

## PEI AED Registry Program

### Registration Form

*Please complete ONE FORM for EACH AED  
being registered*

#### AED OWNER (PRIMARY CONTACT)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** *By signing at the end of this document, the AED OWNER consents to their contact information being used for the purposes of informing the AED OWNER that their AED requires maintenance, including notifications of battery and electrode pad expiry dates. The AED OWNER may also be contacted by Health PEI's AED Registry Coordinator. There is no requirement for the AED OWNER to respond with, or administer, the AED.*

#### SITE INFORMATION

Organization/Location Name: \_\_\_\_\_

Description (e.g. public, recreation, residential): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Civic Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Main Office Telephone Number: \_\_\_\_\_

Main Office Fax Number: \_\_\_\_\_

#### AED INFORMATION

*Please be as accurate as possible, especially in the placement details of the AED.*

Manufacturer/Make: \_\_\_\_\_

AED Model (e.g. Onsite, Lifeline, FR2, semi, Pro, CR Plus, 500P, etc.): \_\_\_\_\_

Serial Number: \_\_\_\_\_

Installation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Battery Model: \_\_\_\_\_

Battery Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Adult Pads Model: \_\_\_\_\_

Adult Pads Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Spare Adult Pads Model: \_\_\_\_\_

Spare Adult Pads Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Pediatric Pads Model: \_\_\_\_\_

Pediatric Pads Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Describe location of AED: \_\_\_\_\_

## AVAILABILITY

We would like our AED to be (please select)?       Public      **OR**       Private

*Note: If you do not wish to make your AED accessible to the public, it can be identified as “private” in our registry while still providing you with the maintenance benefits.*

If your AED is designated as “**public**”, please outline its availability below. A custom schedule can be attached and submitted with this form.

Days of the week (e.g. Monday to Friday): \_\_\_\_\_

Hours (e.g. 9am to 5pm): \_\_\_\_\_

Is your AED available year round?     Yes     No

If no, please specify: \_\_\_\_\_

## OPTIONAL INFORMATION

*Note: This information is being collected only for statistical purposes and quality improvement activities.*

*De-identified information may be shared with Island EMS, Medacom Atlantic and Heart and Stroke-PEI.*

Does your organization have an AED training schedule established?       Yes       No

How many people in your organization have been trained to provide CPR/AED? \_\_\_\_\_

Which organization completed the training? \_\_\_\_\_

How did you hear about the PEI AED Registry Program?

Social Media     Print Media     TV/Radio     Online Search     Friend/Family     Other: \_\_\_\_\_

Has your AED ever been used to help save a life?       Yes       No

Additional Comments/Suggestions: \_\_\_\_\_

**Participation in the PEI AED Registry Program is subject to the Terms and Conditions and Release of Liability that follow starting on Page 3 of this document. Please read the Terms and Conditions and Release of Liability carefully as it limits the liability of others to you and limits your ability to recover against others in respect of your participation in the Registry. By signing the Terms and Conditions and Release of Liability, you agree to the terms stated therein.**

*Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purposes of registering AEDs. Questions on the collection and use of this information can be directed to Health PEI’s Emergency Health and Planning Services Section by email ([emergency@gov.pe.ca](mailto:emergency@gov.pe.ca)) or by phone (902) 569-7653.*

## Terms and Conditions and Release of Liability

**Thank you for your interest and consideration in becoming part of the PEI AED Registry Program. Please carefully read this Agreement. By signing your name at the bottom of this document, you acknowledge that you have read this Agreement and agree to be bound by the terms and conditions of this Agreement.**

### 1. Overview

The PEI AED Registry Program is coordinated in partnership by Health PEI, Island EMS, Medacom Atlantic and Heart and Stroke – PEI, working in conjunction with En-Pro Management Inc. (“En-Pro”). En-Pro is an authorized user of the AED Link™ system and operates the National AED Registry (the “Registry”). Health PEI’s EHPS Section is charged with the program management oversight of the Registry under the program brand of “PEI AED Registry Program” in the Province of Prince Edward Island.

### 2. Description of Services

The Registry is an online information system intended to help link automated external defibrillators (“AEDs”), AED users and sudden cardiac arrest victims, and to help AED OWNERS manage and track data and information concerning their AEDs. Through its AED Link™ product, En-Pro endeavors to provide Island EMS and Medacom Atlantic’s Emergency Communications Centre access to information regarding the location of AEDs stored in the Registry.

### 3. Enrollment

By registering an AED in the PEI AED Registry Program, you agree to:

- a. Maintain current contact information in the registry for the AED;
- b. Receive automated email notifications for monthly device checks and supplies expiry (batteries and electrode pads);
- c. Receive information and alerts by email, such as PEI AED Registry Program information, product recall notifications, manufacturer bulletins, software upgrade notices and CPR/AED standard changes.
- d. Complete required maintenance on the device, including replacement of batteries and pads and manufacturer-recommended software updates.

If you are enrolling on behalf of an entity, you represent that you are authorized to accept these terms on behalf of the entity. Further, if you enroll as an AED OWNER, you represent that you own or are an authorized agent of the owner of the AEDs you register or have the right to provide information regarding the AEDs that you register (“Registered AEDs”). You confirm that you are at least eighteen (18) years of age and that you will submit all required enrollment information, and that all such information is to the best of your knowledge accurate and complete.

### 4. Permitted Use

Health PEI’s EHS Administrative Coordinator will be classified as the ‘Registry Manager’ and will be in charge of initially entering in your AED information into the system. A user name and password will be provided to you by email which will authorize you to access and use the web pages assigned to your account to receive AED maintenance messages and record the results of AED inspections and maintenance tasks. You grant to each Health PEI, Island EMS, Medacom Atlantic and En-Pro the right to use the information you have provided or will provide under this Agreement for the purposes of the AED Link™ system and the Registry.

### 5. Privacy

You agree that any data and information, including but not limited to, enrollment information (e.g., the location of the Registered AEDs, names and telephone numbers, will be used by Health PEI, Island EMS,

Medacom Atlantic, Heart & Stroke – PEI and En-Pro for the purposes of maintaining a registry of AEDs throughout the province to facilitate locating an AED in the event of a sudden cardiac arrest and to provide device maintenance reminders.

Please note that certain partner organizations, such as En-Pro, will have their own terms and conditions for use of information as posted to their website. Further, if you have opted to list your AED as “Public” during the registration process, your AED location will be provided to Island EMS and Medacom Atlantic (911 / ambulance dispatch) to support first response via En-Pro’s AED Link™ service. You may change your option at any time in the Registry.

## **6. Location of Data**

En-Pro is a Louisiana corporation and holds its information technology servers in the U.S.A. You agree that your personal information is being provided by Health PEI, Island EMS and Medacom Atlantic to En-Pro to be stored in the U.S.A on En-Pro servers for the purposes mentioned in the section above.

## **7. Terms and Termination**

The term of this Agreement will commence upon your completion of the enrollment process as indicated by your acceptance of this Agreement and will continue until terminated by either party.

## **8. Limitations of Liability**

YOU AGREE THAT HEALTH PEI, ISLAND EMS, MEDACOM ATLANTIC , HEART & STROKE - PEI AND EN-PRO WILL HAVE NO LIABILITY FOR ANY INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES (INCLUDING, WITHOUT LIMITATION, LOSS OF PROFIT, REVENUE AND USE) ARISING OUT OF OR IN ANY WAY CONNECTED WITH THIS AGREEMENT OR USE OF THE PEI AED REGISTRY PROGRAM OR RESULTING FROM THE PERFORMANCE OF THE SERVICES PROVIDED UNDER THIS AGREEMENT, WHETHER IN CONTRACT, WARRANTY, TORT (INCLUDING NEGLIGENCE, WHETHER ACTIVE, PASSIVE OR IMPUTED), PRODUCT LIABILITY, STRICT LIABILITY OR ANY OTHER THEORY OF LIABILITY, EVEN IF HEALTH PEI, ISLAND EMS, MEDACOM ATLANTIC, HEART & STROKE - PEI AND EN-PRO HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

YOU AGREE THAT HEALTH PEI, ISLAND EMS, MEDACOM ATLANTIC, HEART & STROKE – PEI AND EN-PRO WILL HAVE NO LIABILITY FOR THE ACCURACY OF THE INFORMATION OR COMMUNICATIONS PROVIDED UNDER THE PEI AED REGISTRY PROGRAM (OR THE FUNCTIONING OF THE REGISTERED AED). FURTHER, SHOULD THER REGISTERED AED BE USED TO ASSIST AN INDIVIDUAL AS A RESULT OF THE PEI AED REGISTRY PROGRAM, YOU AGREE THAT HEALTH PEI, ISLAND EMS, MEDACOM ATLANTIC, HEART & STROKE – PEI AND EN-PRO WILL HAVE NO LIABILITY FOR ANY DAMAGES ARISING FROM SUCH USE.

THE TOTAL LIABILITY OF HEALTH PEI, ISLAND EMS, MEDACOM ATLANTIC , HEART & STROKE - PEI OR EN-PRO AND EACH OF THEIR AFFILIATES FOR ANY REASON AND UPON ANY CAUSE OF ACTION WILL BE LIMITED TO ONE HUNDRED DOLLARS (\$100). THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING, BUT NOT LIMITED TO, BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, PRODUCT LIABILITY, STRICT LIABILITY, MISREPRESENTATION, AND OTHER TORTS. IF YOU ARE DISSATISFIED WITH THE REGISTRY OR WITH ANY APPLICABLE TERM OR CONDITION GOVERNING ITS USE, YOUR SOLE AND EXCLUSIVE REMEDY IS TO TERMINATE THIS AGREEMENT, WHICH YOU CAN DO BY NOTIFYING HEALTH PEI - EMERGENCY HEALTH AND PLANNING SERVICES BY EMAIL ([EMERGENCY@GOV.PE.CA](mailto:EMERGENCY@GOV.PE.CA)) or BY PHONE (902) 569-7653.

## 9. Governing Law

This Agreement is governed by the laws of the Province of Prince Edward Island, Canada. Any matters arising out of the use of the PEI AED Registry Program shall be governed by the laws of the Province of Prince Edward Island and the federal laws of Canada applicable therein. You agree to submit to the exclusive jurisdiction of the court of the Province of Prince Edward Island to determine any action or proceeding arising out of or in connection with the PEI AED Registry Program.

Signature of AED Owner:		
		MM / DD / YYYY

## Thank You for supporting the PEI AED Registry Program

The PEI AED Registry Program is a voluntary online registry database, operated in partnership with Health PEI, Heart & Stroke – PEI, Island EMS and Medacom Atlantic that allows individuals, organizations and groups across PEI to register their AED to support their tracking and maintenance.

When you register your AED with Health PEI, this information will be shared with Island EMS and Medacom Atlantic's 9-1-1 dispatch centre. Access to this information allows Island EMS and a 9-1-1 dispatcher to advise a bystander assisting an individual in sudden cardiac arrest of the nearest publicly accessible defibrillator. The 9-1-1 dispatcher will then direct the bystander to either retrieve the AED or to ask someone else for assistance in retrieving it, as well as provide instructions on how to use the AED until paramedics arrive. **This could mean the difference to a victim's survival.**

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