



County of Simcoe  
Paramedic Services  
110 Fairview Road,  
Barrie, Ontario L4N 8X8

Main Line 705-726-9300 Ext. 1450  
Toll Free 1-866-893-9300  
Fax 705-725-5495  
Web: [simcoe.ca](http://simcoe.ca)



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## **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

In 2020 the Ontario Government passed the Defibrillator Registration and Public Access Act. This Act requires the owners of PAD's located in public buildings to ensure they are registered with their local Ambulance Communications Centre; properly placed and clearly signed; maintained and monitored to ensure they remain ready to use in the event of a cardiac arrest. This Act also promotes CPR/AED training for designated people in the facility, as this will encourage the likelihood of the PAD being utilized and quality CPR performed when a cardiac emergency occurs. With the support of the CSPPS PAD Program its members are currently in good standing with this new Act. Please click the link below to read the details of the Act.

### [Defibrillator Registration and Public Access Act](#)

If you have any questions, require more information, or 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 CSPPS PAD Program at: [pad.program@simcoe.ca](mailto:pad.program@simcoe.ca). Please send your completed form to the PAD Program by email ([pad.program@simcoe.ca](mailto: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 nearby AED in case of a cardiac arrest. There is no charge for independent defibrillator registration with Georgian CACC.



County of Simcoe  
**Paramedic Services**  
 Public Access  
 Defibrillation Program  
 1110 Highway 26  
 Midhurst, Ontario L9X 1N6

Main Line (705) 726-9300  
 Toll Free (866) 893-9300  
 Fax (705) 725-5495  
**simcoe.ca**



## Automated External Defibrillator (AED) Registration & Information Update Form

New AED Registration     Update of AED/Expiry Information     Update of Contact Information

A) BUSINESS INFORMATION			
<b>Business Name</b>			
Contact Name		Title/Position	
Contact Email	Phone Number	Fax Number	<input type="checkbox"/> N/A
Address (Unit, Number, Street)		City/Town	Postal Code
Alternate Contact Phone		Alternate Contact Email	

B) GENERAL INFORMATION
AED Vendor/Supplier Company Name: _____
First Aid/CPR Training Provider:
<input type="checkbox"/> St. John <input type="checkbox"/> Red Cross <input type="checkbox"/> Heart & Stroke   Other: _____

C) AED INFORMATION (if registering more than one AED for this location please use page 2 for additional units)								
AED Brand <small>(e.g. Zoll, Philips)</small>	AED Model <small>(e.g. AED Plus, CR Plus)</small>	Serial Number <small>(e.g. X121565980)</small>	Adult Pad <small>Expiry Date</small>	Child Pad <small>Expiry Date</small>	Spare Pad <small>Expiry Date</small>	Battery <small>Expiry Date</small>		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
<b>Location of AED:</b> <i>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</i>								
<b>Hours AED Accessible</b>	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
<b>Seasonal Accessibility</b>	<input type="checkbox"/> All Year	<b>Month In Service:</b> _____		<b>Month Removed From Service:</b> _____				
<b>Publicly Accessible</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OFFICE USE</b>		<b>Latitude:</b> _____		<b>Longitude:</b> _____		

By signing below, I authorize County of Simcoe Paramedic Services and the Ministry of Health to utilize the above information to register this facility as a defibrillator-equipped facility. This information may be shared with other allied Emergency Services if requested.

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

I acknowledge that the above facility must notify the County of Simcoe Paramedic Services PAD Program with any changes to the above contact information, location of defibrillator(s), brand/model & expiry date information, and condition of the defibrillator(s).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Please email completed forms to [pad.program@simcoe.ca](mailto:pad.program@simcoe.ca) or fax to (705) 725-5495.**



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**PARAMEDIC SERVICES**



Please use this page if there is more than one AED at the facility.

D) AED #2								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad Expiry Date	Child Pad Expiry Date	Spare Pad Expiry Date	Battery Expiry Date		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
<b>Location of AED:</b> <i>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		

E) AED #3								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad Expiry Date	Child Pad Expiry Date	Spare Pad Expiry Date	Battery Expiry Date		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
<b>Location of AED:</b> <i>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		

F) AED #4								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad Expiry Date	Child Pad Expiry Date	Spare Pad Expiry Date	Battery Expiry Date		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
<b>Location of AED:</b> <i>(e.g. Main lobby next to reception, 1<sup>st</sup> floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		