

Public Access/Layperson AED Implementation Guidelines (Number)

I. Purpose:

This is a guidance document to assist ~~businesses-persons~~ and ~~organizations-entities~~ implement public access/ layperson automated external defibrillator programs within the County. Using automated external defibrillators (AED) for out-of-hospital cardiac arrests has been proven to increase survival rates. The ~~Department~~ Division supports the use of public access AEDs within the County, and these guidelines are intended to facilitate the proliferation of AED programs.

II. Authority:

A. California Health and Safety Code Sections 1797.5, ~~1797.107, 1797.190~~ and 1797.196.

~~B. California Code of Regulations Title 22, Division 9, Chapter 1.8 Sections 100031 through 100040, as revised February 2003. (See Attachment C)~~

III. Requirements of ~~Business/Organization~~ a person or entity:

A. Become familiar and comply with California- ~~Health and Safety Code AED regulations and statutes~~, referenced above.

B. Notify the County EMS Division of the existence, location, and type of every AED within the county. This can be accomplished by one of the following:

- Complete a Notification of Public Access Defibrillator Site form (Attachment A) listing each AED unit being deployed in the County. Submit the form to the Kern County EMS ~~Division~~ department, 18400 Mt. Vernon Ave., H Street, Bakersfield, California 93306.
- Upload AED information including a picture of the AED using the “Pulsepoint AED” app. www.pulsepoint.org/download–

~~B.C. Notify the County EMS Division Re-submit a Notification of Public Access Defibrillator Site form~~ if any of the information becomes outdated (i.e., the AED is moved to a different location, a new AED is purchased, etc.).

~~C.D.~~ Every time an AED is used, complete the Report of Defibrillator Use form (Attachment B), and submit via fax to the Department at (661) ~~868-1204322-8453~~, within 24 hours of use.

IV. Implementation Checklist

~~Listed below are key elements taken from the California AED regulations and statutes. These elements are placed in this checklist format to assist in implementing public access/layperson AED programs within the County.~~

In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

- Comply with all statutes governing placement of an AED.
- ~~□ Notify the County EMS Department of the existence, location, and type of every AED within the county. The business or organization responsible for the device must, at the time the device is acquired and placed, notify the Department. Notify an agent of the local EMS agency of the existence, location, and type of AED acquired. A form for this notification is at Attachment A, or use the PulsePoint AED app on a smartphone.~~
- ~~□ Expected AED users/rescuers must complete a training course in cardiopulmonary resuscitation (CPR) and in use of the AED device. The training curriculum must comply with regulations adopted by the California Emergency Medical Services Authority, the standards of the American Heart Association, or the American Red Cross. The training shall include a written and skills examination.~~
- ~~□ Any AED training course for non licensed or non certified personnel (laypersons) shall have a physician medical director.~~
- ~~□ A California licensed physician and/or surgeon must be involved in developing an internal emergency response system plan for the site of the AED. The physician/surgeon is responsible for ensuring the business' or organization's AED program complies with State regulations and requirements for training, notification, and maintenance. The internal emergency response system plan will include the procedures to be followed in the event of an emergency that may involve the use of an AED. The plan must also include provisions for immediate notification of 911 and immediate notification of AED trained on site personnel, upon discovery of the emergency.~~
- ~~□ The business/organization in possession of the AED must comply with all regulations governing the training, use, and placement of the device.~~
- ~~□ The AED must be maintained and regularly tested according to the manufacturer's operation and maintenance guidelines, the American Red Cross, and American Heart Association. Maintenance and testing must also comply with any applicable rules and regulations set forth by the US Food and Drug Administration and any other applicable authority. Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.~~
- ~~□ The AED must be checked for readiness at least once every 30 days and after each use. Records of these periodic checks shall be maintained by the business/organization in possession of the device. Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.~~
- Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.
- When the AED is placed in a building, the building owner/responsible party shall do all of the following:

- At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.
- At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use the AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.
- Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.
- ❖ A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.
- ~~□ A mechanism shall exist to ensure that any person rendering emergency care or using the AED activate the emergency medical services system (911) immediately. Further, the business/organization in possession of the AED is responsible for reporting any use of the AED to the physician medical director and to the Kern County EMS Department. A report form to notify the EMS Department is at Attachment B.~~
- ~~□ A mechanism shall exist that assures the continued competency of the expected AED users/ rescuers employed by the business/organization in possession of the AED. Such mechanism shall include periodic training and skills proficiency demonstrations sufficient to maintain competency.~~
- ~~□ For every AED unit acquired up to five units, no less than one employee per AED unit shall complete a training course in CPR and AED. After the first five AED units are acquired, for each additional five AED units acquired, one additional employee shall be trained beginning with the first additional AED unit acquired. The business/organization in possession of the AED shall have trained employees available to respond to a cardiac emergency during normal operating hours.~~

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Notification of Public Access Defibrillator Site

Physician Medical Director Information	
Physician's Name CA Medical License No:	
Physician's Phone No:	
I am serving as the Physician Medical Director for this public access defibrillation program as described in the California Code of Regulations, Section 100039. I hereby certify that the AED program described herein complies with all applicable laws and regulations, including placement, use, training, and maintenance of the device(s).	
Date:	Signature:

On-Site Contact Information	
Name of On-Site Contact:	
Employer:	
Phone Number of On-Site Contact:	
Physical Address of On-Site Contact:	
Mailing Address of On-Site Contact:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	

Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information

Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information

Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information

Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	

|

Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

DRAFT

Report of Defibrillator Use

Name Of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Place of Occurrence: (Address & specific location)	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED at victim?	
Time of first shock (if given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Name and phone number of person completing form:	

Additional Comments/ Information:

**FAX this completed report to Kern County EMS Department
within 24 hours of use of an AED. FAX to: 661-868-1204**

Attachment C—Reference Documents

TITLE 22. SOCIAL SECURITY
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES
CHAPTER 1.8. TRAINING STANDARDS AND UTILIZATION FOR USE OF THE AUTOMATED
EXTERNAL DEFIBRILLATOR BY NON LICENSED OR NON CERTIFIED PERSONNEL
ARTICLE 1. DEFINITIONS

This database is current through 06/09/06, Register 2006, No. 23.

s 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.

s 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.

s 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.

s 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.

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.

s 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.~~

~~s 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."~~

~~s 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.~~

~~s 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 exist 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.~~

~~s 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 the Chapter.~~

CALIFORNIA HEALTH AND SAFETY CODE

~~1797.5. It is the intent of the Legislature to promote the development, accessibility, and provision of emergency medical services to the people of the State of California. Further, it is the policy of the State of California that people shall be encouraged and trained to assist others at the scene of a medical emergency. Local governments, agencies, and other organizations shall be encouraged to offer training in cardiopulmonary resuscitation and lifesaving first aid techniques so that people may be adequately trained, prepared, and encouraged to assist others immediately.~~

~~1797.107. The authority shall adopt, amend, or repeal, after approval by the commission and in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, such rules and regulations as may be reasonable and proper to carry out the purposes and intent of this division and to enable the authority to exercise the powers and perform the duties conferred upon it by this division not inconsistent with any of the provisions of any statute of this state.~~

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

~~**1797.197. The authority shall establish training and standards for all prehospital emergency care personnel, as defined pursuant to paragraph (2) of subdivision (a) of Section 1797.189, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency care personnel.**~~

DATE: ~~_____~~ May 9, 2003

TO: ~~_____~~ All Interested Parties

FROM: ~~_____~~ Richard E. Watson
~~_____~~ Interim Director (California EMSA)

SUBJECT: ~~_____~~ Automated External Defibrillator Regulatory Information

The EMS Authority has received inquiries regarding the inconsistencies between the Layperson AED Regulation (effective February 2003) and the recently enacted language of Assembly Bill (AB) 2041 (Vargas), Chapter 718, Statutes of 2002. The following is a brief explanation of the differences.

AB 2041 was initially introduced as a spot bill after the EMS Authority was well into the revision of the Layperson AED Regulations. AB 2041 was amended and eventually signed by the Governor as the Layperson AED Regulation revision was nearing the deadline for completion. Because there were significant improvements to the proposed Layperson AED Regulations, which have not been revised since their inception in 1991, the decision was made to complete the Layperson AED Regulations as proposed. This decision was made because if the EMS Authority made the changes reflected in AB 2041 the rulemaking process may have been jeopardized resulting in the EMS Authority having to start the rulemaking process over.

The major inconsistencies between the current Statutory Law and the Regulatory Law are:

The current Statute **no longer** requires a physician to authorize each individual to use the AED. The newly revised Layperson AED Regulations do require a physician's authorization to use the AED based on the previous statutory language, and The current Statute establishes minimum numbers of trained personnel in relation to the number of AEDs acquired, whereas the newly revised AED regulations require all AED users to be trained in the use of the AED.

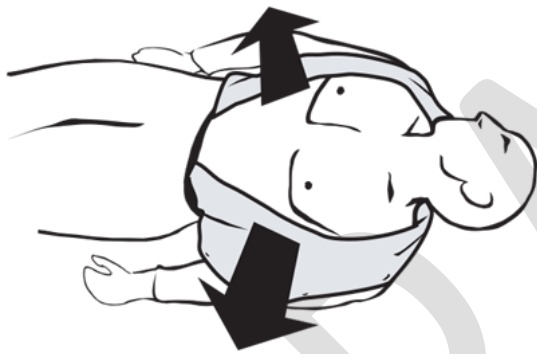
In cases where there are inconsistencies between statutory law and regulatory law, the statute takes precedence over regulation.

The EMS Authority is aware of the inconsistencies between these two bodies of law and intends to revise the Layperson AED Regulations when staff workloads permit. If you have questions, please contact Michael Conley at the EMS Authority (916) 322-4336.

HOW TO USE AN AED

1. Call 911

Check the victim for unresponsiveness. If the person is not responsive, and not breathing or not breathing normally, call 911.



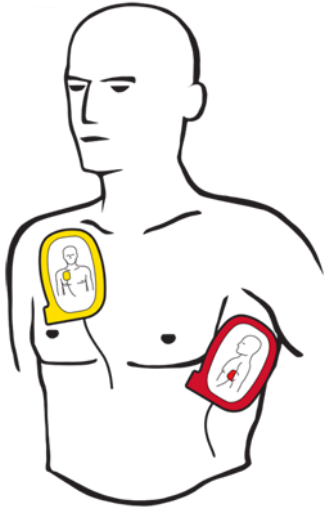
2. Get Prepared

Place AED next to victim. Open/turn on AED. Bare the victim's chest.

3. Apply Electrode Pads

Apply electrode pads as indicated in the illustration. Be sure to push firmly so that the pads completely adhere to the victim's chest.





4. Follow Voice Prompts
Follow AED voice
commands until emergency
medical personnel arrive.



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PULSEPOINT AED APP

