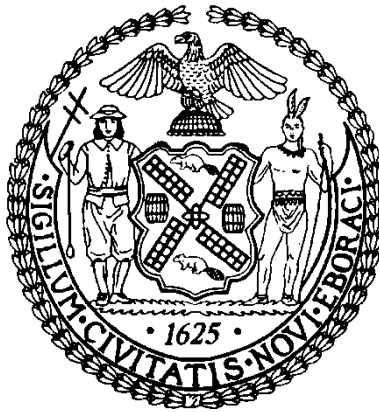


CITY OF NEW YORK OFFICE OF THE COMPTROLLER

**John C. Liu
COMPTROLLER**

BUREAU OF MANAGEMENT AUDIT

**H. Tina Kim
Deputy Comptroller for Audit**



Audit Report on the Placement of Automated External Defibrillators by the Department of Parks and Recreation

MD10-072A

July 14, 2010



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET
NEW YORK, N.Y. 10007-2341

John C. Liu
COMPTROLLER

July 14, 2010

To the Residents of the City of New York:

My office has audited the Department of Parks and Recreation's (Parks) compliance with Local Law 20 and other State laws and regulations regarding the placement of Automated External Defibrillators (AEDs) in specific parks. We audit City agencies such as this as a means of ensuring agency compliance with laws and regulations.

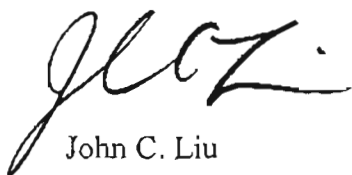
The audit found that Parks was not in full compliance with Local Law 20. Although Parks complied with the law regarding the placement of AEDs, it did not comply with other aspects of the law, including preparing Site-Specific Response Plans with all required information for each AED site, maintaining and testing the AEDs in accordance with manufacturer standards, and adequate placement of the required signage. In addition, Parks did not always ensure that the required AED supplies were available and not expired, and that a trained first responder was always present during operating hours.

The audit makes 15 recommendations to Parks, including that it ensure that: the Site-Specific Response Plans are prepared for all its facilities that have AEDs; each facility maintains its AEDs in accordance with the manufacturer's recommended maintenance procedures; each facility inspects the AED supplies on a monthly basis; all required AED signage is placed in its facilities; and a trained first responder is always on site at each facility during hours of operation.

The results of the audit have been discussed with Parks officials, and their comments have been considered in preparing this report. Their complete written response is attached to this report.

If you have any questions concerning this report, please e-mail my audit bureau at audit@Comptroller.nyc.gov.

Sincerely,



John C. Liu

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***The City of New York
Office of the Comptroller
Bureau of Management Audit***

**Audit Report on the Placement of Automated External
Defibrillators by the Department of Parks and Recreation**

MD10-072A

AUDIT REPORT IN BRIEF

In March 2005, the New York City Council enacted Local Law 20, which addressed the incidence of sudden cardiac arrest outside medical settings. One requirement of the law was the placement of automated external defibrillators (AEDs) in public places where they would be accessible and available for use when needed. The law specifically required that the Department of Parks and Recreation (Parks) place AEDs in selected City-operated parks throughout the five boroughs.

When properly used, an AED performs an analysis of the heart rhythm, determines if defibrillation is required, and delivers an electrical shock if needed. AEDs make possible the use of defibrillators in the community by non-medical personnel. The New York City Department of Health and Mental Hygiene (DOHMH) issued rules to implement Local Law 20 in November 2005. Local Law 20 and the DOHMH rules require that AEDs be acquired and operated in accordance with New York State Public Health Law §3000-b, that personnel be trained in their use, and that the devices be registered with the Regional Emergency Medical Services Council of New York City, Inc. (REMSCO) before use by non-health care professionals.

The audit determined whether Parks is in compliance with Local Law 20 and other State laws and regulations regarding the placement of AEDs in specific parks.

Audit Findings and Conclusions

Parks was not in full compliance with Local Law 20. Although Parks complied with the law regarding the placement of AEDs in its facilities, it did not comply with certain other key aspects of the law.

As required by the law, Parks established rules identifying at least six sites under its jurisdiction within each of the five boroughs that was designated a public place in which to place an AED. Parks not only reported placing AEDs at the identified sites in accordance with the law, but placed additional AEDs in other parks and recreational facilities. Also, Parks correctly filed with the Regional Emergency Medical Services Council of New York City, Inc. (REMSCO) its notice of intent to provide public access defibrillation and its collaborative agreement.

However, Parks did not comply with certain aspects of Local Law 20, including preparing Site-Specific Response Plans with all required information for each AED site, maintaining and testing the AEDs in accordance with manufacturer standards, and adequate placement of the required signage. In addition, Parks did not always ensure that the required AED supplies were available and not expired and that a trained first responder was present during operating hours. We believe these deficiencies existed due in large part to inadequacies of the AED oversight inspections that are performed by the AED Program Coordinator and Operations and Management Planning (OMP) unit. The oversight inspections were not always performed as required by Parks, and those that were performed were not always completed accurately nor did they cover all of the law's key requirements. Further, there does not appear to be any follow-up of noncompliant conditions identified during these AED oversight inspections. Moreover, Parks did not register all of its AEDs with REMSCO as required.

Audit Recommendations

Based on our findings, we make 15 recommendations, including that Parks should:

- Ensure that the Site-Specific Response Plans are prepared for all its facilities that have AEDs and that all the required information and details are included in each plan.
- Ensure the each facility maintains its AEDs in accordance with the manufacturer's recommended maintenance procedures and that the maintenance steps taken are documented, including any problems encountered and the corrective actions taken. The maintenance procedures should include daily inspections of the AED status indicator to verify that the units are operational.
- Ensure that each facility inspects the AED supplies on a monthly basis, including the expiration dating of the batteries and defibrillation pads, and order any needed supplies in a timely fashion in order to receive them prior to the expiration of the existing ones.
- Ensure that all required AED signage is placed in its facilities and that all of the required information is included on the signs, such as the telephone number to contact a trained first responder on the signs placed on all publicly accessible floors.
- Ensure that a trained first responder is on site at each of its facilities during all hours of operation.
- Ensure that AED oversight inspections of all its AED facilities are performed by both the AED Program Coordinator and by OMP unit personnel, as required by Parks procedures and that the AED Audit Datasheets are completed properly.
- Follow up and document the follow-up of any noncompliant conditions identified during the AED oversight inspections.
- Ensure that it registers all of its AEDs with REMSCO prior to installing them in its facilities.

INTRODUCTION

Background

In March 2005, the New York City Council enacted Local Law 20, which addresses the incidence of sudden cardiac arrest outside medical settings. The law went into effect July 5, 2005. One requirement of the law was the placement of AEDs in public places where they would be accessible and available for use when needed. Parks maintains more than 1,800 parks, nearly 1,000 playgrounds, numerous athletic fields, tennis courts, and public swimming pools, and 48 recreational facilities (consisting of recreation centers, community centers and field houses). Local Law 20 requires that Parks place AEDs in selected City-operated parks throughout the five boroughs.

Out-of-hospital sudden cardiac arrest is responsible for an estimated 160,000 deaths a year nationally. If it is caused by an abnormal heart rhythm, death may be averted if a quick and effective shock is delivered with a defibrillator and a normal rhythm is restored. When properly used, an AED performs an analysis of the heart rhythm, determines if defibrillation is required, and delivers an electrical shock if needed. AEDs make possible the use of defibrillators in the community by non-medical personnel.

According to the law, the Parks Commissioner is to identify six parks in each borough to be considered a public place and to determine the quantity and location of AEDs, provided, however, that at least one of the parks in each borough in which an AED is placed exceeds 170 acres. (The sites identified by Parks in accordance with the law are listed in Appendix I.) Parks placed the majority of the AEDs in 34 of its recreation centers. This audit focuses on the AEDs that Parks placed in its recreation centers.

The New York City Department of Health and Mental Hygiene (DOHMH) issued rules to implement Local Law 20 in November 2005. Local Law 20 and the DOHMH rules require that AEDs be acquired and operated in accordance with New York State Public Health Law §3000-b, that personnel be trained in their use, and that the devices be registered with the Regional Emergency Medical Services Council of New York City, Inc. (REMSCO) before use by non-health care professionals.

According to Local Law 20, any facility with an AED to be used by non-medical personnel must have a collaborative written agreement with an emergency health care provider and include protocols, such as a Site-Specific Response and Maintenance Plan (Site-Specific Response Plan), policies, and procedures that assure compliance with New York State Public Health Law §3000-b. The Site-Specific Response Plan must include detailed information, including a list of trained responders, description of specific training received, the location of the AEDs, placement and exact site of AED signage, and procedures to be followed to notify the emergency medical services system (911).

The AED Program Coordinator and personnel from the Operations and Management Planning (OMP) unit perform AED oversight inspections at Parks facilities that have AEDs, and each performs at least one inspection at each facility. The AED Program Coordinator performs

his inspections during the spring and summer months (usually from May through September), and the OMP unit performs its AED inspections as part of their full-facility inspections throughout the fiscal year (July 1 through June 30).

Objective

The objective of this audit was to determine whether Parks is in compliance with Local Law 20 and other State laws and regulations regarding the placement of AEDs in specific parks.

Scope and Methodology

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The audit scope was Fiscal Year 2009.

To gain an understanding of Parks's AED operations and its policies and procedures for the placement of AEDs, we interviewed the AED Program Coordinator, the Director and Assistant Director of the OMP Unit, the Borough Chief and Deputy Borough Chief of Recreation for the Bronx recreation facilities, the Deputy Borough Chief of Recreation for the Brooklyn facilities, and the Borough Chief of Recreation for the Manhattan facilities.

To obtain an understanding of Parks policies, procedures, and regulations governing the AEDs, we reviewed, used as criteria, and documented our understanding of the following:

- Local Law 20;
- New York State Public Health Law §3000-b, "Automated External Defibrillators: Public Access Providers";
- §17-188 of the Administrative Code;
- Chapter 24 of Title 24 of the Rules of the City of New York;
- New York State Department of Health, Bureau of EMS Policy, statement #98-10, "Public Access Defibrillation";
- §2-16, Parks Rules and Regulations, "External Defibrillators"; and
- Parks AED Site Audit Datasheet.

To determine whether critical AED-related documents were forwarded to REMSCO as required, we requested from REMSCO and reviewed the Parks Collaborative Agreement with the emergency health care providers; the Notice of Intent to Provide Public Access Defibrillation (PAD); and the PAD Provider Information Forms (which indicates the location of AEDs, a

contact person at each location, and the number of trained personnel and the number of AEDs at each site).

To obtain an understanding of Parks AED inspections, we observed an inspection of a recreation center by a Parks employee and reviewed copies of the AED Site Audit Datasheet (AED inspection forms) completed by the AED Program Coordinator and OMP unit personnel for all 34 recreation centers during their respective inspection periods from May 1, 2009, through September 30, 2009, and from July 1, 2008, through June 30, 2009. In total, there were 92 AED inspection forms consisting of 34 forms completed by the AED Program Coordinator and 58 forms completed by the OMP unit personnel. We also reviewed the AED inspection forms to determine whether an annual AED inspection was performed by both the AED Program Coordinator and the OMP unit during their inspection periods for each of the 34 recreation centers with an AED.

We conducted unannounced inspections at 12 (35%) of the 34 recreation centers having AEDs. We selected the two recreation centers in Staten Island and randomly selected centers from each of the other four boroughs as noted below in Table I:

Table I
The 12 Recreation Centers Inspected by Auditors

Borough	Number of Recreation Centers with AEDs	Selected Sample Sizes	Names of the Sampled Recreation Centers
Manhattan	14	4	1. Alfred E. Smith 2. Asser Levy 3. Jackie Robinson 4. North Meadow
Brooklyn	7	2	1. Red Hook 2. Brownsville
Queens	6	2	1. Sorrentino 2. Lost Battalion
Bronx	5	2	1. St. Mary's 2. Hunt's Point
Staten Island	2	2	1. Cromwell 2. Greenbelt
TOTAL	34	12	

As part of our unannounced inspections, we determined whether the AEDs were present and functioning, critical AED supplies (adult and child defibrillation pads, spare batteries, sterile gloves, razors, wipe cloths, and Cardiopulmonary Resuscitation pocket masks) were at hand and current (not expired), a trained first responder was on duty at the time of our visit, the required AED wall signage was present and accurate, and that a Site-Specific Response Plan was developed, present, and included all required information. We also interviewed key employees at the 12 recreation centers to obtain a further understanding of the AED policies and procedures in place.

We also reviewed and compared the list of the trained first responders identified on the Site-Specific Response Plans with the listing of the trained first responders we received from

Parks officials to determine whether the list was up to date and included current trained first responders.

The results of these tests, while not projected to their respective populations, provided a reasonable basis to determine whether Parks was in compliance with Local Law 20 and other state laws and regulations regarding the placement of AEDs in its recreation centers.

Discussion of Audit Results

The matters covered in this report were discussed with Parks officials during and at the conclusion of this audit. A preliminary draft report was sent to Parks officials and discussed at an exit conference on June 2, 2010. We submitted this draft report to Parks officials with a request for comments. We received a written response from Parks officials on June 28, 2010. In their response, Parks officials generally agreed with the audit's recommendations but disagreed with the findings regarding the presence of a trained first responder at the Asser Levy recreation center, and its maintenance of a master list of certified first responders.

The full text of the Parks response is included as an addendum to this report.

FINDINGS AND RECOMMENDATIONS

Parks was not in full compliance with Local Law 20. Although Parks complied with the law regarding the placement of AEDs in its facilities, it did not comply with certain other key aspects of the law.

As required by the law, Parks established rules identifying at least six sites under its jurisdiction within each of the five boroughs that were designated as public places in which to place an AED. Parks not only reported placing AEDs at the identified sites in accordance with the law, but placed additional AEDs in other parks and recreational facilities. Also, Parks correctly filed with REMSCO its notice of intent to provide public access defibrillation and its collaborative agreement.

However, Parks did not comply with certain aspects of Local Law 20, including but not limited to preparing Site-Specific Response Plans with all required information for each AED site and ensuring that a trained first responder was present during operating hours. A summary of the conditions found at the 12 sampled recreation centers are identified in Table II below:

Table II
Conditions Found at the 12 Sampled AED Recreation Centers

Name of Recreation Center	Borough	Site-Specific Response Plans Not Available or Incomplete	Infrequent and/or Inadequate AED Inspections Performed by Facility Personnel	Lacking or Expired AED Supplies	Lacking or Inadequate AED Signage	Inadequate Trained First Responder Coverage
Alfred E. Smith	Manhattan	X	X	X	X	
Asser Levy	Manhattan	X	X	X	X	X
Jackie Robinson	Manhattan	X	X	X	X	
North Meadow	Manhattan	X	X	X	X	
St. Mary's	Bronx	X	X	X	X	
Hunt's Point	Bronx	X	X	X	X	
Red Hook	Brooklyn	X	X		X	X
Brownsville	Brooklyn	X	X	X	X	
Sorrentino	Queens	X	X			X
Lost Battalion Hall	Queens	X	X		X	
Cromwell	Staten Island	X	X	X	X	
Greenbelt	Staten Island	X	X		X	
TOTALS		12	12	8	11	3

We believe these deficiencies existed due in large part to inadequacies of the AED oversight inspections that are performed by the AED Program Coordinator and OMP unit. The oversight inspections were not always performed as required by Parks, and those that were performed were not always completed accurately nor did they cover all of the law's key

requirements. Further, there does not appear to be any follow-up of noncompliant conditions identified during these AED oversight inspections. Moreover, Parks did not register all of its AEDs with REMSCO as required.

In addition to the above, we identified other operational weaknesses which, if corrected, would improve Parks oversight of its AED program. Specifically, Parks does not: have documented standard operating procedures for the program; conduct an annual review or risk assessment of the program; conduct field drills at the recreation centers; or maintain a list of its trained first responders.

These issues of noncompliance are discussed in detail in the following sections.

Noncompliance with Local Law 20

Parks is not in compliance with certain key areas of Local Law 20. Site-Specific Response Plans were not always available at the sampled recreation centers or were incomplete. The AED inspections performed by the facility personnel were infrequent and inadequate, and the AED supplies were not always present or were expired. In addition, AED signage was either lacking or inadequate at the sampled recreation centers, and not all centers visited had a trained first responder on site.

Site-Specific Response Plans Not Available or Incomplete

According to Local Law 20 and in accordance with the New York State Public Health Law, Parks is required to have written Site-Specific Response Plans for each AED site, including written protocols that include certain information. However, during our field visits to the 12 sampled recreation centers, we found that 2 recreation centers had no Site-Specific Response Plan. In addition, although the remaining 10 recreation centers we visited had Site-Specific Response Plans, they were incomplete and lacked required information, such as the specific locations of the AEDs, a listing of procedures to be followed in notifying trained responders of the emergency, and how the trained responder(s) would be dispatched to the site of the medical emergency. (See Appendix II for a list of the required information and whether the sampled centers were in compliance with the requirements.) At the exit conference, Parks officials stated that a template of their Site-Specific Site Response plan was approved by the PAD Program Medical Director (who is also the Fire Department's Division Medical Director) and provided us with a copy of a letter dated May 28, 2010, from the Medical Director that stated, "As mandated by New York State Department of Public Health PAD Program requirements, [Parks] . . . has met all program requirements for . . . site response plan." However, the 10 Site-Specific Response Plans we reviewed did not include all of the information required by Section 24-05 of the Rules of the City of New York. Unless there is a change to Section 24-05, Parks should ensure that the Site-Specific Response Plans include all required information.

We also found 20 individuals included on the Parks certification lists who were not included in the Site-Specific Response Plans. In addition, the names of the trained first responders identified on the Site-Specific Response Plans were not always updated in a timely

manner, and the recreation center plans did not always include all of the sites' trained first responders. Therefore, the actual number of trained first responders at the recreation centers is unknown.

The Site-Specific Response Plan is an integral part of ensuring that the AED will be available when needed. Without having Site-Specific Response Plans that include all the required information at each facility having an AED and a current list of the site's trained first responders, Parks has limited assurance that its personnel will know what steps to take in the event of a medical emergency, who the trained first responders are, and how to contact them. The absence of information for these critical factors puts the public's health at risk should there be a medical emergency requiring the use of an AED.

Infrequent and Inadequate AED Inspections Performed by Facility Personnel

According to both City regulations and the collaborative agreement between Parks and the emergency health care provider filed with REMSCO, Parks is required to maintain its AEDs in conformity with the manufacturer's recommendations. However, when we questioned the recreation center personnel at the 12 sampled centers, those at 9 (75%) recreation centers stated they were unaware of the manufacturer-recommended maintenance procedures. The remaining three centers were unable to provide evidence that their AED inspections included all of the manufacturer's recommended maintenance procedures.

According to the manufacturer's user guide for the AEDs in use by Parks, it is recommended that the AEDs be tested daily to ensure that they are operational and ready to use. In addition, the manufacturer recommends that AED supplies, accessories, and spare batteries and pads be tested for damage, and the expiration date checked on a monthly basis. In addition, the operation of the AEDs battery should be tested when the status indicator shows that the AED is not operational and whenever the battery is to be replaced. Based on our discussions with staff at the centers, while all of them stated that they tested the AEDs, only personnel at four centers stated that they tested them daily as recommended by the manufacturer. Furthermore, we found evidence of daily testing at only three of the four centers.

With regard to the tests themselves, none of the recreation centers conducted all of the AED tests recommended by manufacturer guidelines. Staff at 10 of the 12 recreation centers did not remove and reinstall the battery to run a battery self-test. It was only at the Greenbelt and Brownsville recreation centers that there was evidence that a battery self-test was performed. Although the logs at these centers did not formally list this test, the personnel wrote "self test" and "ran test" as remarks. In addition, there was no indication that any of the recreation centers checked the outside of the AED and connector socket for cracks or other signs of damage.

Since the manufacturer cautions that improper maintenance may damage the AED or cause it to function improperly, it is important that Parks ensures that its AEDs are properly tested in accordance with the manufacturer-recommended maintenance procedures and that the results of these tests are documented. The testing of AEDs in accordance with the manufacturer-recommended maintenance procedures will help to ensure that the AEDs will be operational in the event of a medical emergency.

Lacking or Expired AED Supplies

According to the manufacturer’s recommended maintenance, there should be two sets of defibrillation pads within the expiration date and a spare battery within the “install before” date. According to Parks officials, in addition to having two sets of current adult defibrillation pads and a non-expired spare battery, each facility should have one set of current child defibrillation pads, a three-step instructional card, and an emergency kit that includes a wipe cloth, razor, sterile gloves, and a Cardiopulmonary Resuscitation (CPR) pocket mask.

During our field visits to the 12 sampled recreation centers, we found that 8 (67%) recreation centers did not have all of the required AED supplies and/or had expired supplies. Table III, below, identifies the sampled recreation centers that lacked or had expired AED supplies during our unannounced visits.

TABLE III
List of the Lacking or Expired AED Supplies at
8 of the 12 Sampled Recreation Centers

Name of Recreation Center	Borough	Lacking Supplies							Expired Supplies	
		Spare Battery	Adult Pads	Child Pads	Wipe Cloth	Razor	Pocket Mask	Sterile Gloves	Spare Battery	Adult Pads
Alfred E. Smith	Manhattan				X	X		X		X
Asser Levy	Manhattan		X							
Jackie Robinson	Manhattan								X	
North Meadow	Manhattan	X		X			X			X
St. Mary's	Bronx		X							
Hunt's Point	Bronx		X							
Brownsville	Brooklyn		X							
Cromwell	Staten Island		X						X	
TOTALS		1	5	1	1	1	1	1	2	2

In addition, our review of the recreation center inspection logs revealed some serious conditions that were allowed to continue for an alarming length of time, ranging from two weeks to six months. During our visits we did not encounter any non-operational AEDs. However, at 5 of the 10 sampled recreation centers—Alfred E. Smith, St. Mary’s, Sorrentino, Cromwell, and Greenbelt—their own inspections revealed that the AEDs were not operational at times due to low or expired batteries (with no spare batteries available) or expired defibrillation pads.

Lacking or Inadequate AED Signage

According to the New York State Public Health Law, the public access defibrillation provider is required to post a sign or notice at the main entrance of the facility or building in which the AED is stored, indicating the location of the AED. In addition, City regulations require that wall signs which contain emergency contact information be placed at and near the AED cabinet and in a prominent place on all publicly accessible floors. The signs on all publicly

accessible floors should also state that more information on AED and CPR training may be obtained by calling 311.

During our field visits to the 12 sampled recreation centers, we found that 11 (92%) recreation centers did not have all of the required signage or that their signage did not have all the required information. Table IV, below, lists the signage deficiencies identified during our unannounced inspections at the 12 sampled recreation centers.

TABLE IV
Lacking or Inadequate Signage at 11 of the 12 Sampled Recreation Centers

Name of Recreation Center	Borough	Lacking or Inadequate AED Signage		
		At Main Entrance	At AED Cabinet	On All Publicly Accessible Floors*
Alfred E. Smith	Manhattan	X _M	X _M	X _{M,I}
Asser Levy	Manhattan	X _M	X _M	
Jackie Robinson	Manhattan	X _M		X _I
North Meadow	Manhattan			X _M
St. Mary's	Bronx	X _M		X _I
Hunt's Point	Bronx	X _M		
Red Hook	Brooklyn	X _M	X _M	
Brownsville	Brooklyn	X _M		X _I
Lost Battalion Hall	Queens	X _M		X _M
Cromwell	Staten Island	X _M	X _M	X _M
Greenbelt	Staten Island		X _M	X _I
TOTALS		9	5	8

*X_M indicates that there were no signs; X_I indicates that the signs were inadequate; and X_{M,I} indicates that the center lacked signs and also had signs that were inadequate.

Inadequate Trained First Responder Coverage

According to New York State Public Health Law, no person may operate an AED unless that person has successfully completed a training course in the operation of an AED. When we arrived at the recreation centers for our field visits during their hours of operation, we found that 3 (25%) of the 12 sampled recreation centers—Sorrentino (Queens), Asser Levy (Manhattan), and Red Hook (Brooklyn)—did not have a trained first responder on site. At the exit conference, Parks provided us with handwritten timecards to show that a trained first responder, although not present at the time of our arrival, did arrive later in the day at the Sorrentino and Red Hook recreation centers. With regard to Asser Levy, Parks provided timecards that indicate two trained first responders were present at the time of our visit. However, we did not speak to these individuals when we visited because they were not listed as trained first responders on the master listing we received from Parks in October 2009, were not listed as trained first responders on the center's Site Response Plan, and were not identified as being trained first responders by the personnel we spoke with on the day of our visit, even though we requested to speak with a trained first responder.

Parks Response: “We disagree with the Report’s finding that the Asser Levy recreation center did not have a trained first responder present at the time of the auditors’ visit. At the exit conference, it was reiterated that there were trained first responders on duty at Asser Levy starting at 6am. The auditors, however, could not tell Parks the time of their arrival at the center, or the names of any of the individuals that they spoke with at the recreation center. In addition, the master list of trained first responders that they received in October 2009, contained names of individuals trained and assigned to Asser Levy. When the list was sent to the auditors, it was explained that it is regularly updated to reflect additional trained first responders. The list included trained personnel as of October 2, 2009. However, Parks conducted additional training on October 5, 2009, which included some of the staff on duty at the time of the auditors visit. The auditors did not ask for an updated trained first responder list until February 2010, *after* their unannounced visits. Once again, Parks asks the auditors to remove Asser Levy from their findings, based on the above facts.” [Emphasis in original.]

Auditor Comment: It was only at the exit conference, after we had concluded the audit, that Parks first stated a trained first responder had been present at Asser Levy on the day of our unannounced visit. Although our exact time of arrival at the center was not recorded, we did inform Parks that the visit was made prior to 11:00 a.m. In addition, we informed Parks that the auditor who visited Asser Levy spoke with the Captain in charge at the front desk and with the Deputy Facility Manager when she later arrived. Although, the name of the Captain with whom we spoke was not recorded, Parks should have been able to determine the name of the Captain on duty that morning since we provided Parks with the date and approximate time of our visit. Further, we noted the name of the Deputy Facility Manager and provided it to Parks at the exit conference.

Although the list of trained first responders that we received in October did not include some individuals who received training later in October, as stated previously, these trained first responders were not listed as trained first responders on the center’s Site Response Plan, even though we visited the center months after these individuals were trained. In addition, they were not identified as being trained first responders by the personnel we spoke with on the day of our visit, including the Deputy Facility Manager, even though we requested to speak with a trained first responder. As we state in the report, had the Site Response Plan been updated to reflect the additional trained first responders, we would have requested to speak with them when we arrived at the center.

Although Parks has AEDs in its facilities, the AEDs will not be useful in a medical emergency if a trained first responder is not present to operate the AED at all times during operating hours. Failure to ensure that a first responder is on site may give the public in one of the AED facilities a false sense of security in believing that there is someone on duty to assist should the need arise.

AED Oversight Inspections of the Parks Facilities Are Inadequate

We believe that the deficiencies we identified during our visits to the centers exist largely due to inadequacies in AED oversight inspections of the Parks recreation centers. The inspection

form used to document the oversight inspections does not include all AED-related areas and is not filled out completely by inspectors. In addition, not all of the recreation centers are inspected as required, and we found no evidence of follow-up of deficiencies identified during AED oversight inspections.

The inspection form does not indicate whether trained first responders are on site during the inspections. The OMP Director and Assistant Director informed us that the OMP unit personnel do not verify the presence of a trained first responder as part of their inspections. Although the AED Program Coordinator informed us that he does test this during his inspections, there was no evidence that he verified that a trained first responder was present. The form also does not indicate that an inspection should include a verification that the AEDs are tested by the facility personnel, and neither the AED Program Coordinator nor the OMP unit verifies that these tests are done. Finally, the inspection form does not require an indication of whether the spare battery and child defibrillation pads were current (not expired) and does not request that the expiration dates of each be listed. The inspection form also has an inaccuracy, stating that “only red-cased new [defibrillators] have child pads.” When we performed our inspections, 11 of the 12 sampled recreation centers had yellow-case defibrillators¹ and child pads. In 19 (21%) of the 92 inspections,² however, the inspectors noted that child pads were not applicable or did not indicate whether the child pads were present, suggesting that the inspectors did not think that child pads were necessary (possibly the result of the inaccurate statement on the inspection form).

Our review of the 92 inspections forms revealed that other areas were also not filled out properly, such as the status of the LED indicator (which shows whether the AED is operational)—left blank on 21 (23%) inspection forms—and the expiration dates of current adult pads—not listed on 30 (33%) inspection forms.

We found that not all of the centers were inspected. One center, the Al Oerter Recreation Center, was newly opened in November 2008 according to Parks officials. Since it was a new facility, officials stated that it was not inspected by the OMP unit until May 2010. For the remaining 33 centers, there was no evidence that two of them—the Passerelle Building (Flushing Meadows) and the Highbridge Recreation Center in Manhattan—were inspected by the OMP unit during Fiscal Year 2009. At the exit conference, Parks officials stated that the Passerelle Building and Highbridge were incorrectly classified as recreation centers on the listing that was provided to us at the beginning of the audit. (They stated that the Passerelle Building is an administration building and that Highbridge is a field house.) Nevertheless, the evidence we reviewed appears to indicate that the OMP unit should have conducted inspections of these facilities in Fiscal Year 2009, which would have included an inspection of the AEDs. The OMP unit provided us with inspection forms showing that one inspection of Passerelle and two

¹ Only 11 of the 12 sampled recreation centers were operated by Parks and were using the same brand and model AED unit. The other recreation center, North Meadow, was operated by the Central Park Conservancy and purchased its own AED, which was different from the one used by Parks.

² We were provided with evidence of a total of 93 inspections performed by the AED Program Coordinator and the OMP unit. However, for one inspection conducted at the North Meadow Recreation Center, the AED inspection form was not provided and was excluded from our analysis. Although Parks provided us a copy of the formal report documenting the results of its inspection, without the AED inspection form, we cannot verify the results of the complete AED inspection or whether all AED-related areas were reviewed.

inspections of Highbridge were conducted prior to Fiscal Year 2009 and all three of these inspection forms identified these facilities as recreation centers.

When inspections do occur and noncompliant conditions are identified, there is insufficient evidence of follow-up to determine whether they are corrected. The Director and Assistant Director of the OMP unit informed us that they do not follow up with the facilities; however, they provide the completed inspection forms to the AED Program Coordinator and also provide a Score Card Report (the full facility inspection that includes the results of the AED inspection) to the respective Borough Office to address. As for the AED Program Coordinator, although he informed us that he does follow up with the facilities through phone calls or e-mail, no documentation of his communications is maintained. The AED Program Coordinator provided us with a schedule that he claims is used to track identified conditions; however, it does not include the dates of the inspections, whether the inspections were conducted by him or by the OMP unit, the dates of the follow-up, and the date the condition was corrected. In addition, the AED Program Coordinator informed us that he does not request any documentation from the facilities as evidence that any required or expired supplies were purchased; he accepts whatever he is told. As a result, we are unable to determine the extent to which any follow-up was performed and whether the identified conditions were resolved in a timely manner.

Recommendations

Parks should:

1. Ensure that the Site-Specific Response Plans are prepared for all its facilities that have AEDs and that all the required information and details are included in each plan.

Parks Response: “Parks’ Site-Specific Response Plans were approved for content and information by the Medical Director of the Public Access Defibrillation Program for the FDNY for meeting all requirements, as the Report acknowledged. Parks will continue to follow the direction of the FDNY, which is the authority responsible for approval of information required to be contained in the Site-Specific Response Plan.”

2. Ensure that each facility lists all of its trained first responders on the Site-Specific Response Plans and updates the list in a timely manner to reflect any changes in personnel or training certification status.

Parks Response: “Parks has also ensured that Site-Specific Response Plans are prepared for all of its facilities with an AED and that the names of the trained first responders listed on the Site-Specific Response Plans have been updated and are routinely reviewed as part of on-site monthly inspections performed by facility staff. This practice is included in our SOP.”

3. Ensure the each facility maintains its AEDs in accordance with the manufacturer’s recommended maintenance procedures and that the maintenance steps taken are documented, including any problems encountered and the corrective actions taken.

The maintenance procedures should include daily inspections of the AED status indicator to verify that the units are operational.

Parks Response: “As part of the new SOP, Parks has formalized a nine-point review that outlines the required steps for daily AED inspections, including confirmation that the AED is operational. This daily inspection process includes a form to be completed that delineates the inspector’s observations. Although recreation center staff were already performing regular inspections of AEDs, as supported by the fact that all AEDs reviewed by the auditors were operational, the nine-point review will provide additional guidance to staff and create a uniform inspection process. The SOP also identifies protocol for correcting any deficiencies observed while performing a daily inspection.”

Auditor Comment: We are glad that Parks has agreed to implement this recommendation. However, we would like to stress that although all AEDs were operational during our unannounced visits, this is not an indication that regular inspections were always being performed.

4. Ensure that each facility inspects the AED supplies on a monthly basis, including the expiration dating of the batteries and defibrillation pads, and order any needed supplies in a timely fashion in order to receive them prior to the expiration of the existing ones.

Parks Response: “As part of its SOP, Parks has developed a six-point monthly review that outlines the required steps for monthly AED inspections and includes a form to be completed delineating the inspector’s observations. The monthly inspection includes a process for identifying and correcting any deficiencies that are observed, such as expired supplies or names of staff, who no longer work at the facility, listed on a Site-Specific Response Plan or AED signage.”

5. Ensure that all required AED signage is placed in its facilities and that all of the required information is included on the signs, such as the telephone number to contact a trained first responder on the signs placed on all publicly accessible floors.

Parks Response: “Updated signage has been developed that includes all of the required information as approved by the PAD Medical Director at FDNY. As previously mentioned, Parks will perform monthly six-point inspections designed, in part, to ensure that the names and contact information of trained first responders are current. However, it is important to note that all of Park’s recreation centers have always had signs posted notifying the public of the presence of an AED.”

Auditor Comment: We are pleased that Parks has updated its signage and will ensure that the names and contact information of trained first responders are current. However, Parks should also ensure that the information approved by the PAD Medical Director includes all the information required by the law. In addition, although Parks claims that all of its recreation centers have always had signs posted notifying the public of the presence of an AED, we found that 11 of the 12 sampled centers lacked sufficient signage.

6. Ensure that a trained first responder is on site at each of its facilities during all hours of operation.

Parks Response: “Parks will ensure that a trained first responder is on site at each of its facilities with AEDs during all hours of operation.”

7. Modify the AED Audit Datasheet used to document the AED oversight inspections to ensure that it covers all key AED-related areas.

Parks Response: “Parks has modified and expanded its AED Audit Data Sheet to include expiration dates and trained first responders at the site. If a deficiency is observed by OMP, it will be reported to the borough Chief of Recreation and facility manager immediately for correction.”

8. Ensure that AED oversight inspections of all its AED facilities are performed by both the AED Program Coordinator and by OMP unit personnel, as required by Parks procedures and that the AED Audit Datasheets are completed properly.

Parks Response: “Parks believes that the primary inspections performed by on-site staff at the AED facilities are sufficient to ensure public safety. However, Parks will ensure that the additional source inspections by OMP and the AED Program Coordinator will continue and that the expanded AED Audit Data Sheets are completely filled out whenever an inspection is performed by staff from OMP or the AED Program Coordinator.”

9. Follow up and document the follow-up of any noncompliant conditions identified during the AED oversight inspections.

Parks Response: “Follow up and documentation of noncompliant conditions will be performed. Parks has identified specific procedures on our SOP to address this matter. For example, noncompliance conditions found by OMP inspectors are noted in the inspection form and reported immediately to the borough Chief of Recreation and facility manager to ensure that the condition is addressed.”

AEDs Not Appropriately Registered

According to the New York State Public Health Law, Parks is required to notify REMSCO of the existence, site, and type of any AED it possesses. REMSCO requires that all PAD providers within its specified region complete PAD Provider Information Forms, which indicate the site of the AEDs and a contact person, the number of trained personnel, and the number of AEDs at each site.

Our review of the PAD Provider Information Forms submitted to REMSCO revealed that the AEDs for 15 (44%) of the 34 recreation centers had not been registered, as follows:

- Nine recreation centers in Manhattan: Chelsea Recreation Center, East 54th Recreation Center, Highbridge Recreation Center, J. Hood Wright Recreation Center, Jackie Robinson Recreation Center, North Meadow Recreation Center, Pelham Fritz Recreation Center, Thomas Jefferson Recreation Center, and West 59th street Recreation Center;
- Three recreation centers in Brooklyn: Fort Hamilton Senior Center, St John's Recreation Center, and Sunset Park Recreation Center;
- Two recreation centers in Queens: Al Oerter Recreation Center and Louis Armstrong Recreation Center; and
- One recreation center in Staten Island: Greenbelt Recreation Center.

REMSCO supports the City by keeping agencies such as the Fire Department and Emergency Medical Services informed of the presence and sites of the AEDs throughout the City, enabling them to use the AEDs when needed. It is therefore important that Parks register all of its AEDs with REMSCO as required to aid REMSCO in its tracking of all AEDs within the City.

Recommendations

Parks should:

10. Immediately register with REMSCO the 15 AEDs cited in the report as not being registered.

Parks Response: “All 15 AEDs cited in the Report were registered with REMSCO last April.”

11. Ensure that it registers all of its AEDs with REMSCO prior to installing them in its facilities.

Parks Response: “Parks will continue to register all of its AEDs with REMSCO prior to installing the AED units.”

Other Weaknesses

Our review of Parks oversight of its AED program found other operational weaknesses which, although not specifically required by the State or City law or regulations, if corrected would help improve the agency's AED program. These weaknesses are discussed below in more detail.

Lack of Standard Operating Procedures

Parks has no written or approved standard operating procedures for its AED program, as recommended by Comptroller's Directive #1, “Principles of Internal Control.” Having standard

operating procedures would better enable Parks to identify the key personnel affiliated with its AED program, such as the AED Program Coordinator and trained first responders, and to identify their duties and responsibilities, including the maintenance of the AEDs. The procedures should include guidelines regarding AED use, record-keeping and reporting requirements, testing and maintenance procedures for the AEDs, oversight inspections performed by the AED Program Coordinator and OMP unit personnel, first responder training and recertification requirements, and annual risk assessments and reviews of the AED program. Without these standard operating procedures, Parks has no assurance that its personnel know their responsibilities in carrying out all aspects of the AED program.

Formal Assessment of AED Program Not Performed

Parks does not conduct an annual review or assessment of its AED program. When we asked Parks officials whether any internal management reports were prepared or assessments of the program conducted, we were told that Parks “does not regularly ‘evaluate the AED program.’” With regard to the internal management report, a Parks official told us that “although [Parks] has documentation regarding the inspections as they pertain to date, location, deficiencies/problems identified, etc, . . . there is no summary with totals prepared.”

Officials informed us that “each facility’s AED inspection records are kept available by the OMP inspectors and the AED Program Coordinator, are available for viewing, are comprehensive and therefore do not need to be evaluated. However, other parts of the program are periodically reviewed.” However, when we requested Parks officials to specify what other parts of the AED program are reviewed and to provide us with any documentation as evidence of these reviews, no information or documentation was provided. In the absence of a proper review and a formal assessment of the operations of its AED facilities, the ability of Parks to ascertain whether the AED program is functioning as intended is hampered.

AED Drills Are Not Conducted

Parks does not conduct AED drills at its recreation centers to test the trained first responders’ skills. According to the American Heart Association, conducting skills reviews, such as drills and demonstrations of CPR and AED skills, is critical to ensure that responders are prepared to perform the necessary skills during an emergency.

During our field visits to the 12 sampled recreation centers, we found that drills are not conducted at any of the facilities. Without performing unannounced drills, there is limited assurance that the facility personnel, including the trained first responders, have the necessary skills and knowledge to assist cardiac arrest victims and to avoid putting the people’s health and lives at risk.

Master Listing of Trained First Responders Not Maintained

Parks does not maintain a master listing of its trained first responders. Although Parks officials informed us that a central listing of its trained first responders is maintained and is continuously updated, it took Parks officials two weeks or more to provide us with such listings when we requested them. We initially requested a listing on September 4, 2009, but it was not

provided until one month later, on October 5, 2009. In addition, on February 5, 2010, we requested an updated listing of the Parks trained first responders; this list was not provided to us until two weeks later, on February 19, 2010. We question why Parks officials were unable to provide the requested listings immediately upon request if the lists are indeed maintained and current.

In addition, our review of both training listings provided revealed that not all recreation centers were included on both lists. Of the 34 recreation centers, 9 were not included on the initial listing, and 3 of these were still not included on the second listing. Further, during our visits to the sampled recreation centers, we identified employees who received AED training and were certified but not included on the provided training lists. Based on the above, we have no assurance that Parks officials know whether all centers have trained first responders and whether the number of trained first responders at each center is adequate.

Recommendations

12. Parks should develop, disseminate, and enforce standard operating procedures covering all aspects of AED-related operations. These procedures should include maintenance procedures to be followed by facility personnel, oversight inspections performed by the AED Program Coordinator and OMP unit personnel, and associated record-keeping practices.

Parks Response: “Although it is not a requirement of State or City law, Parks has created standard operating procedure (SOP) that covers all aspects of the agency’s AED program, including daily and monthly inspections, unannounced OMP inspections, training of staff, reporting requirements and replenishing supplies.”

13. Parks should conduct a formal assessment of its AED program to determine whether the program is functioning as intended or whether any improvements or modifications are needed.

Parks Response: “An annual assessment of the AED program will be conducted, including relevant program guidance and standards.”

14. Parks should establish and initiate standardized AED drill procedures within all of its facilities to test the response time, knowledge, and skills of its personnel in the event of a medical emergency.

Parks Response: “Parks will encourage facilities to conduct drills in order to record and improve response time.”

15. Parks should maintain a complete central list of its trained first responders and update the list in a timely manner to reflect any changes in personnel, such as those that are newly certified or relocated to another facility.

Parks Response: “Although Parks agrees with the recommendation, it disagrees with the finding that ‘Parks does not maintain a master list.’ Parks **does** maintain a master list at

its Training Academy and updates it regularly to reflect new or re-certified first responders. Additionally, employees that receive training outside of Parks (e.g. EMS volunteers) will appear on the master list of Parks, if they forward their certification to the Training Academy.” [Emphasis in original.]

Auditor Comment: If Parks did maintain a master listing of its trained first responders, we question why it took Parks officials two weeks or more to provide us with the listings when we requested them. As stated previously in this report, it took Parks officials one month to provide the first list and two weeks to provide the second list. In addition, neither of the lists was complete: nine recreation centers were not included on the initial listing, and three of these were still not included on the second listing.

**§2-16 of the NYC Department of Parks and Recreation’s Rules and Regulations,
External Defibrillators**

The Department will place automated external defibrillators in the following locations:

Bronx

1. Van Cortlandt Park Visitor Center: Broadway at West 242 St., Bronx, NY 10471.
2. Owen Dolen Golden Age Center: 1400 Westchester Square, Bronx, NY 10461.
3. St. James Recreation Center: East 192nd St. & Jerome Ave., Bronx, NY 10468.
4. St. Mary’s Recreation Center: East 145th St. & St. Ann’s Ave., Bronx, NY 10455.
5. Williamsbridge Oval Play Center: East 208th St. & Bainbridge Ave., Bronx, NY 10461.
6. Hunt’s Point Recreation Center: Manida St. & Lafayette, Bronx, NY 10474.

Brooklyn

1. Herbert Von King Recreation Center: 670 Lafayette Ave., Brooklyn, NY 11216.
2. Metropolitan Pool: 261 Bedford Ave. (at Metropolitan Ave.), Brooklyn, NY 11211.
3. Sunset Park Recreation Center: 44th St. at 7th Ave., Brooklyn, NY 11220.
4. Red Hook Recreation Center: 155 Bay St., Brooklyn, NY 11231.
5. Litchfield Villa: 95 Prospect Park West, Brooklyn, NY 11215.
6. Brownsville Recreation Center: 1555 Linden Blvd., Brooklyn, NY 11212.
7. Salt Marsh Recreation Center: 3302 Avenue U, Brooklyn, NY 11234.

Manhattan

1. The Arsenal: 830 Fifth Ave., New York, NY 10065.
2. Alfred E. Smith Recreation Center: 80 Catherine St. New York, NY 10038.
3. Asser Levy Recreation Center: East 23rd St. at FDR Drive, New York, NY 10010.
4. Carmine Pool: Clarkson St. & Seventh Ave. South, New York, NY 10014.
5. Hamilton Fish Recreation Center: 128 Pitt St., New York, NY 10002.
6. Hansborough Recreation Center: 35 W. 134th St., New York, NY 10037.

Queens

1. Roy Wilkins Recreation Center: 177th St. & Baisley Blvd., St. Albans, NY 11434.
2. Sorrentino Recreation Center: 18-48 Cornaga Ave., Far Rockaway, NY 11691.
3. Lost Battalion Hall: 93-29 Queens Blvd., Rego Park, NY 11374.
4. Passerelle Building: Flushing Meadows-Corona Park, Flushing, NY 11368.
5. Olmsted Center: Flushing Meadows-Corona Park, Flushing, NY 11368.
6. Overlook: 80-30 Park Lane, Kew Gardens, NY 11415.

Staten Island

1. Cromwell Recreation Center: Pier 6 at Bay and Hannah St., Staten Island, NY 10301.
2. Stonehenge: 1150 Clove Road, Staten Island, NY 10301.
3. Conference House: 7455 Hylan Blvd., Staten Island, NY 10307.
4. Sailor’s Snug Harbor: 1000 Richmond Terrace, Staten Island, NY 10301.
5. High Rock Park: 200 Nevada Ave., Staten Island, NY 10306.
6. Greenbelt Nature Center: 700 Rockland Ave., Staten Island, NY 10306.

Analysis of Site-Specific Response Plans for the 12 Sampled Recreation Centers

		Manhattan				Bronx		Brooklyn		Queens		Staten Island		Y E S	N O
		Asser Levy	Alfred E. Smith	Jackie Robinson	North Meadow	St. Mary's	Hunt's Point	Red Hook	Brownsville	Sorrentino	Lost Battalion Hall	Cromwell	Greenbelt		
	Did the location have a Site-Specific Response Plan Posted and Available for Review?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	10	2
	Did the Site-Specific Response Plan specify the following information:														
a.	<u>Trained Responder Information:</u>														
	i. A list of trained responders,	Yes	Yes	Yes		Yes	Yes	Yes	Yes		No	Yes	Yes	9	1
	ii. The specific training they received,	No	No	No		No	No	No	No		No	No	No	0	10
	iii. How they can be contacted, and	Yes	Yes	Yes		Yes	Yes	Yes	Yes		No	No	No	7	3
	iv. The location of the trained responders at the site.	Yes	No	No		No	No	No	No		No	No	No	1	9
b.	The provider of the AED/CPR training received by each trained responder, the date the training was received as well as the due dates for training recertification of each trained responder.	No	No	No		No	No	No	No		No	No	No	0	10
c.	The specific location(s) of the AED(s) at the public place. The AED(s) shall be in a location(s) accessible to the trained responder(s).	No	No	No		No	No	No	No		No	No	No	0	10
d.	The party responsible for verifying that the AED(s) is in operable condition and for ensuring that the equipment is maintained in conformity with the manufacturer's recommendations.	No	No	No		No	No	No	No		No	No	No	0	10
e.	The placement and exact locations of the signs required by §24-04(a), (b) and (c) along with the information on how to contact the site's trained responder(s).	No	No	No		No	No	No	No		No	No	No	0	10
f.	<u>Medical Emergency Information:</u>														
	i. Instructions on how to identify an on-site medical emergency, and	No	No	No		No	No	No	No		No	No	No	0	10
	ii. A listing of procedures to be followed to notify trained responders of the existence of that emergency.	No	No	No		No	No	No	No		No	No	No	0	10
g.	Procedures to be followed to notify the emergency medical services system as to the existence of an on-site medical emergency.	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	10	0
h.	How the trained responder(s) will be dispatched to the location of the medical emergency.	No	No	No		No	No	No	No		No	No	No	0	10
i.	The procedures to be followed by the trained responder(s) at the location upon their response to the location of a medical emergency.	Yes	Yes	Yes		Yes	Yes	Yes	Yes		No	Yes	Yes	9	1
j.	Procedures to be followed by trained responders upon their transfer of care of an emergency to the emergency medical services system.	Yes	Yes	Yes		Yes	Yes	Yes	Yes		No	Yes	Yes	9	1
k.	Instructions on how to document each use of an AED and immediately report such usage in accordance with Public Health Law §3000-b.	Yes	Yes	Yes		Yes	Yes	Yes	Yes		No	Yes	Yes	9	1
YES		7	6	6	0	6	6	6	6	0	1	5	5		
NO		8	9	9	0	9	9	9	9	0	14	10	10		



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June 28, 2010

Ms. H. Tina Kim
Deputy Comptroller for Audit
The City of New York, Office of the Comptroller
1 Centre Street-Room 1100
New York, NY 1007-2341

RE: Draft Audit Report on the Placement of Automated External Defibrillators by the Department of
Parks & Recreation, Report Number MD10-072A

Dear Deputy Comptroller Kim,

Attached, please find the New York City Department of Parks & Recreation's ("Parks" or "Agency") response to the Comptroller's Draft Audit Report ("Report"), dated June 10, 2010, on the placement of Automated External Defibrillators ("AED") by Parks. We have reviewed the Report and carefully considered all the recommendations. We thank you and your audit staff for the time and effort devoted to completing this Report.

Sincerely,



Robert L. Garafola

NYC DEPARTMENT OF PARKS & RECREATION

Response to the Draft Audit Report on the Placement of Automated External Defibrillators

In March 2005, Local Law 20, enacted by the New York City Council, required Parks to place AEDs in selected facilities throughout the City. This law followed Parks' efforts, beginning in 2001, to place AEDs at publicly-accessible locations as part of a coordinated effort with the Mayor's Office of Emergency Management ("OEM") to implement the City's public access defibrillator program initiative. Since that time, Parks has been training employees in the use of the AEDs and has worked with the Fire Department of the City of New York ("FDNY") to develop a Response Plan for each facility.

Local Law 20 required Parks to place AEDs in at least 6 sites in each borough. Parks exceeded the requirement and has placed 73 AED units in parks and recreational facilities citywide. Parks is pleased that the Report found all AEDs at sites visited to be fully operational.

Parks conducts in-house training programs to certify individuals in the administration of Cardio Pulmonary Resuscitation ("CPR") and the use of AEDs. The instructors are certified by the American Red Cross. Trained First Responders must complete an intensive day-long class, demonstrate the skills taught to them during the class and pass a written exam to become certified and serve at the facilities to which they are assigned. Over the past three years Parks has trained 350 individuals to become first responders.

Since Local Law 20, there has been only *one* instance where an AED was used. All of the protocols in place worked perfectly, as well as the AED unit itself. The proper procedures were utilized and the AED unit's fail-safe mechanism worked, as a shock was not necessary and none was administered. Again, the Report states that during the auditor's unannounced visits, all AEDs were operational.

There are 3 levels of inspections for AED compliance. The primary level of inspection is conducted at the facility by recreation center staff. Parks' Operation and Management Planning (OMP) Division, which are independent evaluators for Parks, added inspections of AEDs in 2002 to their regular site inspections, and more formally using an inspection sheet to note compliance in 2007. Another level of inspection is conducted by the AED coordinator during the summer months utilizing procedures similar to those of OMP.

In response to the Report, Parks took the following additional actions to further strengthen our already robust AED program:

- Although not a requirement of Local Law 20, created and implemented Standard Operating Procedures (SOPs), which cover all aspects of the Agency's AED program, including daily and monthly inspections, unannounced OMP inspections, training of staff, reporting requirements and replenishing supplies.
- Revised and expanded the AED inspection protocols and forms used by OMP, the AED Coordinator, and site managers, including a nine point step by step inspection procedure to ensure uniform daily inspections at all facilities with an AED, and to include manufacturer recommended methods, and ensure that the names of first responders are accurate.
- Updated Parks' FDNY certified Site Response Plans and Signage to indicate current Trained Responders and locations of AED units.
- Bolstered supplies at facilities.
- Established a new annual assessment protocol for the AED program.

REPORT FINDINGS AND RECOMMENDATIONS

Finding: Site Response Plans Not Available or Incomplete

Recommendation 1: Ensure that the Site-Specific Response Plans are prepared for all of its facilities that have an AED and that all the required information and details are included in each plan.

Recommendation 2: Ensure that each facility lists all of its trained first responders on the Site-Specific Response Plans and updates the list in a timely manner to reflect any changes in personnel or training certification.

Parks Response: Parks' Site-Specific Response Plans were approved for content and information by the Medical Director of the Public Access Defibrillation Program for the FDNY for meeting all requirements, as the Report acknowledged. Parks will continue to follow the direction of the FDNY, which is the authority responsible for approval of information required to be contained in the Site-Specific Response Plan. Parks has also ensured that Site-Specific Response Plans are prepared for all of its facilities with an AED and that the names of the trained first responders listed on the Site-Specific Response Plans have been updated and are routinely reviewed as part of on-site monthly inspections performed by facility staff. This practice is included in our SOP.

Finding: Infrequent and Inadequate AED Inspections Performed by Facility Personnel and Lacking or Expired AED Supplies

Recommendation 3: Ensure that each facility maintains its AEDs in accordance with the manufacturer's recommended maintenance procedures and that the maintenance steps are documented, including any problems encountered and the corrective action taken. The maintenance procedures should include daily inspections of the AED status indicator to verify that the units are operational.

Parks Response: As part of the new SOP, Parks has formalized a nine-point review that outlines the required steps for daily AED inspections, including confirmation that the AED is operational. This daily inspection process includes a form to be completed that delineates the inspector's observations. Although recreation center staff were already performing regular inspections of AEDs, as supported by the fact all AEDs reviewed by the auditors were operational, the nine-point review will provide additional guidance to staff and create a uniform inspection process. The SOP also identifies protocol for correcting any deficiencies observed while performing a daily inspection.

Recommendation 4: Ensure that each facility inspects the AED supplies on a monthly basis, including the expiration dating of the batteries and defibrillation pads, and order any needed supplies in a timely fashion in order to receive them prior to the expiration of the existing ones.

Parks Response: As part of its SOP, Parks has developed a six-point monthly review that outlines the required steps for monthly AED inspections and includes a form to be completed delineating the inspector's observations. The monthly inspection includes a process for identifying and correcting any deficiencies that are observed, such as expired supplies or names of staff, who no longer work at the facility, listed on a Site-Specific Response Plan or AED signage.

Finding: Lacking or Inadequate AED Signage

Recommendation 5: Ensure that all required AED signage is placed in its facilities and that all of the required information is included on the signs, such as the telephone number to contact a trained responder on the signs placed on all publicly accessible floors.

Parks Response: Updated signage has been developed that includes all of the required information as approved by the PAD Medical Director at FDNY. As previously mentioned, Parks will perform monthly six-point inspections designed, in

part, to ensure that the names and contact information of trained first responders are current. However, it is important to note that all of Park's recreation centers have always had signs posted notifying the public of the presence of an AED.

Finding: Inadequate Trained First Responder Coverage

Recommendation 6: Ensure that a trained first responder is on site at each of its facilities during all hours of operation.

Parks Response: Parks will ensure that a trained first responder is on site at each of its facilities with AEDs during all hours of operations. However, we disagree with the Report's finding that the Asser Levy recreation center did not have a trained first responder present at the time of the auditors' visit. At the exit conference, it was reiterated that there were trained first responders on duty at Asser Levy starting at 6am. The auditors, however, could not tell Parks the time of their arrival at the center, or the names of any of the individuals that they spoke with at the recreation center. In addition, the master list of trained first responders that they received in October 2009, contained names of individuals trained and assigned to Asser Levy. When the list was sent to the auditors, it was explained that it is regularly updated to reflect additional trained first responders. The list included trained personnel as of October 2, 2009. However, Parks conducted additional training on October 5, 2009, which included some of the staff on duty at the time of the auditors visit. The auditors did not ask for an updated trained first responder list until February 2010, *after* their unannounced visits. Once again, Parks asks the auditors to remove Asser Levy from their findings, based on the above facts.

Finding: AED Oversight Inspections of the Parks Facilities Are Inadequate

Recommendation 7: Modify the AED Audit Data Sheet used to document the AED oversight inspections to ensure that it covers all key AED related areas.

Parks Response: Parks has modified and expanded its AED Audit Data Sheet to include expiration dates and trained first responders at the site. If a deficiency is observed by OMP, it will be reported to the borough Chief of Recreation and facility manager immediately for correction.

Recommendation 8: Ensure that AED oversight inspections of all of its AED facilities are performed by both the AED Program Coordinator and by OMP unit personnel, as required by Parks procedures and that the AED Audit Data Sheets are correctly filled out.

Parks Response: Parks believes that the primary inspections performed by on-site staff at the AED facilities are sufficient to ensure public safety. However, Parks will ensure that the additional source inspections by OMP and the AED Program Coordinator will continue and that the expanded AED Audit Data Sheets are completely filled out whenever an inspection is performed by staff from OMP or the AED Program Coordinator.

Recommendation 9: Follow up and document the follow up of any noncompliant conditions identified during the AED oversight inspections.

Parks Response: Follow up and documentation of noncompliant conditions will be performed. Parks has identified specific procedures in our SOP to address this matter. For example, noncompliance conditions found by OMP inspectors are noted in the inspection form and reported immediately to the borough Chief of Recreation and facility manager to ensure that the condition is addressed.

Finding: AEDs Not Appropriately Registered

Recommendation 10: Immediately register with REMSCO the 15 AEDs cited in the report as not being registered.

Parks Response: All 15 AEDs cited in the Report were registered with REMSCO last April.

Recommendation 11: Ensure that it registers all of its AEDs with REMSCO prior to installing them in its facilities.

Parks Response: Parks will continue to register all of its AEDs with REMSCO prior to installing the AED units.

Other Findings Not Required by Local Law but recommended for Improvement:

Finding: Lack of Standard Operating Procedures

Recommendation 12: Parks should develop, disseminate, and enforce standard operating procedures covering all aspects of AED-related operations. These procedures should include maintenance procedures to be followed by facility personnel, oversight inspections performed by the AED Program Coordinator and OMP unit personnel, and associated record-keeping practices.

Parks Response: Although it is not a requirement of State or City law, Parks has created standard operating procedure (SOP) that covers all aspects of the agency's AED program, including daily and monthly inspections, unannounced OMP inspections, training of staff, reporting requirements and replenishing supplies .

Finding: Formal Assessment of AED Program Not Performed

The Report states that Parks does not conduct a formal review or assessment of its AED program.

Recommendation 13: Parks should conduct a formal assessment of its AED program to determine whether the program is functioning as intended or whether any improvements or modifications are needed.

Parks Response: An annual assessment of the AED program will be conducted, including relevant program guidance and standards

Finding: AED Drills Are Not Conducted

Recommendation 14: Parks should establish and initiate standardized AED drill procedures within all of its facilities to test the response time, knowledge, and skills of its personnel in the event of a medical emergency.

Parks Response: Parks will encourage facilities to conduct drills in order to record and improve response time. However, its trained first responders are fully certified for one year after being trained and tested in accordance with the American Red Cross regulations. This training assures that the trained first responders have the necessary skills and knowledge to assist in potential emergencies. Additionally, Parks has included an AED component to its "Right to Know" staff trainings in order to bolster knowledge and awareness of AEDs.

Finding: Master list of Trained Responders Not Maintained

Recommendation 15: Parks should maintain a complete central list of its trained first responders and update the list in a timely manner to reflect any changes in personnel, such as those that are newly certified or relocated to another facility.

Parks Response: Although Parks agrees with the recommendation, it disagrees with the finding that "*Parks does not maintain a master list.*" Parks does maintain a master list at its Training Academy and updates it regularly to reflect new or re-certified first-responders. Additionally, employees that receive training outside of Parks (e.g. EMS volunteers) will appear on the master list of Parks, if they forward their certification to the Training Academy.