



# PAD/AED Provider Registration Packet

Providing Public Access Defibrillation to the  
Community of San Luis Obispo County

SAN LUIS OBISPO COUNTY EMS AGENCY

# **Registration Packet for Public Access Defibrillation Automatic External Defibrillator Service Provider**

The San Luis Obispo County EMS Agency appreciates the interest your organization has shown in becoming a Public Access Defibrillation (PAD) Automatic External Defibrillator (AED) Service Provider. As an AED Service Provider, your organization will develop and implement an AED Program demonstrating your commitment to saving lives in your workplace community.

To become an authorized PAD AED Service Provider, please complete and submit to this EMS Agency your AED Program Plan, Public Access Defibrillation Agreement and PAD AED Site Notification. We have included the following information within this registration pack to assist you in developing, implementing, and maintaining your AED Program:

- Copies of the regulatory laws stipulating the requirements for PAD AED Providers
- PAD AED Site Notification form
- PAD AED Notification of Use form
- Public Access Defibrillation Agreement
- Template for an PAD AED Program Plan (*this file also available in Word*)
- American Heart Association AED Implementation Guide

We look forward to receiving your AED Program Plan and adding your organization to the growing list of PAD AED Service Providers making on-site defibrillation available throughout San Luis Obispo County. In the meantime, please feel free to call or email Vicci Stone, EMS Specialist at 805-788-2513 or at [vstone@co.slo.ca.us](mailto:vstone@co.slo.ca.us) with any questions you may have.

Thank You.

San Luis Obispo County  
Public Access Defibrillation (PAD) Program

(Insert Site Name)

Program Standards for  
Public Access Defibrillation (PAD)

(Insert Site Medical Director Name)

(Insert Site Coordinator Name)

(Insert Effective Date Here)

## (Insert PAD Program site name here) Public Access Defibrillation (PAD) Program Standards

**Purpose:** To provide policy, protocol and program standards for the (insert your name) Public Access Defibrillation (PAD) Site.

**Authority:** The authority to establish and maintain a Public Access Defibrillation (PAD) program is referenced in the California Health and Safety Code Sections 1795.5, 1799.107, 1797.190 and 1797.196 and California Code of Regulations Title 22, Division 9, Chapter 1.8.

### Definitions

1. *AED* shall refer to the automatic external defibrillator capable of cardiac rhythm analysis, which will charge and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia when applied to an unconscious patient with absent respirations and no signs of circulation. The automatic defibrillator requires user interaction in order to deliver a shock.
2. An *authorized individual* refers to an individual, who has successfully completed a defibrillator-training program, has successfully passed the appropriate competency-based written and skills examinations, and maintains competency by participating in periodic reviews. The authorized individuals shall also adhere to policies and procedures in this manual.
3. *AED Service Provider* means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who has no signs of circulation. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.
4. *AED Certified* means successfully completes the American Heart Association or American Red Cross CPR/AED Program.
5. *Medical Director* means a physician and surgeon, currently licensed in California. The Medical Director ensures that all AED regulatory requirements are implemented.

**Policy:** The (insert site name) recognizes that Public Access Defibrillation is a worthwhile and laudable emergency response program. It shall be the policy of the (insert site name) to fully support the San Luis Obispo County PAD program in order to increase public safety and health for employees, customers, and visitors in accordance with governing directives (authority).

**(insert site name) Program Coordinator:** At all times, while these policies and procedures are in effect, the company will maintain a program coordinator. The person is responsible for the overall coordination, implementation, and continued operation of the program.

1. The program coordinator or alternate contact will be available in person or by phone within a reasonable amount of time to answer any questions or concerns of the authorized individuals.
2. The program coordinator will ensure employees assigned to the PAD Program are 'AED Certified'.
3. Will maintain a current list of all employees who are 'AED Certified' and immediately inform the Medical Director of changes.
4. Will attempt to have at least one trained and certified employee on duty (available) during normal business hours and that there are sufficient numbers of employees trained to support the PAD program.

5. In concert with the Medical Director, will ensure that each PAD site employee receives bi-annual CPR/AED training.
6. The program coordinator or designee will assure that all equipment stock levels are maintained and/or ordered as stipulated in "Equipment Requirement" and readiness checks and record maintenance are done in accordance with Title 22 requirements and manufacturer's recommendations.
7. The program coordinator, or his/her designee, will provide the "Public Access Defibrillation AED Site Notification" form to the San Luis Obispo County EMS Agency.
8. The program coordinator, or his/her designee, will provide the San Luis Obispo County EMS Agency, with specific locations(s) (including address, room, suite, office, etc.) of all (insert site name) PADs.
9. If the program coordinator or designee needs to have a quality assurance issue addressed, she/he may contact the Medical Director.
10. Will notify the Medical Director as soon as possible following the activation of the PAD; activation/utilization is defined as any instance in which as AED is turned on (employed) for anything other than routine maintenance or battery change.
11. The program coordinator, or his/her designee, will provide the San Luis Obispo County EMS Agency with the "Public Access Defibrillation (PAD) Notification of AED Use" form by the 15<sup>th</sup> day of the month following the date of the incident.

### **Medical Director**

1. The California licensed physician will provide medical direction to the (insert site name) PAD program until that responsibility is transferred in writing to another California licensed physician.
2. The Medical Director will ensure that the (insert site name) PAD program complies with all federal, state and local regulations regarding the PAD.
3. The Medical Director will review and approve the training curriculum and testing provided for the PAD site employee(s).
4. The Medical Director will ensure that (insert site name) PAD program is in compliance with the American Heart Association or American Red Cross CPR/AED guidelines.
5. The Medical Director, or his/her designee, will review all utilizations of an AED at (insert site name) within 72-hours of AED activation. The Medical Director will provide feedback regarding AED utilization to the Site Program Coordinator for appropriate action. The goal of such feedback is to improve the performance of individuals as well as the (insert site name) PAD program in general.

### **Maintenance and Documentation**

1. The AED manufacturer determines the maintenance and battery replacement schedules for its AED's.
2. The Program Coordinator shall maintain a log indicating where all (insert site name) AED's are located; last date of routine maintenance; next scheduled date of maintenance; routine testing; next date of testing; date of battery change; and any and all uses of the defibrillator.
3. When initiating a spare unit or when returning a unit to service, a routine maintenance and battery check shall be performed and documented in the maintenance log.
4. The Program Coordinator is responsible for ensuring that regular maintenance, testing and battery changes occur as required. The AED will be checked for readiness after each use and at least every thirty (30) calendar-days, if it has not been used in the previous thirty (30) calendar-days.

## Training Requirements

1. In concert with the Medical Director, the Program Coordinator will determine the optimal number of employees who will be 'AED Certified' and assigned to the PAD program to ensure availability of a PAD site employee during normal business hours.
2. Designated employees will complete and maintain certification in a CPR/AED course according to the standards set forth by the American Heart Association or American Red Cross. The course shall consist of not less than four hours of training.
3. All persons successfully completing the CPR/AED training will receive a card signed by an approved CPR/AED instructor; authorizing employees to utilize an AED.

## Internal Emergency Response Plan

1. Upon learning that an employee or a member of the public is ill at (*insert site name*), a PAD Site Employee will quickly access the patient and determine the patient's level of consciousness, breathing and pulse. If emergency assistance is required, the employee or a designee will immediately contact Emergency Communications (9-1-1) for medical assistance.
2. If it is not possible to quickly assess the patient's condition, an employee or designee shall immediately call 9-1-1 and provide as much information as you know about the patient and his/her location. Stay on the line with 9-1-1 until you receive further direction.
3. If the patient is unconscious and demonstrates signs of lifelessness or the employee cannot tell if the patient has a pulse or is breathing, commence CPR and direct someone to bring the AED as quickly as possible to the patient's location.
4. Once the AED is at the patient's location, expose the patient's chest and activate the AED in accordance with the manufacture's protocols until EMS arrives.
5. If the patient begins breathing on his/her own and a pulse can be felt, *DO NOT PERFORM CPR*. Monitor the patient closely for changes in breathing or pulse until EMS arrives.
6. If the AED does not recommend shocking the patient, but the patient is unconscious, not breathing, and you cannot feel a pulse, continue CPR. CPR shall be continued until instructed by EMS to stop. Do not remove the AED pads from the patient until instructed to do so by EMS.

## Post-use Procedure

1. Complete documentation of the sudden cardiac arrest event no more than 24 hours following the event.
2. Give all documentation to the program coordinator
3. Program coordinator will contact the AED vendor to download event data from AED (if applicable). Do not remove the battery.
4. Coordinator will assure that documentation is sent to the Medical Director within 72- hours of the date of the event
5. Program coordinator or designee should conduct emergency incident debriefing as needed

## Quality Assurance

After AED use, the following quality assurance procedures will be utilized:

1. The program coordinator or designee shall be notified within 24 hours. Quality assurance shall be maintained by way of retrospective evaluation of the medical care rendered by the authorized individuals on scene and during transfer of the patient to the appropriate transporting agency personnel.

2. If grief counseling is deemed necessary, referrals may be made to professional grief counseling organizations.
3. In addition to information obtained from the AED, the "Public Access Defibrillation (PAD) Notification of AED Use" form shall be completed whether or not shocks were delivered.
4. The "Public Access Defibrillation (PAD) Notification of AED Use" form is to be sent to the Medical Director.
5. The "Public Access Defibrillation (PAD) Notification of AED Use" form is to be sent to the San Luis Obispo County EMS Agency by the 15<sup>th</sup> day of the month following the date of the incident.
6. The medical director, program coordinator, and/or designee will review the AED record of the event and interview the authorized individuals involved in the emergency to ensure that:
  - a. The authorized individuals quickly and effectively set up the necessary equipment
  - b. When indicated, the initial defibrillatory shock(s) was delivered within an appropriate amount of time given the particular circumstances.
  - c. Adequate basic life support measures were maintained
  - d. Following each shock or set of shocks, as appropriate, the person was assessed accurately and treated appropriately.
  - e. The defibrillator was activated safely and correctly
  - f. The care provided was in compliance with the internal emergency response guidelines set forth in this document
7. The Medical Director will determine the occurrence and the range of action to be taken in response to identified problems or deficiencies, if any, as well as actions to be commended and notify the coordinator.

Following the post incident review, a copy of all written documentation concerning the incident will be sent to the medical director and maintained on site for a period of not less than seven (7) years from the incident date.

### **Program Review**

The AED Program Coordinator, Medical Director and applicable staff shall annually review this document and the PAD program, and make appropriate improvements,



## PUBLIC ACCESS DEFIBRILLATION (PAD) AGREEMENT

"Pursuant to California Code of Regulations (CCR, Title 22, Division 9, Chapter 1.8) all AED service providers in PAD programs must meet and agree to the following requirements.

I certify that this AED Service Provider agrees:

1. The AED training component shall comply with the American Heart Association or American Red Cross standards prescribed in Section 100038.
2. That expected AED users complete a training course in CPR and AED use that complies with requirements of this chapter and the standards of the American Heart Association or the American Red Cross and a mechanism exists that will assure the continued competency of the authorized individuals in the AED Service Provider's employ to include periodic training and skills proficiency demonstrations.
3. Development of an Internal Emergency Response System which complies with the regulations and that there is involvement of a California licensed physician and surgeon in developing an Internal Emergency Response System and to ensure compliance with these regulations and requirements for training, notification and maintenance.
4. Notification of the local EMS agency of the existence, location and type of AED at the time it is acquired. (Please complete "Public Access Defibrillation AED Site Notification" form.)
5. That all applicable local EMS policies and procedures are followed.
6. That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, and according to any applicable rules and regulations set forth by the government authority under the federal Food and Drug Administration and any other applicable state and federal authority.
7. That the defibrillator is checked for readiness after each use and at least once every 30 days if the AED has not been used in the previous 30 days. Records of these periodic checks shall be maintained.
8. That a mechanism exists to ensure that any person, either an employee or agent of the AED service provider, or member of the general public who renders emergency care or treatment on a person in cardiac arrest by using the service provider's AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the local EMS agency (A Notification of AED Use Form is included in this PAD packet).

Signature: \_\_\_\_\_  
Medical Director

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Site Program Coordinator

Date: \_\_\_\_\_

Please sign and return by mail, fax or email to:

AED Program Coordinator  
San Luis Obispo County EMS Agency  
2156 Sierra Way  
San Luis Obispo, CA 93401  
Fax: (805) 788-2517 | Email: vstone@co.slo.ca.us



Public Access Defibrillation AED Site Notification  
Please complete a separate form for each AED at your location.

LOCATION OF AED		
Business Name:		
Name of Building or Complex:		
Street Address:		
City:	Zip:	Nearest Cross Street:
Specific location of AED unit at this address. Include floor, area and site-specific location(for additional units please list on a separate form):		AED unit model name and number:
ON-SITE CONTACT INFORMATION		
Name of Program Coordinator:		
Physical Address : (If different from above)		
City:	Zip:	Phone:
Email:		Fax:
On-site contact: (If different from above)	Phone:	Email:
MEDICAL DIRECTOR		
Name of Medical Director:		
Address:		City:
Zip:	Phone:	Email:
Fax:	CA Medical License #	
<b>AED Program Medical Director:</b> As the registered Medical Director for this PAD/AED Service Provider, I certify that I have read, understood, and will comply with the requirements of the following regulations relating to Public Access Defibrillation and Automatic External Defibrillation ( <i>copies enclosed</i> ): <ul style="list-style-type: none"><li>Health and Safety Code, Division 2.5, Section 1797.190 and 1797.196. Automatic External Defibrillators.</li><li>California Code of Regulations, Title 22, Division 9, Chapter 1.8. Training Standards and Utilization for Use of the Automated External Defibrillator by Non-Licensed or Non-Certified Personnel.</li><li>California Civil Code, Sections 1714.2 and 1714.21. Release of Liability for Authorized CPR and AED Providers.</li><li>Health and Safety Code, Section 104113. Requirements for Health Clubs and Health Studios (<i>if applicable</i>).</li></ul>		
Signature		Date

Please complete and submit to the San Luis Obispo County EMS Agency by mail, fax or email:

AED Program Coordinator  
San Luis Obispo County EMS Agency  
2156 Sierra Way  
San Luis Obispo, CA 93401  
Fax: (805) 788-2517  
Email: vstone@co.slo.ca.us



## Public Access Defibrillation (PAD) Notification of AED Use

Name of PAD/AED Business/Provider		
Date of Incident:	Time of Incident:	
Patient's Name:		
Patient's Age:	Patient's Gender:	Witnessed Collapse/Arrest: Yes No
Alert Time (time person went down):	Time CPR Started, if Started:	
Approximate Down Time (minutes):	Name of Person Who Performed CPR:	
Time 911 Called:	Time AED at Victim's Side:	
Time of First Shock (if given):	Name of Person Who Used the AED:	
Total Number of Defibrillations Delivered:	Did victim regain a pulse:	
Time 911 Arrival on scene:		
Medical Director Name:	Phone Number:	
Date Medical Director was Notified:	Time Notified:	
<b>COMMENTS</b>		

Please attach any additional information you think may be helpful and return this completed report by the 15<sup>th</sup> day of the month following the date of the incident by mail, fax or email to:

AED Program Coordinator  
 San Luis Obispo County EMS Agency  
 2156 Sierra Way  
 San Luis Obispo, CA 93401  
 Fax: 805-788-2517  
[vstone@co.slo.ca.us](mailto:vstone@co.slo.ca.us)

{Your Site Name Here}  
AED INSPECTION RECORD

Date	Inspector's Name	Maintenance Performed	Carry Case Intact	All Equipment Inside	AED Tests Properly

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1 "9-1-1" emergency system, and which provides for the access, coordination, and  
2 management of immediate medical care to seriously ill or injured individuals.

3 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
4 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and  
5 Safety Code. Section 1714.21, Civil Code.

6  
7 **§ 100036. Medical Director.**

8 "Medical Director" means a physician and surgeon, currently licensed in  
9 California, who provides medical oversight to the AED Service Provider as set  
10 forth in Section 100040.

11 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
12 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and  
13 Safety Code. Section 1714.21, Civil Code.

14  
15 **Article 2. General Training Provisions**

16  
17 **§ 100037. Application and Scope.**

18 (a) Any training program, AED Service Provider or vendor may authorize a Lay  
19 Rescuer to apply and operate an AED on an unconscious person who is not  
20 breathing only if that Lay Rescuer has successfully completed a CPR and AED  
21 course according to the standards prescribed by this chapter.

22 (b) The training standards prescribed by this chapter shall apply to employees of  
23 the AED Service Provider and not to licensed, certified or other prehospital  
24 emergency medical care personnel as defined by Section 1797.189 of the Health  
25 and Safety Code.

26 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
27 Reference: Sections 1797.5, 1797.189, 1797.190, 1797.196, and 104113, Health  
28 and Safety Code. Section 1714.21, Civil Code.

29  
30 **Article 3. AED Training Program Requirements**

31  
32 **§ 100038. Required Topics and Skills.**

33 (a) CPR and AED training shall comply with the American Heart Association or  
34 American Red Cross CPR and AED guidelines. The training shall include the  
35 following topics and skills:

- 36 (1) basic CPR skills;  
37 (2) proper use, maintenance and periodic inspection of the AED;  
38 (3) the importance of:  
39 (A) early activation of an Internal Emergency Response Plan,  
40 (B) early CPR,  
41 (C) early defibrillation,  
42 (D) early advanced life support, and  
43 (E) internal emergency response plan, if applicable;  
44 (4) overview of the local EMS system, including 9-1-1 access, and interaction  
45 with EMS personnel;

- 1 (5) assessment of an unconscious patient, to include evaluation of airway and
- 2 breathing, to determine appropriateness of applying and activating an AED;
- 3 (6) information relating to defibrillator safety precautions to enable the individual
- 4 to administer shock without jeopardizing the safety of the patient or the Lay
- 5 Rescuer or other nearby persons to include, but not be limited to;
- 6 (A) age and weight restrictions for use of the AED,
- 7 (B) presence of water or liquid on or around the victim,
- 8 (C) presence of transdermal medications, and
- 9 (D) implantable pacemakers or automatic implantable cardioverter-defibrillators;
- 10 (7) recognition that an electrical shock has been delivered to the patient and that
- 11 the defibrillator is no longer charged;
- 12 (8) rapid, accurate assessment of the patient's post-shock status to determine if
- 13 further activation of the AED is necessary; and,
- 14 (9) the responsibility for continuation of care, such as continued CPR and
- 15 repeated shocks, as indicated, until the arrival of more medically qualified
- 16 personnel.

17 (b) The Lay Rescuer shall maintain current CPR and AED training, as prescribed

18 in this Chapter.

19 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.

20 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and

21 Safety Code. Section 1714.21, Civil Code.

### 22

### 23 **§ 100039. Testing.**

24 CPR and AED training for Lay Rescuers shall include a competency

25 demonstration of skills on a manikin, directly observed by an instructor which

26 tests the specified conditions prescribed in Section 100038.

27 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.

28 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and

29 Safety Code. Section 1714.21, Civil Code.

## 30

## 31 **Article 4. Operational AED Service Provider and Vendor Requirements**

### 32

### 33 **§ 100040. Medical Director Requirements**

34 Any AED Service Provider shall have a physician Medical Director who:

- 35 (a) Meets the qualifications of a Medical Director per Section 100036 of this
- 36 Chapter.
- 37 (b) Shall ensure that AED Service Provider's Lay Rescuer CPR and AED training
- 38 meets the requirements of this Chapter.
- 39 (c) Shall review each incident where emergency care or treatment on a person in
- 40 cardiac arrest is rendered and to ensure that the Internal Emergency Response
- 41 Plan, along with the CPR and AED standards that the Lay Rescuer was trained
- 42 to, were followed.
- 43 (d) Is involved in developing an Internal Emergency Response Plan and to
- 44 ensure compliance for training, notification and maintenance as set forth in this
- 45 Chapter.

1 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
2 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and  
3 Safety Code. Section 1714.21, Civil Code.

4  
5 **§100041. AED Service Provider Operational Requirements.**

6 (a) An AED Service Provider shall ensure their internal AED programs include all  
7 of the following:

8 (1) Development of a written Internal Emergency Response Plan which describes  
9 the procedures to be followed in the event of an emergency that may involve the  
10 use of an AED and complies with the regulations contained in this Chapter. The  
11 written Internal Emergency Response Plan shall include, but not be limited to,  
12 immediate notification of 9-1-1 and trained office personnel at the start of AED  
13 procedures.

14 (2) Maintain AEDs in working order and maintain current protocols on the AEDs.

15 (3) That all applicable local EMS policies and procedures are followed.

16 (4) That Lay Rescuers complete a training course in CPR and AED use and  
17 maintain current CPR and AED training that complies with requirements of this  
18 Chapter at a minimum of every two years and are familiar with the Internal  
19 Emergency Response Plan.

20 (5) For every AED unit acquired up to five units, no less than one Lay Rescuer  
21 per AED unit shall complete a training course in CPR and AED use that complies  
22 with the requirements of this chapter. After the first five AED units are acquired,  
23 one Lay Rescuer shall be trained for each additional five AED units acquired.  
24 AED Service Providers shall have Lay Rescuers who should be on site to  
25 respond to an emergency that may involve the use of an AED unit during normal  
26 operating hours.

27 (6) That the defibrillator is maintained and regularly tested according to the  
28 operation and maintenance guidelines set forth by the manufacturer, and  
29 according to any applicable rules and regulations set forth by the governmental  
30 authority under the federal Food and Drug Administration and any other  
31 applicable state and federal authority.

32 (7) That the defibrillator is maintained and regularly tested according to the  
33 operation and maintenance guidelines set forth by the manufacturer, and  
34 according to any applicable rules and regulations set forth by the governmental  
35 authority under the federal Food and Drug Administration and any other  
36 applicable state and federal authority.

37 (8) That a mechanism exists to ensure that any person, either a Lay Rescuer as  
38 part of the AED Service Provider, or member of the general public who renders  
39 emergency care or treatment on a person in cardiac arrest by using the service  
40 provider's AED activates the emergency medical services system as soon as  
41 possible, and reports any use of the AED to the Medical Director and the local  
42 EMS agency.

43 (9) That there is involvement of a currently licensed California physician and  
44 surgeon that meets the requirements of Section 100040 of this Chapter.

1 (10) That a mechanism exists that will assure the continued competency of the  
2 CPR and AED trained individuals in the AED Service Provider's employ to  
3 include periodic training and skills proficiency demonstrations.

4 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
5 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and  
6 Safety Code. Section 1714.21, Civil Code.

7  
8 **§100042. AED Vendor Requirements**

9 Any AED vendor who sells an AED to an AED Service Provider shall notify the  
10 AED Service Provider, at the time of purchase, both orally and in writing of the  
11 AED Service Provider's responsibility to comply with the regulations contained in  
12 this Chapter.

13 (a) Notify the local EMS agency of the existence, location, and type of AED at the  
14 time it is acquired.

15 (b) Provide to the acquirer of the AED all information governing the use,  
16 installation, operation, training, and maintenance of the AED.

17 Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code.  
18 Reference: Sections 1797.5, 1797.190, 1797.196, and 104113, Health and  
19 Safety Code. Section 1714.21, Civil Code.

20  
21  
22 THIS REGULATION WAS SUPPORTED BY THE PREVENTIVE HEALTH AND HEALTH  
23 SERVICES BLOCK GRANT. ITS CONTENTS ARE SOLELY THE RESPONSIBILITY OF THE  
24 AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF CDC.

**DIVISION 2.5 of the Health and Safety Code**  
**SECTION 1797.196**  
**Effective 01/01/2008**

**1797.196. There are two separate versions of this code section. The first one is effective January 1, 2007, and the second one which is italicized takes effect January 1, 2013.**

**1797.196.** (a) For purposes of this section, "AED" or "defibrillator" means an automated or automatic external defibrillator.

(b) In order to ensure public safety, any person or entity that acquires an AED is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care under subdivision (b) of Section 1714.21 of the Civil Code, if that person or entity does all of the following:

- (1) Complies with all regulations governing the placement of an AED.
- (2) Ensures all of the following:

(A) That the AED is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

(B) That the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these checks shall be maintained.

(C) That any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible, **and reports any use of the AED to the licensed physician and to the local EMS agency.**

(D) For every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in cardiopulmonary resuscitation and AED use that complies with the regulations adopted by the Emergency Medical Service Authority and the standards of the American Heart Association or the American Red Cross. After the first five AED units are acquired, for each additional five AED units acquired, one employee shall be trained beginning with the first AED unit acquired. Acquirers of AED units shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours.

(E) That there is a written plan that describes the procedures to be followed in the event of an emergency that may involve the use of an AED, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of AED procedures.

(3) When an AED is placed in a building, building owners shall ensure that tenants annually receive a brochure, approved as to content and style by the American Heart Association or American Red Cross, which describes the proper use of an AED, and also ensure that similar information is posted next to any installed AED.

(4) When an AED is placed in a building, no less than once a year, building owners shall notify their tenants as to the location of AED units in the building.

(5) When an AED is placed in a public or private K-12 school, the principal shall ensure that the school administrators and staff annually receive a brochure, approved as to contents and style by the American Heart Association or the American Red Cross, that describes the proper use of an AED. The principal shall also ensure that similar information is posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus. The principal shall designate the trained employees who shall be available to respond to an emergency that may involve the use of an AED during normal operating hours. As used in this paragraph, "normal operating

hours" means during the hours of classroom instruction and any school-sponsored activity occurring on school grounds.

**(c) Any person or entity that supplies an AED shall do all of the following:**

**(1) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.**

(2) Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(d) A violation of this provision is not subject to penalties pursuant to Section 1798.206.

(e) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(f) Nothing in this section or Section 1714.21 may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

[Added by SB 911 (CH 163) 1999. Amended and repealed by AB 2041 (CH 718) 2002. Amended, by SB 600 (CH 62) 2003; AB 254 (CH 111) 2005, and AB 2083 (CH 85) 2006.]

### **1797.196. (Effective January 1, 2013)**

1797.196. (a) For purposes of this section, "AED" or "defibrillator" means an automated or automatic external defibrillator.

(b) In order to ensure public safety, any person who acquires an AED shall do all of the following:

(1) Comply with all regulations governing the training, use, and placement of an AED.

**(2) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.**

(3) Ensure all of the following:

(A) That expected AED users complete a training course in cardiopulmonary resuscitation and AED use that complies with regulations adopted by the Emergency Medical Services (EMS) Authority and the standards of the American Heart Association or the American Red Cross.

(B) That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

(C) That the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these periodic checks shall be maintained.

(D) That any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible, **and reports any use of the AED to the licensed physician and to the local EMS agency.**

(E) That there is involvement of a licensed physician in developing a program to ensure compliance with regulations and requirements for training, notification, and maintenance.

(c) A violation of this provision is not subject to penalties pursuant to Section 1798.206.

(d) This section shall become operative on January 1, 2013.

[Added by SB 911 (CH 163) 1999. Amended and repealed by AB 2041 (CH 718) 2002. Amended, by SB 600 (CH 62) 2003; AB 254 (CH 111) 2005, and AB 2083 (CH 85) 2006.]

# CALIFORNIA CIVIL CODE

Section 1714.2 – 1714.21

## *CPR Release of Liability*

**1714.2.** (a) In order to encourage citizens to participate in emergency medical services training programs and to render emergency medical services to fellow citizens, no person who has completed a basic cardiopulmonary resuscitation course which complies with the standards adopted by the American Heart Association or the American Red Cross for cardiopulmonary resuscitation and emergency cardiac care, and who, in good faith, renders emergency cardiopulmonary resuscitation at the scene of an emergency shall be liable for any **civil** damages as a result of any acts or omissions by such person rendering the emergency care.

(b) This section shall not be construed to grant immunity from **civil** damages to any person whose conduct in rendering such emergency care constitutes gross negligence.

(c) In order to encourage local agencies and other organizations to train citizens in cardiopulmonary resuscitation techniques, no local agency, entity of state or local government, or other public or private organization which sponsors, authorizes, supports, finances, or supervises the training of citizens in cardiopulmonary resuscitation shall be liable for any **civil** damages alleged to result from such training programs.

(d) In order to encourage qualified individuals to instruct citizens in cardiopulmonary resuscitation, no person who is certified to instruct in cardiopulmonary resuscitation by either the American Heart Association or the American Red Cross shall be liable for any **civil** damages alleged to result from the acts or omissions of an individual who received instruction on cardiopulmonary resuscitation by that certified instructor.

(e) This section shall not be construed to grant immunity from **civil** damages to any person who renders such emergency care to an individual with the expectation of receiving compensation from the individual for providing the emergency care.

# CALIFORNIA CIVIL CODE

Section 1714.2 – 1714.21

## *AED Release of Liability*

**1714.21.** (a) For purposes of this section, the following definitions shall apply:

(1) "AED" or "defibrillator" means an automated or automatic external defibrillator.

(2) "CPR" means cardiopulmonary resuscitation.

(b) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any **civil** damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) is not liable for any **civil** damages resulting from any acts or omissions of the person rendering the emergency care.

(d) A person or entity that acquires an AED for emergency use pursuant to this section is not liable for any **civil** damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED, if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety **Code**.

(e) A physician who is involved with the placement of an AED and any person or entity responsible for the site where an AED is located is not liable for any **civil** damages resulting from any acts or omissions of a person who renders emergency care pursuant to subdivision (b), if that physician, person, or entity has complied with all of the requirements of Section 1797.196 of the Health and Safety **Code** that apply to that physician, person, or entity.

(f) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(g) Nothing in this section shall relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

# CALIFORNIA HEALTH AND SAFETY CODE

## SECTION 1041113

### *AED Requirements for Health Clubs and Health Studios*

**104113.** (a) (1) Commencing July 1, 2007, every health studio, as defined in subdivision (g) shall acquire an automatic external defibrillator. The requirement to acquire an automatic external defibrillator pursuant to this subdivision shall terminate on July 1, 2012.

(2) Commencing July 1, 2007, and until July 1, 2012, every health studio, as defined in subdivision (g), shall maintain, and train personnel in the use of, any automatic external defibrillator acquired pursuant to paragraph (1).

(3) On or after July 1, 2012, a health studio that elects to continue the installation of an automatic external defibrillator that was acquired pursuant to paragraph (1) shall maintain and train personnel in the use of an automatic external defibrillator pursuant to this section, and shall not be liable for civil damages resulting from the use, attempted use, or nonuse of an automatic external defibrillator as provided by this section.

(b) An employee of a health studio who renders emergency care or treatment is not liable for civil damages resulting from the use, attempted use, or nonuse of an automatic external defibrillator, except as provided in subdivision (f).

(c) When an employee uses, does not use, or attempts to use, an automatic external defibrillator consistent with the requirements of this section to render emergency care or treatment, the members of the board of directors of the facility shall not be liable for civil damages resulting from any act or omission in rendering the emergency care or treatment, including the use or nonuse of an automatic external defibrillator, except as provided in subdivision (f).

(d) Except as provided in subdivision (f), when an employee of a health studio renders emergency care or treatment using an automatic external defibrillator, the owners, managers, employees, or otherwise responsible authorities of the facility shall not be liable for civil damages resulting from any act or omission in the course of rendering that emergency care or treatment, provided that the facility fully complies with subdivision (e).

(e) Notwithstanding Section 1797.196, in order to ensure public **safety**, a health studio shall do all of the following:

(1) Comply with all regulations governing the placement of an automatic external defibrillator.

# CALIFORNIA HEALTH AND SAFETY CODE

## SECTION 1041113

(2) Ensure all of the following:

(A) The automatic external defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, or the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

(B) The automatic external defibrillator is checked for readiness after each use and at least once every 30 days if the automatic external defibrillator has not been used in the preceding 30 days. Records of these checks shall be maintained.

(C) Any person who renders emergency care or treatment on a person in cardiac arrest by using an automatic external defibrillator activates the emergency medical services system as soon as possible, and reports any use of the automatic external defibrillator to the licensed physician and to the local EMS agency.

(D) For every automatic external defibrillator unit acquired, up to five units, no less than one employee per automatic external defibrillator unit shall complete a training course in cardiopulmonary resuscitation and automatic external defibrillator use that complies with the regulations adopted by the Emergency Medical Services Authority and the standards of the American Heart Association or the American Red Cross. After the first five automatic external defibrillator units are acquired, for each additional five automatic external defibrillator units acquired, a minimum of one employee shall be trained beginning with the first additional automatic external defibrillator unit acquired. Acquirers of automatic external defibrillator units shall have trained employees who should be available to respond to an emergency that may involve the use of an automatic external defibrillator unit during normal operating hours. Acquirers of automatic external defibrillator units may need to train additional employees to assure that a trained employee is available at all times.

(E) There is a written plan that exists that describes the procedures to be followed in the event of an emergency that may involve the use of an automatic external defibrillator, to ensure compliance with the requirements of this section. The written plan shall include, but not be limited to, immediate notification of 911 and trained office personnel at the start of automatic external defibrillator procedures.

(f) Subdivisions (b), (c), and (d) do not apply in the case of

# **CALIFORNIA HEALTH AND SAFETY CODE**

## **SECTION 1041113**

personal injury or wrongful death that results from gross negligence or willful or wanton misconduct on the part of the person who uses, attempts to use, or maliciously fails to use an automatic external defibrillator to render emergency care or treatment.

(g) For purposes of this section, "health studio" means any facility permitting the use of its facilities and equipment or access to its facilities and equipment, to individuals or groups for physical exercise, body building, reducing, figure development, fitness training, or any other similar purpose, on a membership basis. "Health studio" does not include any hotel or similar business that offers fitness facilities to its registered guests for a fee or as part of the hotel charges.

# AED

Automated External Defibrillation



# Making the Commitment to Saving Lives

Each year, more than 950,000 adult Americans die from cardiovascular disease, making it the No. 1 cause of death in the United States. At least 250,000 Americans die of sudden cardiac arrest (SCA) before they reach a hospital. SCA strikes people of all ages and all degrees of fitness. It usually strikes without warning. Many of these lives can be saved if bystanders quickly phone 911 and begin CPR, and if trained responders provide defibrillation within minutes.

By choosing to implement an AED (automated external defibrillator) program at your facility or site, you have made the commitment to saving lives and to improving the Chain of Survival in your workplace community.

Most often, SCA is caused by an abnormal heart rhythm called ventricular fibrillation (VF) that prevents the heart from pumping blood. The treatment for VF is defibrillation. Defibrillation is the delivery of an electric shock to the heart that stops VF and allows a normal heart rhythm to resume.

Providing defibrillation on-site with an AED increases survival rates for VF cardiac arrest. In places where AED programs provide immediate CPR and deliver the first shock within 3 minutes after collapse, reported survival rates from VF cardiac arrest are as high as 74%. Currently only about 5% of all sudden cardiac arrest victims survive in places where no AED programs have been established to provide prompt CPR and defibrillation.

*Defibrillation is the only effective therapy for ventricular fibrillation. For each minute that passes without CPR and defibrillation, the chance of survival decreases 7% to 10%.*

## What is the Chain of Survival?



More people can survive SCA if bystanders act quickly to start the Chain of Survival. The Chain of Survival consists of the actions needed to treat a life-threatening emergency.

The adult Chain of Survival has 4 vital links:

**Early Access**—Recognizing that an emergency exists and quickly phoning EMS (emergency medical services). In most communities, 911 is the EMS number.

**Early CPR**—Starting CPR immediately after cardiac arrest. CPR circulates oxygen-rich blood to the brain and heart. It buys time for the victim until defibrillation can be performed.

**Early Defibrillation**—Defibrillating the victim as soon as the AED arrives. This is most effective within 3 to 5 minutes.

**Early Advanced Care**—Trained healthcare providers arriving quickly to give advanced care.

With a strong **Chain of Survival** in every workplace and community, more lives can be saved.

In most cases of cardiac arrest, the critical link is **Early Defibrillation**.

## Implementing Your Facility's AED Program

The following information will help you develop an AED program for your site. This guide focuses on things to consider when developing your program. It highlights key factors and provides options to help you make necessary decisions

about medical oversight of your program, state and local requirements for AEDs, location of defibrillators, notifying local EMS, and selection of people to serve as trained responders for the program.

The **American Heart Association** is dedicated to helping businesses and communities establish AED programs. Staff is available to assist you throughout the decision-making process and to develop training solutions that meet your specific needs. For more information, contact us at **1-877-AHA-4-CPR (1-877-242-4277)**.

# The Goal of an Effective AED Program

The goal of an AED program is to increase the rate of survival of people who have sudden cardiac arrests. Effective AED programs deliver a shock to a victim within 3 to 5 minutes of

collapse (3 minutes is optimal, 5 is acceptable). For every minute without immediate CPR and defibrillation, the odds of survival decrease 7% to 10%. Because more AEDs have become available, lives are saved daily.

## Common Elements in All AED Programs

The environment where your AED program is being implemented will drive the design of the program. But all AED programs must include choosing a program coordinator, ensuring that the program receives the support of key decision-makers, and reviewing state and local requirements for AED programs.

### Program Coordinator

Choosing a dedicated program coordinator is important to implementing a successful AED program. A program coordinator is someone on-site who can be responsible for day-to-day activities of the program. One of the program coordinator's most important responsibilities throughout implementation is communicating with key decision-makers, selected program responders, employees, and the public.



### Support from Decision-makers

During the initial planning phase of your AED program, it is critical to get buy-in from anyone who

will influence decisions about the program. Who these people are will vary depending on the setting of the program. Invite decision-makers and influencers to a presentation about the importance of AED programs and the need for AEDs in your organization. This will help you to identify program supporters and potential barriers early in the process. Developing a cross-functional team of representatives from different areas in your organization also is highly recommended.

### Review of State and Local AED Requirements

State and local requirements for AED programs play an important role in setting program constraints. Most states specify what type of responder training is expected, how to work with state and local EMS, and how to maintain or renew the AED program. Be aware of these key requirements as you start implementation:

- Most state laws require a state-licensed physician to act as a medical supervisor of the program.
- Most state laws require you to notify local EMS of AED programs or to register AED programs with local EMS.
- Most state laws require that responders complete a nationally recognized training CPR/AED course for lay responders, such as the American Heart Association's *Heartsaver AED* course.

### Legal Concerns?

All 50 states have Good Samaritan laws. These provide limited immunity for certain AED program participants. Some states also provide limited immunity for the company or facility that acquires the AED(s), the people providing training, and the person who uses the AED. The federal Cardiac Arrest Survival Act also provides limited immunity for lay rescuers and acquirers of the AED.

*“The expense was minimal. The training was very easy. When we got the defibrillators, our goal was to have half of our staff trained in their use.”*

—Loren Sheffer  
Owner,  
Volvo Dealership,  
Delray Beach, FL

## Implementation Tips

### *Who are your program's decision-makers and influencers?*

They can include

- Risk management
- Environmental health and safety
- Legal
- Human resources
- Corporate security
- Building managers
- Property owners
- Tenants
- Board members
- Union leaders

## Implementation Tips

### *Where can we find our state's AED regulations?*

To view a summary of your state's legislation as it relates to AED programs, go to [www.americanheart.org/cpr](http://www.americanheart.org/cpr). Click on Corporate Training, AED programs, AED Legislation-State Requirements. For more detailed information, contact the American Heart Association or your state EMS office.

# The 4 Key Steps for Implementing Your Facility's Successful AED Program



**STEP 1:** Medical oversight and quality improvement



**STEP 2:** Notification of local EMS



**STEP 3:** Selection, placement, and maintenance of AEDs



**STEP 4:** Designation and quality training of on-site responders

## STEP 1: Medical Oversight and Quality Improvement

The US Food and Drug Administration (FDA) has cleared AEDs for public use with a physician's prescription. The physician also can offer leadership and medical expertise to ensure the safe implementation of an AED program. Other medical professionals, such as occupational health nurses provide "medical oversight" (medical support and supervision) of the program as long as a physician provides the prescription.

### What is Medical Oversight?

The role and time commitment of the physician or healthcare provider offering medical support and oversight for the program varies depending on the size and other characteristics of the program. His or her main responsibility is to oversee the initial implementation process. Someone else should be designated program coordinator and be responsible for day-to-day program implementation.

As an advocate of the AED program, the medical professional should be able to provide the energy and dedication needed to help get the program started, and then provide ongoing guidance and support. He or she also can serve as a visible spokesperson for the program.

The program's medical professional also approves the initial AED training. His or her level of involvement in hands-on training often depends on the size of the program, the availability of other appropriate instructors, and the professional's management style. In some programs he or she may

be directly involved in training sessions. In others he or she simply may provide guidance to the program coordinator.

### Medical Professional's Key Duties

- Providing medical leadership and expertise
- Serving as an advocate and possibly a spokesperson for the program
- Identifying and reviewing local and state AED regulations
- Assisting in coordinating the program with local EMS
- Helping develop program procedures, such as the following:

- Internal Medical Emergency Response Plan (MERP)
- Training plan for targeted responders
- Maintenance plan for the AEDs
- Quality review and improvement plan for the AED program
- Internal communication plan

### Implementation Tips

*Where can we go to find a medical professional to oversee our program?*

Potential resources include:

- Emergency medicine physicians
- Occupational health physicians or nurses
- State and local medical societies
- Local EMS
- State EMS office

## Ensuring Program Quality

The physician or other medical professional supervising the program also guards the program's quality. He or she should

- Help develop the emergency response procedure for the facility
- Advise about the proper location of AEDs
- Advise about how responders should be notified of an emergency
- Conduct a review each time the AED is used. The main purpose of the review is to give responders positive feedback and practical suggestions for improvement. Talking to rescuers about their feelings following the emergency is important. The review allows problems in the program to be quickly spotted and fixed.



## STEP 2: Notification of Local EMS

Notifying the EMS system of your AED program is a key step in implementing the program. Most states require you to coordinate your AED program with local EMS and to provide follow-up data to EMS after any use of the AED. These are important responsibilities. In states that require registration or application for AED programs, the medical professional or the program coordinator completes this process. Regardless of your state's requirements, you should view local EMS as a partner in placing AEDs and in developing internal procedures for quality improvement and incident review.

### Key Issues to Discuss with Local EMS

- **Location of AEDs on the property**  
Tell EMS where AEDs are located on-site in order to save critical minutes during a cardiac emergency. Depending on the capabilities of the EMS system, the dispatchers may be able to tell 911 callers where the AED is if callers do not know.



### Implementation Tips

- **Transfer of patient care**  
Develop written policies and procedures for transferring patient care to local EMS when EMS arrives at the emergency. This process will be based on existing EMS protocols. The written policies and procedures must be communicated to the on-site trained rescuers. This step is critical so that the program responders will be prepared for the action EMS personnel take once they arrive at the scene.

#### *How should we notify EMS about our facility's AED program?*

The medical professional providing oversight for your program will help you to coordinate EMS notification. Also, a sample EMS notification letter can be found at [www.americanheart.org/cpr](http://www.americanheart.org/cpr). Click on Corporate Training, AED programs, Sample Notification Letter to City EMS Director.

In some cases a formal registration process is required. Contact your local EMS system for help.

- **Sharing event data**  
Depending on the type of AED, cardiac event information is recorded on a removable data card or obtained by connecting the AED to an off-site computer via modem.

All AEDs capture heart rhythm and device data. This data should be collected and shared by the AED program coordinator and EMS.

State regulations and the practices of local EMS will drive the decision to capture more data. Some states require that a standard "incident report" or "AED use sheet" be completed and submitted to the state EMS office or the local EMS agency. Information about this requirement is most often provided in the state AED registration materials.

# STEP 3: Selection, Placement, and Maintenance of AEDs

## Choosing Your AED

Several AEDs on the market are suitable for workplace and community AED programs. The American Heart Association does not recommend one device over another. Selection of an AED will be influenced by the needs of the program site. You can find a current list of FDA-cleared AEDs at [www.americanheart.org/cpr](http://www.americanheart.org/cpr). Click on Corporate Training, AED programs, FDA Cleared AEDs.

### Implementation Tips

#### Where should AEDs be placed in our facility?

Possible locations include

- Security guard station
- Main reception area
- Walls of main corridors
- Cafeteria
- Fitness facility
- Near elevators
- In secured or restricted access areas

cardiac arrest may be higher, such as corporate health clubs, or that are hard to reach quickly. Also consider areas where many people gather, such as cafeterias. Suggestions for AED placement are located above.

Below are additional questions to help guide your placement strategy. There are no right or wrong answers to these questions. Once you know the answers to these questions, it will be easier for you to decide where to place AEDs.

#### Should the AED be secured or unsecured?

A secured AED is one that is locked in an office, a wall-mounted cabinet, or other enclosed space. An unsecured device typically is placed in a public area and is not locked.

#### Will the AED have a notification system?

- Automatic Notification System

This type of system automatically notifies trained responders when the AED is removed or its cabinet is opened. This notification may be sent directly to local EMS or to an in-house security system that will then notify EMS.

- Audiovisual Alarm

This type of alarm activates lights or an audio alarm when the AED is removed or its cabinet is opened.

## Maintaining Your AED

Conduct scheduled and preventive maintenance checks according to the manufacturer's recommendations. The program coordinator or

another designated person can do the maintenance checks. This person develops a written checklist to assess the readiness of AEDs and their supplies. This checklist supplements regularly scheduled, more detailed maintenance checks recommended by the manufacturer. At a minimum, the checklist should include the following:

- Verify placement of AEDs (are they where they are supposed to be?)
- Verify battery installation and expiration
- Check the status/service indicator light
- Inspect exterior components and sockets for cracks or other damage
- Check supplies (razor, towel, barrier device, scissors, extra battery, disposable gloves, and an extra set of electrode pads)

### AED Characteristics

- Lightweight and portable
- Easy to use, safe and effective
- Automatically analyzes heart rhythms
- Determines whether defibrillation is advised
- Guides the user through defibrillation
- Follows comprehensive "self-checking" protocols
- Prompts the rescuer to begin CPR

## Putting AEDs Back Into Service After an Emergency

After a cardiac arrest occurs, it is critical to get the AED back into service as soon as possible. The written procedure for maintaining the AED should contain a section on this process. Here is a list of activities that should be included:

- Check and replenish supplies as appropriate (includes electrode pads, towel, razor, barrier device, and disposable gloves). Make sure that someone is designated to order and replenish supplies and does so.
- Clean and disinfect the device
- Check the battery and replace it if needed
- Check the device and housing for cracks or other damage
- Return the AED to its designated place with appropriate supplies



# STEP 4: Designation and Quality Training of On-site Responders

## Identifying Responders

The American Heart Association recommends that as many trained responders as possible have access to defibrillators. In a perfect world everyone would be trained. But you will need to consider budget and staff time when deciding how many can be trained. When identifying responders, consider people who typically are on the premises and already respond to emergencies as part of their jobs. Security guards and members of safety response teams are excellent candidates for becoming trained responders. Another possibility is people willing to respond to cardiac emergencies as part of the AED program, such as office personnel or residents, depending on the AED program site.

### Implementation Tips

*The American Heart Association recommends a regular review of CPR and AED skills every 6 months for all potential AED users.*

important. Also make sure that there are appropriate budget allocations for proper training.

## Training Requirements

To determine how to train your responders, review your state and local requirements for AED programs. These requirements will outline acceptable curriculums, training organizations, and renewal intervals. From there you can plot your training program schedule.

*Initial training should teach responders*

- How to recognize the warning signs of a heart attack
- How to respond to an emergency



Once you identify appropriate responders, make sure to obtain approval from their department heads. If these department heads are not already identified as decision-makers, begin including them in program updates. This is

- Why and how to activate local EMS
- How to buy time for the victim by performing 1-rescuer CPR until the AED arrives
- How to assess the patient and determine if you should use an AED
- How to attach AED pads and ensure that the device is used properly
- How to follow safety protocols to protect the user and bystanders
- How to deal with unusual situations (such as a victim with an implanted defibrillator or a victim lying in water)
- How to use all emergency response skills in an emergency

## Response Procedures

Responders also need to be trained in the internal Medical Emergency Response Plan (MERP). Typically the oversight physician or medical professional creates the MERP. The MERP should include how responders will be notified of an emergency and the location of the victim, who will call 911, and where the AED is located. A sample MERP is included for you to tailor to your environment. The responders also must be informed of the policy and procedure for transferring patient care to local EMS upon their arrival.

## Skills Reviews

Conducting skills reviews is critical to ensure that responders are prepared to perform the necessary skills during an emergency. Examples of how to review skills include performing mock drills, scenario practice, and demonstrations of CPR and AED skills. The Student Refresher CD included in American Heart Association training materials also can be used to remind responders of critical information. The goal is to have trained responders practice activating the emergency response system, getting an AED to the victim within 3 to 5 minutes of collapse, and using their CPR and AED training.

## Retraining

Nationally recognized courses, such as *Heartsaver AED*, have a standard renewal time frame. The American Heart Association recommends that formal retraining occur every 2 years, in addition to conducting regular skills reviews.

### Implementation Tips

*Who are possible candidates to respond?*

Potential responders could include

- Security guards
- People already trained in CPR
- Fire wardens
- Building managers
- Employee volunteers
- On-site property management staff

# Documentation of Procedures

Written procedures should guide AED program implementation. These procedures should help trained responders, decision-makers, and employees involved in the AED program understand practices and expectations. Once written procedures are in place, they should be distributed to all appropriate program participants, then updated regularly. Following are sample outlines of plans for various policies and procedures that should be included in the overall AED program implementation plan:

## Internal Medical Emergency Response Plan (MERP)

(A sample plan can be found at [www.americanheart.org/cpr](http://www.americanheart.org/cpr). Click on Corporate Training, AED programs, Sample Internal MERP.)

- Activating the system
  - How responders will be notified (directly or through a point of contact within the program)
  - Who will call 911
  - How employees will be informed of the MERP
- Location of AEDs and how they are accessed (secured or unsecured)

## Training Plan

- Who will be trained and serve as responders
- What course will be used
- Where training will take place
- What the time frame will be for training and renewal
- How skills reviews will be conducted



## Maintenance Plan

- Who will be responsible for performing maintenance checks
- What maintenance procedures will be included (manufacturer's recommendations as well as internal)
- When checks will take place
- How AEDs will be put back into service following an emergency
- Who will be responsible for ordering and restocking supplies

## Transfer of Patient Care Procedures

Transfer of patient care procedures outline what the response team should do once EMS arrives. They also prepare the response team for the actions that the EMS professionals will take when they are on the scene.

- Should be developed with local EMS and then communicated to the internal response team
- Should be based on existing EMS protocols

## Post-event Procedures

### • Evaluate internal MERP

The event review provides important feedback for responders to the emergency. The responders should receive comments on specific activities that were performed properly and according to the internal MERP and actions that can be improved. Some examples to use in your post-event procedures are

#### — Evaluate response times

- How much time elapsed between finding the victim and calling 911
- How much time elapsed between activating the internal MERP and getting the AED to the victim

#### — Identify strategies for improvement

- Discuss and implement strategies
- Incorporate improvements into skills reviews and mock drills

### • Provide emotional support

Responders to a cardiac emergency need significant support to ensure that the event does not damage their emotional health. It is important to allow responders to voice their fears and concerns in a non-threatening environment. The AED program's medical professional should ensure that proper attention is provided to responders soon after the event. Also, local EMS can recommend community resources to support responders following an emergency.

### • Monitor outcome

In conjunction with local EMS, develop a communication system to follow victims of cardiac emergencies through the healthcare system. Incorporate information about outcome into the responders' feedback.

## Implementation Tips

*What tools can be used to activate our facility's emergency response procedures?*

Tools could include

- Overhead paging system or intercom
- Beepers for trained responders
- Phone tree with a dedicated emergency response line
- Internal radio dispatch

# Internal and External Communication Plan



## External Promotion

Depending on the AED program site, the program may be promoted to clients customers, vendors, and the outside community. This campaign can be conducted through publications distributed outside the organization and through local newspapers or other media. Media will be more interested in writing a story about the program when the worksite is involved in saving a life. They will most likely want to interview the victim and the responders involved.



## Internal Promotion

After initial implementation of the AED program, provide information to all program participants (employees, visitors, etc) about what an AED program is, why it is important, and how to activate the MERP. To maximize the program's effectiveness, everyone must know how and when to notify trained responders to get to the scene of an emergency. Information can be communicated via any of the following:

- Company-wide or internal newsletter
- Email
- Posters
- Stickers identifying locations of AEDs
- Staff or departmental meetings
- Membership meetings
- Speaker luncheon
- Closed-circuit TV
- Phone stickers
- Paycheck flyers



## Implementation Tips

### *Create an Internal Newsletter*

Start promoting your facility's AED program with an article in an internal publication or email. Include sidebars featuring cardiac arrest statistics (e.g., most cardiac arrests occur outside the hospital) and stories or testimonials about local CPR/AED saves.

Follow up with a series of articles highlighting each link in the Chain of Survival and the ways in which people can work to strengthen each link.

To help in the distribution of ECC materials, the American Heart Association has partnered with three companies that provide high quality customer service and support. To order, contact one of the following:

For more information on training contact:

## Channing Bete Company

One Community Place  
South Deerfield, MA 01373-0200  
Phone: 1-800-611-6083  
Fax: 1-800-499-6464  
[www.channing-bete.com](http://www.channing-bete.com)

## Laerdal Medical Corporation

167 Myers Corners Road  
PO Box 1840  
Wappingers Falls, NY 12590-8840  
Phone: 1-888-LMC-4AHA (562-4242)  
Fax: 1-800-227-1143 or  
1-845-298-4545  
[www.laerdal.com](http://www.laerdal.com)

## WorldPoint ECC, Inc.

151 S. Pfingsten Road, Suite E  
Deerfield, IL 60015  
Phone: 1-888-322-8350  
Fax: 1-888-281-2627  
[www.worldpoint-ecc.com](http://www.worldpoint-ecc.com)



*Learn and Live*<sup>SM</sup>

National Center  
7272 Greenville Avenue  
Dallas, Texas 75231-4596  
[www.americanheart.org/cpr](http://www.americanheart.org/cpr)

# AED Program Implementation Checklist

## Identify:

Program decision-makers and influencers	___	Method for ensuring AED readiness	___
Physician to provide prescription for AED	___	Method for scheduling and conducting AED maintenance checks	___
Medical oversight (physician or other medical professional)	___	Method for educating participants on how to activate the internal MERP	___
Targeted responders	___	Method for internally and externally promoting the AED program and Chain of Survival for participants	___
State and local requirements for AEDs	___	Method for capturing data	___
Local EMS system requirements (if applicable)	___	Method for patient care transfer to local EMS agency	___

## Decide:

Type of AED	___	Method for event review	___
Placement of AEDs	___	Methods for quality improvement	___
Limited vs. open accessibility	___	Method for rescuer debriefing	___
Secured vs. unsecured	___	Method for putting AED back into use	___
Automatic notification system: yes or no	___	Method for monitoring patient outcome	___
Audio-visual alarm: yes or no	___		

## Options on AEDs

Voice/environmental data: yes or no	___	Internal response procedures for use of the AED (reflect site-specific variables such as type of AED, activation method, hazards, etc.)	___
Manual override: yes or no	___	AED maintenance procedure	___
Display screen: yes or no	___	Transfer of patient care procedure (coordinate with local EMS)	___
Modem, data card, chip or cassette tape	___		

## Number of AEDs

Method of notifying EMS	___		
Method of activating internal Medical Emergency Response Plan (MERP)	___		
Number of employees to be trained	___		
Training program	___		
Retraining program and interval	___		
Skills review (refresher, update, etc.)	___		
Formal retraining	___		

## Write:

Internal response procedures for use of the AED (reflect site-specific variables such as type of AED, activation method, hazards, etc.)	___
AED maintenance procedure	___
Transfer of patient care procedure (coordinate with local EMS)	___

## Contact:

State office of EMS for registration purposes (if applicable)	___
Local EMS agency	___
Local dispatch center	___
American Heart Association for training information	___
AED manufacturer if AED maintenance is needed	___

## Liability Protections

An employee of a health studio who renders emergency care or treatment is not liable for civil damages resulting from the use, attempted use or nonuse of an AED, except as described below.

When an employee uses, does not use or attempts to use an AED consistent with the requirements of the Health and Safety Code rendering emergency care or treatment, the members of the board of directors of the facility shall not be liable for civil damages resulting from any act or omission in rendering the emergency care or treatment, including the use or nonuse of an AED, except as described below.

When an employee of a health studio renders emergency care or treatment using an AED, the owners, managers, employees or otherwise responsible authorities of the facility shall not be liable for civil damages resulting from any act or omission in the course of rendering that emergency care or treatment, provided that the facility fully complies with the requirements of the Health and Safety Code.

The same liability language also applies to a person or entity that provides CPR and AED training to a person who renders emergency care, or a physician who is involved in the placement of an AED and any person or entity responsible for the site where an AED is located.



These liability protections **DO NOT** apply in the case of personal injury or wrongful death that results from gross negligence or willful or wanton misconduct on the part of the person who uses, attempts to use or maliciously fails to use an AED to render emergency care or treatment.

**Reference:** Health and Safety Code, Section 104113 and California Civil Code, Sections 1714.2 and 1714.21.

## Disclaimer

The information in this brochure is intended to highlight AED requirements and does not completely reflect all requirements of California laws. For questions regarding legal liability, the EMS Authority recommends consulting with your risk managers and legal counsel. The EMS Authority also recommends contacting your local EMS agency for any additional information or local requirements.

For more information, please visit the EMS Authority Web site at [www.emsa.ca.gov](http://www.emsa.ca.gov) or call (916) 322-4336.



Cesar A. Aristeiguieta, M.D.  
Director  
California EMS Authority

Kim Belshé  
Secretary  
California Health and Human Services Agency

Arnold Schwarzenegger  
Governor

# Automated External Defibrillator Requirements for Health Clubs and Health Studios



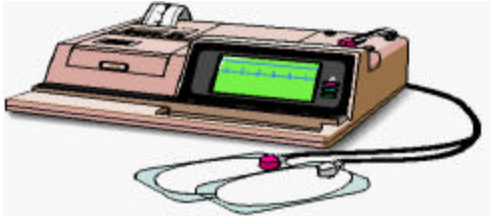
California State Law  
Requirements  
Effective July 1, 2007



### What is the legal requirement for an AED?

Effective July 1, 2007, all health clubs and health studios in California are required to have an automated external defibrillator (AED) program in place as required in the California Health and Safety Code, Section 104113.

### Which health clubs and health studios are affected?



For the purposes of this law, health clubs and health studios mean any facility permitting the use of its facilities and equipment or access to its facilities and equipment to individuals or groups for physical exercise, body building, reducing, figure development, fitness training or any other similar purpose on a membership basis. Health clubs and health studios do not include any hotel or similar business that offers fitness facilities to its registered guests for a fee or as part of hotel charges.

### Who and how many people must be trained?

One person per AED unit obtained shall complete training in cardiopulmonary resuscitation (CPR) and AED use for the first five AEDs. If more than five units are obtained, one additional person shall be trained in CPR and AED use for each block of five AEDs obtained (e.g. 4 AEDs obtained, no less than 4 persons trained in CPR and AED, 7 AEDs obtained, 6 persons trained). Health clubs and health studios shall have trained employees who should be available to respond to an emergency that may involve the use of an AED unit during normal operating hours. Health clubs and health studios may need to train additional employees to ensure that a trained employee is available at all times.

### What is the training requirement?

CPR and AED training shall consist of a minimum of four hours and shall include the following topics and skills:

- The proper use, maintenance and periodic inspection of the AED;
- The importance of CPR, defibrillation, advance life support, adequate airway care and the internal emergency response system (if applicable).
- An overview of the local emergency medical services (EMS) system, including 911 access and interaction with EMS personnel.
- Assessment of the unconscious patient to include evaluation of airway, breathing and circulation to determine if a cardiac arrest has occurred and the appropriateness of applying and activating the AED.
- Information relating to defibrillator safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or the authorized individual or other nearby persons.
- Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary.
- Authorized individual's responsibility of continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of more medically qualified personnel.



Authorized individuals are required to complete periodic training and proficiency demonstrations no less than once per year or more frequently at the discretion of the authorizing physician.

### What are the maintenance requirements for the AED?

The AED shall be maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association or the American Red Cross and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

The AED shall be checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these checks shall be maintained.



### Written Emergency Response Plan

A written plan shall be implemented that describes the procedures to be followed in the event of an emergency that may involve the use of an AED. The written plan shall include, but not be limited to, immediate notification of 911 and CPR and AED trained personnel of the medical emergency and report any use of the AED to the licensed physician and the local EMS agency. A list of local EMS agencies can be viewed at the EMS Authority's Web site at [www.emsa.ca.gov](http://www.emsa.ca.gov). Click the local EMS Agency link.

### Physician Oversight

Both California statutes and regulations require that every AED program involve a physician licensed in the state of California. The physician's responsibilities include, but are not limited to, developing the emergency response plan and ensuring compliance with the statutes and regulations regarding training, notification and maintenance of the AED.

American Heart  
Association®



*Learn and Live*™

# *Working Against Time*

The importance of an AED program

## **Mission**

The mission of the American Heart Association  
Emergency Cardiovascular Care Programs  
is to reduce disability and death from cardiac  
and respiratory emergencies and stroke.

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**Heart Attack** — A heart attack occurs when one of the heart's major blood vessels becomes blocked so that blood (and thus oxygen) is not delivered to the heart muscle. Without oxygen the heart muscle starts to die, producing pain and other symptoms. A heart attack may lead to a cardiac arrest.

**PAD** — Public access to defibrillation (PAD) is the concept of placing AEDs in public and/or private settings where large numbers of people work, live, or congregate.

**Medical Oversight** — A designated licensed medical professional provides oversight to an AED program. He or she oversees medical control, program development, and implementation. The medical professional also establishes response procedures and a quality improvement plan. Some state legislation requires a licensed physician to provide medical oversight.

**Sudden Cardiac Arrest** — SCA is a sudden or unexpected cessation of heart function, most often caused by a sudden arrhythmia, such as ventricular fibrillation (VF). When this occurs, the heart's electrical impulses suddenly become chaotic and ineffective. Blood flow to the brain abruptly stops and the victim collapses and quickly loses consciousness. Death usually follows unless a normal heart rhythm is restored within minutes.

**VF** — Ventricular fibrillation is the most common arrhythmia among cardiac arrest victims; during VF the heart's electrical impulses suddenly become chaotic and ineffective.

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## Additional Information

**For more information on implementing an AED Program contact:**

**or go to [www.americanheart.org/cpr](http://www.americanheart.org/cpr).**

## Glossary of Terms

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**AED** — An automated external defibrillator (AED) administers an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm. From this information, the AED determines if defibrillation is needed, it then advises if the administering of shock is necessary. Audible and/or visual prompts guide the user through the process.

**Cardiac Arrest Survival Act (CASA)** — This act instructs the Secretary of Health and Human Services to make recommendations to promote public access to defibrillation programs in federal and other public buildings. The act also extends Good Samaritan protections to AED users and the purchasers of the devices in all states.

**Chain of Survival** — A sequence of four events that must happen as quickly as possible in response to a cardiac emergency. The four links are early access, early CPR, early defibrillation, and early advanced care.

**Defibrillation** — Defibrillation stops ventricular fibrillation (VF) using an electrical shock and allows the return of a normal heart rhythm. It is the only known treatment for ventricular fibrillation. An AED is a device that analyzes a heart rhythm and prompts a user to deliver a shock when necessary.

**Good Samaritan Act** — Good Samaritan laws grant immunity or limited immunity to volunteers who help strangers in emergencies. Good Samaritan laws vary by state. A typical example of the wording appears below.

*“... a person, who, in good faith, lends emergency care or assistance without compensation at the place of an emergency or accident, and who was acting as a reasonable and prudent person would have acted under the circumstances present at the scene at the time the services were rendered, shall not be liable for any civil damages for acts or omissions performed in good faith.”*



# *Working Against Time*

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Sudden cardiac arrest strikes people of all ages and fitness levels, usually without warning. Many of these lives could be saved if:

- bystanders act promptly to phone 911 and begin CPR, and
- trained personnel provide defibrillation within 3 to 5 minutes.

# Working Against Time

## Introduction

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The American Heart Association is dedicated to helping businesses and other facilities establish AED (automated external defibrillator) programs to increase survival rates for victims of sudden cardiac arrest. Each year sudden cardiac arrest claims the lives of some 250,000 Americans before they reach a hospital. Today the chance of survival from sudden cardiac arrest is less than 5 percent.

The following information briefly summarizes the importance of AEDs and training in saving lives, as well as an overview of the steps necessary to implement an AED program. American Heart Association staff are available to help throughout the decision-making process and to help develop training solutions for meeting specific needs. For more information, please call 1-877-AHA-4-CPR (1-877-242-4277).

## Sudden Cardiac Arrest and Heart Attack

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Most sudden cardiac arrests are due to abnormal heart rhythms called arrhythmias. The most common arrhythmia is ventricular fibrillation (VF), in which the heart's electrical impulses suddenly become chaotic and ineffective. Blood flow to the brain abruptly stops; the victim then collapses and quickly loses consciousness. Death usually follows unless a normal heart rhythm is restored within minutes.

A heart attack is different from sudden cardiac arrest although sometimes a heart attack can trigger SCA. A heart attack occurs when one of the heart's major blood vessels becomes blocked, shutting off blood flow and oxygen to the heart muscle. Without oxygen the heart muscle starts to die, producing pain and other symptoms. A heart attack may lead to a cardiac arrest.

In simple terms, a heart attack is a "plumbing" problem caused when a vessel becomes clogged. Sudden cardiac arrest is an electrical problem. Unlike a sudden cardiac arrest victim, a heart attack victim is often awake and can talk despite having chest pain or pressure. The most common symptom of a heart attack is severe pain or pressure in the center of the chest.



As the world leader in Emergency Cardiovascular Care (ECC) and CPR training, the American Heart Association offers high quality courses and training materials. Quality begins with the course content and extends through the design of the materials.

Today, anyone with proper training can learn how to respond to a medical emergency with an AED. The American Heart Association Heartsaver AED Course combines hands-on, scenario-based AED instruction with adult CPR training in 3½ to 4 hours. Through the network of Training Centers the American Heart Association provides local and national training solutions. Each training solution is tailored to meet specific needs.

American Heart Association national training solutions feature:

- One point of contact with an agency that will coordinate training in each company's sites or facilities for its employees
- Consistent high-quality training throughout the country
- Convenient training times at needed location(s)
- Uniform pricing to train employees at each site

The American Heart Association can also support global implementation efforts through its international training organizations.



# Implementation Process

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A successful AED program has several key elements. To receive a copy of the American Heart Association AED Program Implementation Guide, please call, 1-877-AHA-4-CPR (1-877-242-4277).

## Four Key Elements in a Successful AED Program



1. Having a medical professional oversee the program and quality improvement



2. Notifying the Local EMS Agency



3. Selecting, Placing and Maintaining AEDs



4. Training

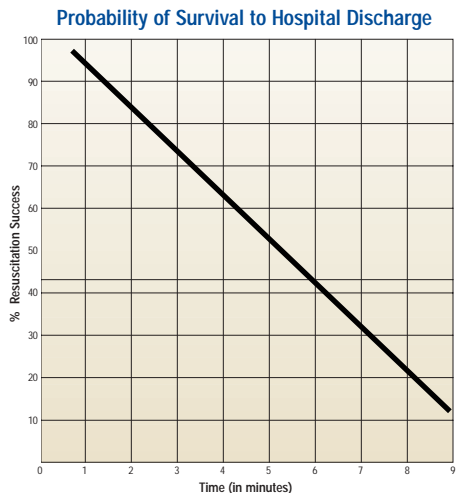
More people survive sudden cardiac arrest when a certain sequence of events happens as quickly as possible. This series of steps is called the Chain of Survival.

- **Early Access:** Recognizing that a cardiovascular emergency exists and immediately notifying the EMS (Emergency Medical Services) system is a key element. In most communities, phoning 911 accesses the EMS system.
- **Early CPR:** Starting CPR immediately after cardiac arrest to circulate oxygen-rich blood to vital organs buys time for the victim until defibrillation can be given.
- **Early Defibrillation:** Defibrillation of the victim as soon as equipment arrives.
- **Early Advanced Care:** Trained healthcare providers arriving quickly to administer advanced lifesaving interventions.



## Defibrillation

Defibrillation stops ventricular fibrillation (VF) using an electrical shock and allows the return of a normal heart rhythm. It is the only known treatment for ventricular fibrillation. An AED is a device that analyzes a heart rhythm and prompts a user to deliver a shock when necessary. These devices only require the user to attach pads to a patient's chest, turn the device on, and follow audio instructions. They do not require the user to make decisions or interpret symptoms. Anyone can learn how to respond to a life-threatening emergency and use an AED by taking a course that lasts less than 4 hours, such as the American Heart Association Heartsaver AED Course.



*For every minute that passes without defibrillation, the victim's chance of survival decreases by about 7–10 percent.*

# Commit to Saving Lives

## Importance of AED Programs

Unfortunately, quick EMS system response is not always possible. Even the best EMS systems experience delays from heavy traffic, secured buildings, large complexes, and high rises. The national average response time is 10 to 12 minutes. So even the best EMS responders may have difficulty arriving in the first 3 to 5 minutes when the chance of successful defibrillation is the greatest.

*“...even the best EMS responders may have difficulty arriving in the first 3 to 5 minutes when the chance of successful defibrillation is the greatest.”*



The American Heart Association strongly encourages large businesses and public facilities to establish AED programs to increase the chances of survival for people with heart-related emergencies. With an AED program a person will be better prepared to save the life of a co-worker, friend, family member, or stranger. AEDs have helped save many lives. With a good implementation plan and proper training, one can help save more lives. The goal of every AED program is to deliver defibrillation to a sudden cardiac arrest victim within 3 to 5 minutes of collapse.



*“The goal of every AED program is to deliver defibrillation to a sudden cardiac arrest victim within 3 to 5 minutes of collapse.”*



## Legal Issues

The Food and Drug Administration (FDA) requires a physician's prescription to buy an AED, and each state has its own training requirements. For example, almost every state requires an individual to complete basic CPR and AED courses from a nationally recognized organization such as the American Heart Association. Many states require a licensed medical professional — often the medical director of the EMS system or the medical advisor to the workplace — to oversee the program to ensure quality.

All 50 states and the District of Columbia now include using an AED as part of their Good Samaritan acts. These acts vary by state, but generally they limit the liability of rescuers using AEDs and others involved with an AED program. Please read the Good Samaritan Act for the state for specifics. In addition, the Cardiac Arrest Survival Act (CASA) provides limited immunity to persons using the AED and the purchaser of the AED unit. CASA is a “gap-filling” federal measure that does not supercede existing state law which provides immunity.

*“...The benefits associated with widespread early defibrillation far outweigh liability risk.”\**



**CASA**

**GOOD SAMARITAN ACT**

Training materials for American Heart Association courses can be obtained through your local training center or through the following distributors.

## Channing Bete Company

One Community Place  
South Deerfield, MA 01373-0200  
Phone: 1-800-611-6083  
Fax: 1-800-499-6464  
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