Solano Community College District
Safety Committee

AUTOMATIC EXTERNAL DEFIBRILLATOR PLAN

July 21, 2009

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SOLANO COMMUNITY COLLEGE DISTRICT  
SAFETY COMMITTEE  

Automatic External Defibrillator Plan

I. Purpose

The purpose of this plan is to establish guidelines for the use of the Automatic External Defibrillator (AED).

II. Practice

It is the practice of the Solano Community College District to offer certified training in the use of AED’s to District employees. Employees will also receive training in Cardio-Pulmonary Resuscitation (CPR). All training will meet the guidelines of California Code of Regulations Title 22 within the current practices of the American Heart Association’s Emergency Cardiac Care Guidelines or the American Red Cross.

III. General Use

An AED is a portable device used to restore normal heart rhythm to patients in cardiac arrest. The AED is to be used when cardiac arrest has occurred, there is no pulse or respiration, and CPR has been initiated.

IV. Process

A. Placement

AED’s are prominently placed and signed in most every building within the District. This included Centers and locations off the Main Campus. A list of specific locations is maintained by the Safety Committee.
IV. B. Application

The AED will be applied to the patient only when there is no pulse or respiration. CPR is initiated first, and then the AED is applied.

C. Post Deployment

1. The AED will be taken out of service until maintenance can occur (and the data card removed if applicable).

2. When the AED is used, a memorandum shall be completed by the operator and submitted to the District’s Chief of Police as the Safety Committee Chair within 24 hours. This memorandum shall outline the following:
   a. Date / Time / Location / AED Operator
   b. Patient Identifying Information
   c. Summary of Circumstances of Use
   d. Disposition and Last Known Condition of Patient

3. After review by the Chief of Police, this memorandum is to be forwarded to the Vice President of Administrative and Business Services as the Risk Manager for the District.
V. Inspection and Maintenance

When placed, the AED will be visually inspected and self-tested. Placement shall include a set of electrodes, gloves, one-way CPR mask, and alcohol swabs. An appropriate medical person appointed by the Dean of the Health Occupations Division shall conduct the initial and routine inspection and maintenance of the AED’s within the guidelines of the unit’s manufacturer. This record shall be forwarded to the Chair of the Safety Committee.

VI. Training

Training for use of the AED will follow current guidelines of the California Code of Regulations Title 22, the American Heart Association, or the American Red Cross. Only Instructors certified within these guidelines shall conduct the training.

VII. Appendixes

A. Reference List

B. Good Samaritan Law

C. California Code of Regulations / Training Standards

D. AED Inspection List


"Studies Highlight Need for Defibrillators in Public Places". California Aviation Alliance: Legislative Update. Available: www.californiaaviation.org

Assembly Bill 2041 - Good Samaritan Law

An act to amend Section 1714.21 of the Civil Code, to amend Section 1797.190 of, and to amend, repeal, and add Section 1797.196 of, the Health and Safety Code, relating to liability.

Existing law provides immunity from civil liability to any person who completes a basic cardiopulmonary resuscitation (CPR) or automatic external defibrillator (AED) course 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, and who, in good faith, renders emergency care by the use of an AED at the scene of an emergency, without the expectation of receiving compensation for providing the emergency care.
This bill would revise those provisions by deleting the requirement that a person complete a basic CPR or AED course. The bill would further provide immunity from civil liability to a person or entity that acquires an AED for emergency use and renders emergency care, if that person or entity is in compliance with specified requirements.
Existing law authorizes the EMS Authority to establish minimum standards for AED use and training by unlicensed or uncertified individuals. Existing law requires specified persons to meet those standards. This bill would expand the authorization to establish standards and would delete the requirement that specified persons meet those standards.
This bill would also require that the supplier of an AED notify the local EMS authority of the existence, location, and type of AED acquired, and provide to the acquirer specified information governing the use and maintenance of the AED. The bill would additionally require certain persons or entities that have acquired an AED to ensure employee training in CPR and AED use, as specified, and to follow particular emergency safety procedures. The bill would specify that the above requirements shall remain effective until January 1, 2008.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:
SECTION 1. Section 1714.21 of the Civil Code is amended to read:
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.
SECTION 2. Section 1797.190 of the Health and Safety Code is amended to read:

1797.190. The authority may establish minimum standards for the training and use of automatic external defibrillators.

SECTION 3. Section 1797.196 of the Health and Safety Code is amended to read:

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 be 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) Building owners 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) No less than once a year, building owners will notify their tenants as to the location of AED units in the building.

(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 gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.
Nothing in this section or Section 1714.21 shall be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

This section shall remain in effect only until January 1, 2008, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2008, deletes or extends that date.

SECTION 4. Section 1797.196 is added to the Health and Safety Code, to read:

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, 2008.
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

Article 1. Definitions
§ 100031. AED Service Provider.
"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.

§ 100032. Authorized Individual.
"Authorized individual" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of this chapter, and who has been issued a prescription for use of an automated external defibrillator on a patient not specifically identified at the time the physician's prescription is given.

§ 100033. Automated External Defibrillator.
"Automated external defibrillator" or "AED" means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, and 1797.196, Health and Safety Code. Section 1714.21, Civil Code.

§ 100034. Cardiopulmonary Resuscitation.
"Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.

§ 100035. Internal Emergency Response System.
"Internal Emergency Response System" means a plan of action which utilizes responders within a facility to activate the "9-1-1" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

§ 100036. Prescribing Physician.
"Prescribing physician" means a physician and surgeon, licensed in California, who issues a written order for the use of the automated external defibrillator to authorized individual(s).

§ 100037. Application and Scope.
(a) Any physician and surgeon licensed in California may authorize an individual to apply and operate an AED on an unconscious person who has no signs of circulation only if that authorized individual has been successfully trained according to the standards prescribed by this chapter.
(b) The training standards prescribed by this chapter shall not apply to licensed, certified or other prehospital emergency medical care personnel as defined by Section 1797.189 of the Health and Safety Code.


Article 3. AED Training Program Requirements § 100038. Required Hours and Topics.
(a) The AED training component shall comply with the American Heart Association or American Red Cross standards. The course shall consist of not less than four hours, which shall include the following topics and skills:
(1) basic CPR skills
(2) proper use, maintenance and periodic inspection of the AED;
(3) the importance of:
   (A) CPR, (B) defibrillation, (C) advanced life support, (D) adequate airway care, and (E) internal emergency response system, if applicable;
(4) overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel;
(5) assessment of an unconscious patient, to include evaluation of airway, breathing and circulation, to determine if cardiac arrest has occurred and the appropriateness of applying and activating an AED;
(6) information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the authorized individual or other nearby persons to include, but not be limited to:
   (A) age and weight restrictions for use of the AED, (B) presence of water or liquid on or around the victim, (C) presence of transdermal medications, and (D) implantable pacemakers or automatic implantable cardioverter-defibrillators;
(7) recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged;
(8) rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and, (9) authorized individual's responsibility for 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.
(b) The required hours for an AED training program can be reduced by no more than two hours for students who can show they have been certified in a basic CPR course in the past year and demonstrate to a qualified CPR instructor that they are proficient in the current techniques of CPR.


§ 100039. Medical Director Requirements Any AED training course for non-licensed or non-certified personnel shall have a physician medical director who:
(a) Meets the qualifications of a prescribing physician.
(b) Shall approve a process to ensure instructors are properly qualified to the AED instructor standards established by the American Heart Association or the American Red Cross and ensure that instructors are trained to the course content.
(c) Shall ensure that all courses meet the requirements of this chapter.
(d) May also serve as the "prescribing physician." Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, and 1797.196, Health and Safety Code. Section 1714.21, Civil Code.
§ 100040. Testing.
In order for an individual to be authorized to use the AED, the individual shall pass a written and skills examination, which tests the ability to assess and manage the specified conditions prescribed in Section 100038.

§ 100041. Written Validation.
The prescribing physician shall issue to the authorized individual a written validation or other documented proof of the authorized individual's ability to use an AED. The requirements for a "Written Validation" and "Prescription for Use" can both be satisfied by the issuance of a written certification card from an AED training program. The prescribing physician's signature shall be on file with the AED training program authorizing the issuance of the written certification card upon successful completion of the required training.

Article 4. Operational AED Service Provider Vendor Requirements §100042. Operational Requirements.
(a) An AED Service Provider shall ensure their internal AED programs include all of the following:
(1) Development of an Internal Emergency Response System which complies with the regulations contained in this Chapter.
(2) Notification of the local EMS agency of the existence, location and type of AED at the time it is acquired.
(3) That all applicable local EMS policies and procedures are followed.
(4) 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.
(5) 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 governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.
(6) 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.
(7) 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.
(8) 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.
(9) That 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.

§100043. AED Vendor Requirements Any AED vendor who sells an AED to an AED Service Provider shall notify the AED Service Provider, at the time of purchase, both orally and in writing of the AED Service Provider's responsibility to comply with the regulations contained in this Chapter.
SOLANO COMMUNITY COLLEGE DISTRICT  
SAFETY COMMITTEE

Automatic External Defibrillator Plan

**LOCATIONS**

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