



County of Santa Clara Emergency Medical Services System

Public Access Defibrillation

EMS 822

Updated 12/1/2009

Public Health Department

Santa Clara Valley Health & Hospital System



Santa Clara County Emergency Medical Services Agency
645 South Bascom Avenue, San Jose, CA 95128

www.sccemsagency.org

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County of Santa Clara Emergency Medical Services Agency



Public Health Department
645 South Bascom Avenue
San Jose, California 95128
(Tel) 408.885.4250
(Fax) 408.885.3538

March 1, 2007

Dear Prospective AED Provider,

On behalf of the County of Santa Clara, we would like to extend our appreciation for your interest in becoming an Automatic External Defibrillator Program Provider. Your dedication in helping to assure rapid access to the emergency medical services system is to be commended.

As you may be aware, early defibrillation is one of the keys to the success of the cardiac arrest Chain of Survival, when combined with early access to the 911 System, early CPR, and early access to Advanced Life Support (ALS).

This reference guide has been compiled to assist you in starting and maintaining a program within Santa Clara County. If you should have any questions, please do not hesitate to contact our AED Coordinator at the number provided.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce H. Lee".

Bruce H. Lee
Director

A handwritten signature in black ink, appearing to read "D. Ghilarducci MD".

David Ghilarducci, MD
Medical Director



Public Access Defibrillation (PAD) Provider Application Form EMS 913

To become an authorized PAD provider, complete and submit this application to the Santa Clara County EMS Agency, per California Code of Regulations, Title 22. Social Security, Division 9. Pre-Hospital Emergency Medical Services, Chapter 1.8., Training Standards for Use of the AED by Non-Licensed or Non-Certified Personnel.

If you should have any questions or require assistance regarding PAD programs, training institutions, Automated External Defibrillator (AED) equipment or other PAD issues, please contact the Santa Clara County EMS Agency, AED Program Coordinator, at 408-885-4250.

The standards for Public Access Defibrillation programs may be found in the following locations:

All Providers

- Health and Safety Code, Division 2.5, Automated External Defibrillators, Section 197.190. January 1, 2006
- 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. January, 1, 2009.

Health Studios

- Health and Safety Code, Division 2.5, Cardiac Health, Automatic External Defibrillators: Health Studios, Section 104113. Effective July 1, 2007.
- Assembly Bill 1507

Personnel Information

Program Coordinator

Name:	
Address:	
Phone:	
Fax:	
Email:	

Physician/PAD Medical Director:

Name:	
Office Address:	
Office Phone:	
Office Fax:	
Email:	
Medical License #:	
State:	

- Attach a photocopy of the Physician and Surgeon License of the Prescribing Physician to this application.
- The PAD Medical Director must sign the statement below.

In consideration for being accepted as a Public Access Defibrillator Prescribing Physician in Santa Clara County, I certify that I have read, understand, and will comply with the requirements of the California Health and Safety Code, Sections 1797.107, 1797.190, and 1797.196, California Code of Regulations, Title 22, Sections 100031 through 100041 relating to Public Access Defibrillation.

Name: _____ Date: _____

Signature: _____

Training Organization

Please identify who will be conducting the training for your organization.

Primary Training Organization: _____

Contact Name: _____

Contact Phone Number: _____

Do you have a written contract? _____ If so, what is the term: _____

Medical Control, Program Oversight, and Quality Assurance

The Prescribing Physician is responsible for medical control, oversight, and quality assurance of the AED program.

Medical Protocols and Standing Orders

Attach the plan for utilizing the AED, including written medical protocols, which may include, but are not limited to, authorization of personnel, standing orders and case by case reviews.

Personnel Training Standards

Attach the plan for training and testing authorized individuals in the use of the AED.

Competency Evaluation and Testing

Attach your plan to assure the competency of authorized individuals. This plan must include periodic training and demonstration of skill proficiency. The prescribing physician, or an individual that s/he authorizes, may train and test authorized individuals.

Medical Control

Attach the plan to assure medical control, including case review of each AED use or non-use. This plan should include a recording by magnetic tape or other means.

Forms

AED Locations

Complete and attach an “AED Site Notification Form” (EMS 914) for each site where AED’s are located. This information will be provided to each cities/County 911 dispatch center.

Report of AED Use

Complete and attach a “Report of AED Use Form” (EMS 915) completed and faxed to the Santa Clara County EMS Agency within 96 hours of a cardiac arrest incident at an AED site at 408-885-3538.



**Public Access Defibrillation (PAD)
AED Site Notification
EMS 914**

Directions:

- Please use one form for each street address at which an AED is located
- Submit to the Santa Clara County EMS Agency

AED Program Name: _____

Location Information

Name of Building or Complex: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Specific Locations

List the location of each AED at this address (include floor, area, site-specific location information & number of devices at each location).

Site Contact Information

On-Site Contact

Name: _____ Phone: _____

PAD Program Medical Director

Signature: _____ Date: _____



Public Access Defibrillation (PAD)

AED Use Notification

EMS 915

Directions:

- Please use one form for each AED Use
- Submit to the Santa Clara County EMS Agency

AED Program Name:

Incident Information

Date: _____ Time of Incident: _____

Street Address: _____

Patients Name (if known): _____

Patients Estimated Age: _____ Patients Sex: _____

Was CPR performed?: _____

CPR Provider: _____

What was the total number of defibrillations delivered? _____

Times

Witnessed Arrest	
Start of CPR	
Call to 911	
First Defibrillation	
911 Arrival On the Scene	

PAD Program Medical Director

Signature: _____ Date: _____

Frequently Asked Questions About AEDs

What does AED stand for?

AED stands for automated external defibrillator.

What's an AED?

An AED is a device used to administer an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm, judge whether defibrillation is needed, and then administer the shock. Audible and/or visual prompts guide the user through the process.

How does an AED work?

A microprocessor inside the defibrillator interprets (analyzes) the victim's heart rhythm through adhesive electrodes (some AED models require you to press an ANALYZE button). The computer analyzes the heart rhythm and advises the operator whether a shock is needed. AEDs advise a shock only to ventricular fibrillation and fast ventricular tachycardia. The electric current is delivered through the victim's chest wall through adhesive electrode pads.

Why are AEDs important?

AEDs are important because they strengthen the Chain of Survival. They can restore a normal heart rhythm in victims of sudden cardiac arrest. New, portable AEDs enable more people to respond to a medical emergency that requires defibrillation. When a person suffers a sudden cardiac arrest, their chance of survival decreases by 7% to 10% for each minute that passes without defibrillation. AEDs save lives.

Who can use an AED?

Most AEDs are designed for use by non-medical personnel such as police, flight attendants, security guards, and other lay rescuers who have been properly trained. Having more people in the community who can respond to a medical emergency by providing defibrillation will greatly increase sudden cardiac arrest survival rates.

What is a cardiac arrest?

A cardiac arrest means that the heart stops pumping blood through the body. Without a constant blood supply, the brain stops working almost immediately and the person goes unconscious.

Is cardiac arrest the same thing as a heart attack?

No. A heart attack is caused by a sudden blockage of a small artery that supplies blood to the heart muscle. When the blood supply is cut off, that portion of the heart muscle dies and this is what causes the pain. Some people who have heart attacks may experience a cardiac arrest.

Does a cardiac arrest only happen after a heart attack?

No. Anyone can have a cardiac arrest at any time. Heart attacks are only one potential cause of cardiac arrest.

Why does someone experiencing a cardiac arrest need an AED?

In a cardiac arrest, the heart most often goes into uncoordinated electrical activity called ventricular fibrillation. The heart twitches ineffectively and can't pump blood. The AED delivers electric current to the heart muscle, momentarily stunning the heart, stopping all activity. This gives the heart an opportunity to resume beating effectively.

Will an AED always resuscitate someone in cardiac arrest?

The AED treats only a heart in ventricular fibrillation (VF), an irregular heart rhythm. In cardiac arrest without VF, the heart doesn't respond to electric currents but needs medications. The victim needs breathing support. AEDs are less successful when the victim has been in cardiac arrest for more than a few minutes, especially if no CPR was provided.

Questions About AED Placement

What is public access to defibrillation?

Public access to defibrillation (PAD) means making AEDs available in public and/or private places where large numbers of people gather or people who are at high risk for heart attacks live.

How should AEDs be placed?

According to the American Heart Association, it is recommended that all EMS first-response vehicles and ambulances be equipped with an AED or another defibrillation device (semiautomatic or manual defibrillator), which is the current Santa Clara County standard. The AHA also supports placing AEDs in targeted public areas such as sports arenas, gated communities, office complexes, doctor's offices, shopping malls, etc. When AEDs are placed in a community, the AHA strongly encourages that they be part of a defibrillation program in which:

- Persons or entities that acquire an AED notify the local EMS office.
- A licensed physician or medical authority provides medical oversight to ensure quality control.
- Persons responsible for using the AED are trained in CPR and how to use an AED.

Why is notifying the local EMS office important?

It's important for the local EMS system to know where AEDs are located in the community. In the event of a sudden cardiac arrest emergency, the 911 dispatcher will know if an AED is on the premises and will be able to notify the EMS system as well as the responders already on the scene.

Why should a licensed physician or medical authority be involved with purchasers of AEDs?

This is a quality control mechanism. The licensed physician or medical authority will ensure that all designated responders are properly trained and that the AED is properly maintained.

Why should people who are responsible for operating an AED receive CPR training?

Early CPR is an integral part of providing lifesaving aid to people suffering sudden cardiac arrest. The ventilation and compression skills learned in a CPR class help to circulate oxygen-rich blood to the brain. After delivering a series of three electric shocks, the typical AED will prompt the operator to continue CPR while the device continues to analyze the patient.

If AEDs are so easy to use, why do people need formal training in how to use them?

An AED operator must know how to recognize the signs of a sudden cardiac arrest, when to activate the EMS system, and how to do CPR. It's also important for operators to receive formal training on the AED model they will use so that they become familiar with the device and are able to successfully operate it in an emergency. Training also teaches the operator how to avoid potentially hazardous situations.

Can anyone buy an AED?

AEDs are manufactured and sold under guidelines approved by the Food and Drug Administration. Current FDA rules require someone who purchases an AED to present a physician's prescription for the device. The AED manufacturer usually arranges this.

My health club has identified a member physician willing to purchase an AED for the club. What's the first step in the process?

Review the Public Access Defibrillation Packet (EMS 822), the information enclosed will assist you in developing your AED Program.

How much does an AED cost?

The price of an AED varies by make and model. Most AEDs cost around \$3000-\$4000.

What steps should an organization take to buy an AED for its premises?

Any person or entity wanting to buy an AED must first get a prescription from a physician. The AED should be placed in use within a defibrillation program that includes these elements:

- Training of all users in CPR and operation of an AED.
- Physician oversight to ensure appropriate maintenance and use of the AED.
- Notification of local EMS of type and location of AED.

Which AED model does the AHA recommend?

AHA does not recommend a specific device. All AED models have similar features, but the slight differences allow them to meet a variety of needs. The AHA encourages potential buyers to consider all models and make a selection based on the buyer's particular needs.

Questions About AED Use

Is an AED safe to use?

An AED is safe to use by anyone who's been trained to operate it. Studies have shown the devices to be 90% sensitive (able 90% of the time to detect a rhythm that should be defibrillated) and 99% specific (able 99% of the time to recommend not shocking when defibrillation is not indicated). Because of the wide variety of situations in which it will typically be used, the AED is designed with multiple safeguards and warnings before any energy is released. The AED is programmed to deliver a shock only when it has detected VF. However, potential dangers are associated with AED use. That's why training — including safety and maintenance — is important.

The American Heart Association (AHA) recommends that persons who live or work where an AED is available for use by lay rescuers participate in the AHA's Heartsaver AED Course. AEDs are so user-friendly that untrained rescuers can generally succeed in attaching the pads, pressing ANALYZE (if required), and delivering shocks. However, untrained rescuers may not know when to use an AED, and they may not use an AED safely, posing some danger of electric shock to themselves and others. Also, untrained rescuers probably would not know how to respond to the victim if the AED prompts "no shock indicated." An operator needs only to follow the illustrations on the electrode pads and the control panel and listen and follow the voice prompts (for example, "Do not touch the patient."). An AED will deliver a shock only when a shock is advised and the operator pushes the SHOCK button. This prevents a shock from being delivered accidentally.

Are AEDs safe to use on children?

An AED should not be used on a child younger than 8 years old or weighing less than about 55 pounds.

Will I get zapped if I shock a victim in the rain or near water?

It's remotely possible to get shocked or to shock bystanders if water is standing near or underneath the patient. Try to move the patient to a dry area and cut off wet clothing. Also be sure that the skin has been toweled dry so the electrode pads will stick to the skin. At the moment you press the SHOCK button, you must make sure that no one, including yourself (the AED operator), touches any part of the victim.

Can an AED make mistakes?

An AED will almost never decide to shock an adult victim when the victim is in non-VF. AEDs "miss" fine VF only about 5% of the time. The internal computer uses complex analysis algorithms to determine whether to shock. If the operator has attached the AED to an adult victim who's not breathing and pulseless (in cardiac arrest), the AED will make the correct "shock" decision more than 95 of 100 times and a correct "no shock indicated" decision more than 98 of 100 times. This level of accuracy is greater than the accuracy of emergency professionals.

Why do you stop CPR as the electrode pads are placed and analysis occurs?

For the AED to analyze accurately, the victim must be motionless. Sometimes there will be an agonal respiration (a gasping breath that can occur when the heart is stopped) that causes some movement. AEDs can recognize this extra motion and indicate, "motion detected" to the operator. This warns the operator to assess carefully for extra movements from the victim or other people at the scene.

Why should a lay rescuer continue CPR after the arrival of emergency medical services (EMS) professionals?

It's helpful to EMS professionals to be able to set up their equipment, including the defibrillator, while lay rescuers continue CPR. The EMTs will take over CPR and reconfirm that the victim is in cardiac arrest.

Why does it seem that the victim goes without CPR for so long during defibrillation, and why does an AED shock so many times?

After prescribed periods of CPR, the machine analyzes the victim's rhythm. The victim must remain motionless while the AED decides to shock and delivers the shock. Sometimes the victim doesn't change from VF to non-VF at once. These victims require multiple shocks. If repeated shocks are needed, the shocks are "stacked" in sets of three to increase their effectiveness.

Besides using an AED, how else might a lay rescuer help at the scene of a sudden cardiac arrest?

Lay rescuers are most often asked to call 911 and get the AED. The lay rescuer can assemble the pocket face mask and begin providing mouth-to-mask ventilations. Responders might provide CPR or continue defibrillation if a workplace defibrillator is used. Support and direction to bystanders, friends, and family are appropriate. When EMS personnel arrive, the lay rescuer can provide directions and help get information about the patient.

What actions should a CPR responder take after using an AED on a person in cardiac arrest?

There should be some type of debriefing for EMS personnel or lay rescuers involved in a resuscitation attempt. Also, the voice-rhythm-shock record should be collected from the AED's event documentation system. The AHA strongly recommends that AEDs used in a public access or home-responder setting have both rhythm and voice event documentation. AEDs can record and store (as a minimum) the following information:

- Patient rhythm throughout the resuscitation.
- Response of the AED (shock versus no shock; shockable rhythm versus non-shockable rhythm).
- Event and interval timing.
- Audio recording of the voices and actions recorded at the scene of a cardiac arrest.

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.

California Statutes Pertaining to Automated External Defibrillators
Effective January 1, 2006

Health and Safety Code
Division 2.5

I. Section 1797.190.

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

II. Section 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.

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.

Health and Safety Code Division 103

III. Section 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.

(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 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.

California Civil Code Division 3

III. Section 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.

Section 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.