

LAKE COUNTY OFFICE OF EDUCATION
Office of Superintendent

Defibrillator Deployment throughout LCOE facilities

ISSUE

The County Board of Education will discuss the potential for deployment of defibrillators throughout LCOE owned facilities.

PREVIOUS ACTIVITY

N/A

DISCUSSION

The deployment of Automated External Defibrillators (AED) in public facilities has become common place. The American Heart Association and the California State Parent Teacher Association promote the deployment of AEDs on school sites. California Law provides immunity from liability for any person, who in good faith, and not for compensation, renders emergency care using an AED at the scene of an emergency.

FISCAL, STAFFING AND FACILITIES ISSUES

Each device comes with an initial cost of between \$1,300 and \$2,500. There may be grant funding available to support the purchase of AEDs through local fire departments. Ongoing maintenance and training costs have yet to be determined.

RECOMMENDATION

Discussion item.

Report prepared by Brock Falkenberg, County Superintendent of Schools.

SENATE BILL 1436 SIGNED INTO LAW: AED OPERATORS PROTECTION FROM LIABILITY EXTENDED

Since 1999 various California laws have provided immunity from liability for any person who, in good faith and not for compensation, renders emergency care using an Automated External Defibrillator (AED) at the scene of an emergency. The most recent of these laws, AB 2083, was scheduled to sunset on January 1, 2013. With the passage of SB 1436, signed into law July 2012, these protections are now extended indefinitely.

- The American Heart Association, sponsor of the measure, writes that removing the January 1, 2013 deadline entirely “creates more certainty related to requirements that building owners and other voluntary acquirers of AEDs must meet in order to be immune from civil liability, likely resulting in more AED installations and greater Good Samaritan access.”
- The California State Parent Teacher Association (PTA) urges its units, councils, and districts to encourage local schools and school districts to support the acquisition of AEDs for the school campus.
- The California State PTA seeks to promote public policy and actions that protect the health and safety of all children and families.

REQUIREMENTS OF THE LAW:

SB 1436, authored by Senator Alan Lowenthal, indefinitely secures immunity for people and entities from the risk of liability for civil damages when using an AED during a rescue effort **when all requirements of the law are met. These requirements include:**

- The AED is maintained and tested regularly.
- The AED is checked after each use or at least once every thirty (30) days. Records of the checks must be kept.
- Anyone using the AED must activate the emergency medical services system (911) and report that an AED is being used.
- That for every unit up to five units, at least one employee complete training in CPR and AED use. After the first five units the number of trained users is one for every five units. Any site having an AED must have trained employees available during normal operating hours.
- There is a written plan in place indicating the proper steps to follow when an emergency occurs that may require the use of an AED.

CASE STUDY: AUTOMATED EXTERNAL DEFIBRILLATOR DEVICE FAILURES

The Annals of Emergency Medicine recently published a study conducted by the U.S. Food and Drug Administration (FDA), titled “Analysis of Automated External Defibrillator Device Failures Reported to the Food and Drug Administration.” This study links Automated External Defibrillator (AED) failures to more than 1,000 deaths over the past 15 years. All data was taken from reports to the FDA about adverse events connected to AEDs between January 1993 and October 2008.

The lead author of the study is Lawrence DeLuca, MD, a physician at the University of Arizona, Department of Emergency Medicine in Tucson. In the study, Dr. Deluca states, “Survival from cardiac arrest depends on the reliable operation of AEDs.” Dr. Deluca also added that “AEDs can truly be lifesavers but only if they are in good working order and people are willing to use them.”

Of the 40,787 AED related events reported to the FDA, 1,150 were linked to fatalities. Of all AED failures reported to the FDA:

- Issues occurring during the attempt to charge and deliver a shock to the person in distress accounted for 45% of all failures.
- Problems with pads and connectors accounted for 24% of all failures.
- Battery power problems accounted for 23% of all failures.

Odds of surviving cardiac arrest decline by 7 to 10% per minute of delay in defibrillation. Another study published in the Annals of Emergency Medicine earlier this year found that less than half the people in public places reported being willing to use an AED and more than half were unable to recognize an AED.

Dr. DeLuca also stated, “I would recommend that people maintain AEDs as recommended by the manufacturer.” He also recommends that if a unit fails, both the FDA and manufacturer be contacted and the unit and all accessories be returned to the manufacturer immediately so the cause of the failure can be identified and fixed.

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Automatic External Defibrillators: January 2010 Q&A on the Current Status of Related Laws

Periodically, we are asked about the liability risks of school districts that install automatic external defibrillators (AEDs.) Following are the most common questions we have encountered, and their corresponding answers, regarding the current laws related to AEDs.

Q1: What is an AED?

A1: An AED is a portable medical device that automatically treats cardiac arrest through the application of an electrical shock through the patient's chest wall. In recent years AEDs have been installed in airports, railway stations, certain workplaces, shopping centers, hotels and other areas where large numbers of people gather. While AEDs are designed to be used by non-medical personnel, it is generally recommended that, in an office or business setting, only persons who have received training be authorized to use them.

Q2: Do AED users have legal protections for their actions?

A2: In 1999, California enacted Civil Code §1714.21, which created limited immunity from civil liability for trained persons who used AEDs in good faith and without compensation at the scene of an emergency. The immunity is limited—it does not apply in the case of personal injury or wrongful death that results from the gross negligence or willful misconduct of the person who renders emergency care or treatment by the use of an AED.

This so-called “Good Samaritan” provision was expanded in 2002 by AB 2041, which amended § 1714.21 to repeal the training requirement for purposes of the limited immunity.

Q3: What are the statutory requirements for facilities that install an AED?

A3: California Health and Safety Code §1797.196(b) requires that an entity that acquires an AED must do all of the following:

1. Comply with all regulations governing the placement of an AED;
2. Ensure 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;

3. At least annually notify school employees as to the location of all AED units on the campus; and
4. 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.

Q6: Are there other laws regarding AEDs that schools, community colleges, and municipalities should be aware of?

A6: In 2005, the legislature enacted Health and Safety Code § 104113, which required health studios to acquire, maintain and train personnel in the use of AEDs. That law defines “health studio” as “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.” The statute does not clarify whether this definition applies to exercise facilities found at schools and community colleges, but those facilities generally do not offer access to their facilities “on a membership basis.” Schools and community colleges that are concerned about whether their athletic use arrangements would fall under the definition of “health studio” in the statute should follow up with their own legal counsel.

The law related to health studios is set to expire on July 1, 2012, and a bill that was introduced in the legislature last year, AB 1312, would have extended the health studio requirement to July 1, 2014. Additionally, AB 1312 would have expanded the current AED requirement for health studios to apply to golf courses and amusement parks. As the term “golf course” is not defined, this law would appear to apply equally to public and private golf courses. AB 1312 was passed by the legislature last year, but vetoed by the Governor, who thought that the extension to additional types of businesses was unwarranted. We expect to see another attempt to extend the health studio law in 2010.

Keep in mind that this is a general review of AED statutory law. This Bulletin does not detail all of the additional regulations governing the training and use of AEDs. Furthermore, this Bulletin is meant for general education purposes only. It is not intended as, nor should it be used as a substitute for consultation and advice from your own legal counsel.

Kelseyville Unified School District

Board Policy

BP-5434

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

PURPOSE:

To provide guidance in the management, maintenance, and administration of Kelseyville Unified School District's AED program and insure conformity to all AED related state statutes.

POLICY:

The School District Nurse will manage the Kelseyville Unified School District Automated External Defibrillator Program.

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood, resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of ventricular fibrillation.

An AED is used to treat victims who experience Sudden Cardiac Arrest. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock. The fully automatic AED equipment which has been acquired by the Kelseyville School District is designed to be incapable of delivering a shock except when sensors detect an appropriately shockable rhythm. This feature virtually eliminates any potential to cause harm by mistaken use.

RESPONSIBILITIES:

The District Nurse under the direction of the prescribing Medical Oversight Physician will be the program coordinator. The District Nurse will oversee all student, employee, or other adult incident which caused the AED to be used. The program responsibilities of the District Nurse will include the following:

- See that each school has a medical emergency chain of command
- Coordinate CPR/AED training for each site with AED/retained records of training
- Coordinate equipment and accessory maintenance/documentation
- Maintain files with specifications and technical information for each approved AED model assigned to each school
- Notify District Office and Site Office of any change in availability or location of AED
- Will decontaminate the area and equipment following any incident which requires the use of the AED

- The District Nurse will be contacted if there is an incident after hours that requires the use of the AED
- Communicate with all appropriate medical personnel
- The District Nurse will perform monthly readiness checks and complete required documentation
- Following an event involving the use of the AED, the District Nurse will send recorded data from the AED Data Port to either local treating Physician, or to Prescribing Physician, within one day of the AED incident
- The District Nurse will send post event AED in, and coordinate the replacement equipment, and return AED to readiness
- The District Nurse will make an incident report of any AED incident and forward it to District Supervisor, and participate as needed in any post-incident reviews and debriefings

MEDICAL CONTROL:

The medical advisor of the AED program is the prescribing physician designated by the AED provider. The District Nurse has a copy of the prescriptions on file. The medical advisor of the AED program has ongoing responsibility for:

- Providing medical direction for use of AED's
- Writing a prescription for AED's
- Reviewing and approving guidelines for emergency procedures related to use of AED's and CPR
- Evaluation of post-event review forms and digital files downloaded from the AED

Authorized AED Users:

The AED may be used by: Trained Staff, Non-trained Staff, Volunteers or Bystanders

AED-Trained Employee Responsibilities:

Call 911

Activate internal emergency response system and provide prompt basic life support including AED and first aid according to training and experience

Understand and comply with requirements of this policy

Follow the more detailed procedures which were taught in CPR/AED trainings

Non-Trained staff Responsibilities:

Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies.

Equipment:

Currently, the LIFEPAK® Automated External Defibrillators (AED's) have been approved for this program.

The District will continue to provide for CPR/AED training.

Authority: California Health and Safety Code sec.1797.196
California Civil Code sec. 1714.21
California AB 2083

Presented: September 18, 2012