



Automatic External Defibrillators (AED's)

ALL ABOUT AEDs

About AEDs

AED stands for *Automatic external defibrillator*. A defibrillator is a medical device that delivers an electric shock to a patient's chest which in turn passes through the heart. This is done to terminate lethal cardiac rhythms and cause the heart to resume normal pumping activity.

AEDs are called Automatic because they take the decision to deliver a shock out of the hands of rescuers and place it in an internal computer chip. Audible prompts tell the rescuer what to do, from attaching electrodes to the patient's chest to pushing a button to deliver a shock.

AEDs have been commercially available for the past ten years. Early units were large and expensive and hampered by regulatory issues. Designed for use by hospitals and ambulances, these devices never entered the public market.

In the early 90s things began to change. Manufacturers debuted the first new generation AEDs--ones that were light, inexpensive and easy for properly trained laypersons to use.

Today's AED can weigh as little as 4 pounds and are as portable as they are Automatic.

This is all good news for cardiac arrest victims! With proper training you can learn to use these simple devices and really make a difference. Visit the [PADL.ORG Approved Trainer Directory](http://PADL.ORG) to locate quality defibrillator training in your area.

WHO NEEDS AEDS?

Sudden Cardiac Arrest - Who's at Risk?

Many people have the mistaken perception that sudden cardiac arrest (SCA) is only a problem for male senior citizens. The reality is that SCA strikes both men and women, and although the average age of victims is 65, many victims are much younger with documented victims in their teens, twenties, thirties and forties.

In 1995, world-class figure skater Sergei Grinkov finished a practice routine, complained of dizziness, and collapsed. Within one hour, despite extensive resuscitation efforts, the apparently healthy 28-year-old skater died, a victim of SCA.

Each year, 350,000 people die from SCA in the United States. Sudden cardiac arrest can strike any part of the population at any time -- adults, adolescents, and children; sedentary people and athletes; and both apparently healthy people and people with known heart conditions.

Not Dependent on Risk Factors

Because predicting heart attacks depends on well-known risk factors, it is worrisome to realize that predicting SCA is not so easy. (Only 30% of SCA's occur as the result of a heart attack.)

Caused by Malfunctioning Electrical System

Most SCA's are caused by a disturbance in the heart's electrical system.

It is common knowledge that when electricity touches muscle it contracts. As an organ made primarily of muscle, the heart is no different--in fact, electrical impulses are responsible for telling the heart when and how quickly to contract, thus sending blood throughout our bodies. When this system malfunctions, lethal cardiac rhythms can occur.

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Ventricular Fibrillation

The most common electrical disturbance leading to an SCA is ventricular fibrillation, which causes the heart to quite pumping effectively and to quiver chaotically instead.

It is possible for an otherwise healthy individual to experience this disturbance in the heart's electrical system. Recent well-known victims have included accomplished athletes such as basketball player Hank Gathers of Loyola Marymount University.

A Wide-Spread Health Crisis

It is because SCA is so prevalent that PADL.ORG's mission is so urgent. Predicting exactly who will have a sudden cardiac arrest is not the issue--being prepared is! The placement of AEDs along with responsible training will save lives. Join PADL.ORG today and help us get the word out!

Importance of Training

AEDs are user-friendly devices that are intuitive in their operation. Everyone from high-school students and security guards to elderly relatives of heart disease patients has been successfully trained in the use of these devices.

AED training takes approximately 3 to 4 hours. This allows enough time for a full CPR course and ample hands-on practice with different rescue scenarios.

PADL does not support the method of giving a brief overview of the AED's use with a video for the student to watch later.

Properly performed CPR is an integral part in the chain of survival for the sudden cardiac arrest victim. Assessment and treatment skills, such as determining unresponsiveness, checking for breathing and a pulse, protecting the airway, and dialing 911 (or other local emergency numbers) are all actions that rescuers must perform proficiently in order to give the patient the best chance of survival. These skills must be covered in all responsible AED training.

Choosing a Training Company

For quality AED training, go the PADL.ORG Approved Trainer Directory.

When choosing a PADL.ORG Approved Trainer, you are assured of the following:

- Nationally accepted training certificates.
- Physician medical direction.
- Experienced instructors with medical backgrounds.

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Automatic External Defibrillators (AED's)

Important Questions

What is defibrillation?

Defibrillation is the therapeutic delivery of an electric current to a patient's chest wall that in turn passes through the heart, hopefully terminating lethal heart rhythms and causing the heart to resume normal pumping activity.

Can I hurt a patient with defibrillation?

The sudden cardiac arrest victim will die without rapid intervention. Used properly, the AED can only help.

What if the device fails to work?

If you properly maintain your device, a malfunction is highly unlikely. However, if the device should fail to work, do CPR until help arrives and contact the device manufacturer as soon as possible after the event.

What is sudden cardiac arrest?

This is a condition where the heart stops beating suddenly and unexpectedly. Usually caused by a disturbance in the heart's electrical system called ventricular fibrillation, the only definitive treatment is to render rapid defibrillation.

What is ventricular fibrillation?

The most common lethal rhythm leading to a sudden cardiac arrest, ventricular fibrillation causes the lower portion of the heart (the ventricles) to quiver uncontrollably. The heart cannot pump blood, and death quickly follows unless CPR and rapid defibrillation occurs.

Who is at risk for sudden cardiac arrest?

Sudden cardiac arrest is by nature unpredictable and can strike anyone at anytime. It is for this reason that the issue of public access defibrillation is so urgent--we are all at risk for this life threatening condition.

What is the difference between a heart attack and sudden cardiac arrest?

Heart Attack:

- 1. A heart attack is due to a mechanical event--generally an obstruction of a coronary artery that leads to restricted blood flow to the heart. The portion of the heart deprived of blood (and its life-giving oxygen) begins to die.**
- 2. Heart attack victims generally have warning signs, which may include pain or tightness in the chest, shortness of breath, nausea, vomiting, and profuse sweating. Depending on the severity of the attack (based on the location and extent of the heart muscle involved) the patient may be conscious or unconscious.
A heart attack may lead to sudden cardiac arrest, in which case CPR and rapid defibrillation is necessary. (Call 911 immediately for anyone experiencing warning signs of a heart attack. Do not leave them alone or allow them to exert themselves while waiting for help to arrive.)**

Sudden Cardiac Arrest:

- 1. A sudden cardiac arrest is due to an electrical event--the disturbance of the heart's normal beating action. This occurs suddenly and without warning, completely and instantly shutting off all blood flow throughout the body.**
- 2. A sudden cardiac arrest can occur in those without previous heart disease; in young and healthy individuals; in just about anyone. The most common cardiac rhythm causing sudden cardiac arrest is ventricular fibrillation. The only treatment for this rhythm is rapid defibrillation; something that can be provided by those properly trained in the use of an AED.**

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Doesn't CPR save lives. Why is defibrillation needed?

No, in most cases CPR isn't enough to revive sudden cardiac arrest victims. CPR maintains a minimal blood flow and can bridge the time until defibrillation occurs. According to the American Heart Association the definitive treatment for sudden cardiac arrest is defibrillation, which explains why only three percent nationwide survive a sudden cardiac arrest when given CPR without rapid defibrillation.

Why can't we just for 911 to arrive?

Emergency medical rescuers do a fantastic job and are true heroes in every sense of the word. But it is physically impossible in the majority of cases to arrive at the sides of sudden cardiac arrest victims quickly enough to render rapid, lifesaving defibrillation. The reason is this: for every minute that passes after a sudden cardiac arrest, the chance for survival drops by 10%. The average time it takes for 911 to arrive is 10-12 minutes. After doing the math it's easy to see why public access defibrillation will help save the lives of many sudden cardiac arrest victims.

Will all cardiac arrest victims survive if they are rapidly defibrillated?

No. Survival rates for sudden cardiac arrest depend on many factors, and survival is never guaranteed. Things like past medical history, the patient's age, the length of time before CPR was started, and other factors directly impact survival. Even so, rapid defibrillation gives the sudden cardiac arrest victim the best chance for survival.

AEDs save lives but what about the liability issues?

Good starting point when discussing liability issues and AED technology is the fact that the sudden cardiac arrest victim is dead unless rapid CPR and defibrillation successfully resuscitates them. CPR is performed thousands of times a year with a nationwide success rate of 3 percent; yet no one has ever been sued for performing CPR. AEDs raise the sudden cardiac arrest victim's chances of survival to as high as 40 percent. The use of these devices doesn't guarantee survival, but gives a chance where close to none previously existed. To withhold the use of an AED because of an unfounded fear of liability is to issue death warrants to thousands of Americans each year. In fact, medico-legal experts foresee a time in the near future when not having an AED program may bring lawsuits against businesses; this has already occurred to Busch Gardens Amusement Park and Lufthansa Airlines. A good article addressing the liability concerns of businesses is [Defibrillators Enter the Business Marketplace by Richard A. Lazar](#). We recommend you read this article and print it out to educate others. PADL.ORG has been instrumental in passing AED-friendly legislation, and in fact most states now have laws protecting the lay rescuer from liability when using an AED. Click here to see your state's current AED legislation.

What can businesses do to reduce liability issues?

There are several things that can reduce risk and insure your AED program will run smoothly. Comply with your state's AED laws, which in general require the following:

- 1. Implement a responsible training and retraining plan. [Using PADL.ORG approved training](#) can help you do this.**
- 2. Obtain physician oversight for your AED program.**
- 3. Maintain up-to-date device maintenance and training records.**
- 4. Let all employees know about the AED, where it is located, and how to call for on-site emergency help, as well as the importance of immediately calling 911 (or other local emergency numbers).**

What is medical direction?

Medical direction is a concept endorsed by the American Heart Association and most medical experts. Put simply, it is physician involvement in lay AED programs. Most state laws require some form of medical direction, however PADL.ORG strongly recommends that all AED programs come under the auspices of a physician--preferably one with the knowledge and experience necessary to help administer AED programs (such as an emergency room physician or cardiologist). Medical direction is one way for businesses and individuals to reduce liability from their AED program.

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How long does AED training generally take?

Most responsible training companies take from 3 ½ to 4 hours to teach lay persons to use the AED. The American Heart Association recommends a 3 ½ course, recognizing that full CPR training is needed to properly prepare students to use the AED.

What should I look for in an AED training company?

Choose a [PADL.ORG Approved Trainer](http://www.padl.org) for the best AED training. When interviewing training companies the following are important questions to consider:

- **How long have they been doing training**
- **Is full CPR training a part of the AED course Even those who have taken CPR in the past need to learn how to integrate CPR with AED use.**
- **Is the training hands-on with ample scenarios and opportunities for students to practice their skills**
- **Do they have experience administering AED training Check references, calling to see what other businesses say about the training. Do they issue nationally recognized training certificates**
- **Are training costs reasonable and in line with industry averages**
- **Does the training company offer ongoing support and guarantees for services rendered**
- **Does the training company provide medical direction, or let you know how to obtain this**

[PADL.ORG AED Trainer Directory](#)

Alabama

ExtendLife Training Systems

Contact Name: Bill C. Carter

Contact E-mail: training@extendlife.net

Contact Website: <http://www.extendlife.net>

City: Chattanooga

Address: P.O. Box 80004

Zip: 37414-7004

Phone: (423) 698-4900

Fax: (423) 698-5999

Arizona

PAR Educational Systems LLC

Contact Name: Philip Rogel

Contact E-mail: paredu@qwest.net

Contact Website: <http://www.aeds.net>

City: Peoria

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AED Networks

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Phone: (480) 998-5193
Fax: (480) 844-0049

California

Airway First

Contact Name: Cherry Cardwell
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Phone: 1-800-KNOW-AED

Cardio Alert

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Zip: 92399
Phone: (888) 31-ALERT
Fax: (909) 797-9578

Compliance Training Services (Agilent Distributor)

Contact Name: Bill Taylor
Contact E-mail: idlh@aol.com
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Zip: 93003
Phone: (805) 236-2372
Fax: (805) 644-2519

Colorado

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A1A Training

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Georgia

ExtendLife Training Systems

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Emergency Training Inc.

Contact Name: Tyler Anderson
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Phone: (404) 423-9908

Iowa

Heartlink

Contact Name: Barry Groos
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City: Ames
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Massachusetts

Emergency Response Training Associates

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Contact Website: <http://emergencyresponsetraining.com>
City: Winchester
Address: P.O. Box 940
Zip: 01890
Phone: (978) 640-1681
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Partners In EMS

Contact Name: David B. Green
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Phone: (978) 475-9156
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Michigan

Heart Aed

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Zip: 48355
Phone: (866) 554-3278
Fax: (810) 885-4577

Nevada

Airway First

Contact Name: Cherry Cardwell
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Phone: 1-800-KNOW-AED

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New Mexico

Golden Hour Training Consultants

Contact Name: Faith Harper
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Contact Website: <http://hometown.aol.com.cprinsa>
Phone: (210) 946-7676

New York

B & G Nurses Registry, Inc. - Community Training Center

Contact Name: Virginia Courtney Or Jean Bagley
Contact E-mail: bged2@aol.com
Contact Website: <http://www.bgnursesregistry.com>
City: Brooklyn
Address: 2520 Flatbush Avenue
Zip: 11234
Phone: (718) 692-2121 Ext. 117
Fax: (718) 692-3266

North Carolina

CPR Consultants, Inc.

Contact Name: Susan M. Safran, RN, MSN
Contact E-mail: ssafran@mindspring.com
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Zip: 27609
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Oregon

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ExtendLife Training Systems

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Health & Safety Solutions

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Texas

Golden Hour Training Consultants

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Phone: (210) 946-7676

Vermont

Our Safe Staff, Inc

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Automatic External Defibrillators (AED's)

State Laws on Heart Attacks & Defibrillators

Encouraging community access and use

Updated: July 11, 2003

Each year, more than 250,000 Americans die from sudden cardiac arrest. According to medical experts, the key to survival is timely initiation of a "chain of survival", including CPR (cardiopulmonary resuscitation). Because of recent technological advances there is now a portable lifesaving device, called an "**Automatic external defibrillator**" or "**AED**." Trained non-medical personnel can use these simplified electronic machines to treat a person in cardiac arrest. The AED device "guides the user through the process by audible or visual prompts without requiring any discretion or judgment."¹ The American Heart Association notes that at least 20,000 lives could be saved annually by prompt use of AEDs. Ultimately, with broad deployment of AEDs among trained responders, as many as 50,000 deaths due to sudden cardiac arrest could be prevented each year.

Advocates of this approach envision placement of AEDs in public buildings, transportation centers and even large offices and apartment buildings.

Legislators have become actively involved with this issue, mostly in the past four years. Most commonly, the recent laws encourage broader availability, rather than creating new regulatory restrictions. Most of the bills enacted in the last three years included one or more provisions to:



Automatic external defibrillator

- Establish legislative intent that an "automatic external defibrillator may be used by any person for the purpose of saving the life of another person in cardiac arrest."
- Encourage or require training in the use of AED devices by potential users.
- Require AED devices to be maintained and tested to manufacturer's standards.
- Create a registry of the location of all such defibrillators, or notification of a local emergency medical authority.
- Allow a "Good Samaritan" exemption from liability for any individual who renders emergency treatment with a defibrillator.
- Authorize a state agency to establish more detailed requirements for training and registration.

Florida was the first state to enact such a broad public access law in April 1997 (Chapter 34 of 1997). As of mid-2001, **all fifty states**, listed below, had enacted defibrillator laws or adopted regulations.

In 2001, Maine became the 50th state in June. Also, this year several states, including Alabama, Connecticut, Florida, Georgia and Oregon passed additional laws clarifying or expanding on earlier language.

In 2002 Arizona, California, New Hampshire and New York enacted legislation, all amending existing provisions concerning the regulation of Automatic external defibrillators.

- **Arizona** enacted a measure that will require any state building constructed or renovated at a cost of at least

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\$250,000 to be equipped with Automatic external defibrillators. SB1070 requires that the Joint Legislative Budget Committee and the Governor's Office of Strategic Planning and Budgeting should include funding for the placement of Automatic external defibrillators in capital budgets for new state buildings each fiscal year. The provisions in the act become effective after June 30, 2003.

- **New York** legislators enacted new requirements for public school facilities with more than 1000 persons to provide and maintain on-site AED equipment. Assembly Bill 8779, requires that all school sponsored activities have at least one staff person who has been trained in the use of the device present.

In **2003**, **Utah** updated its AED law by establishing a statewide registry; while **Virginia** updated AED laws by deleting the requirement for registration..

Congress Acts on AEDs:

In May 2002, Congress incorporated the Community Access to Emergency Devices Act (Community AED Act) into [H.R. 3448](#) (sections 159, 312 and 313) of the Public Health Security and Bioterrorism Response Act. The provisions authorize \$30 million in federal grants in year one of the five-year measure. The grants, to be made available to applying states and localities, would be used for the purchase and placement of Automatic external defibrillators (AEDs) in public places where cardiac arrests are likely to occur. Grant funds would also be used to train first responders to administer immediate life-saving care, including AED use and cardiopulmonary resuscitation (CPR). The bill also encourages private companies to purchase AEDs and to train employees in CPR and emergency defibrillation. The President signed the bill on June 12, 2002 as Public Law 107-188.

Note that law citations in color are links directly to bill text or summaries on state legislative web sites.

State	Law /Year/Sponsor	Codes	Comments
AK	H 395 of 1998 Rep. Bunde	A / L	(Signed 5/14/98)
AL	S 5 + S 351	A / L	Use plus \$3 million funding (Enacted 6/9/99)
AL	SB 373 (1998)	\$	<i>Appropriation: \$3 million for purchase of AED</i>
AL	H 325 of 2001	\$	<i>Appropriates \$300,000 for AEDs (Signed</i>

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AR	Act 101 of '99 HB 1006 (1999) Rep. Lavery	A / L	Signed by Governor 2/18/99
AZ	SB 1070 of 2002	\$	Will require any state building constructed or renovated at a cost of at least \$250,000 to be equipped with Automatic external defibrillators. Requires future budgets to include funding.
AZ	HB 2475 of 1999	A / L	Signed by Governor 5/12/99 as Chapter 217 of 1999
CA	Statute: Health & Safety Code 1797.190. http://www.leginfo.ca.gov/ SB 911 of 1999 AB 2041 of 2002	A L L	"Only those individuals who meet the training and competency standards established by the authority shall be approved for, and issued a prescription authorizing them to use AED." SB 911 - added exemption from liability. AB 2041 changes liability provisions.
CO	HB 1283 of 1999 by Rep. Spence	A / L	"Expected AED users receive training... through a course approved by the department of public health and environment" (signed 4/16/99)
CT	S 318 of 1998 Rep. Flaherty H 5650 of 2000	A / L A	User must be trained (signed 5/19/98) H 5650 allows paramedics to use AEDs (signed 5/3/2000)
CT	H 7505 of 2001 (in § 37)	A	Trained emergency personnel "shall not be subject to additional requirements" (signed 7/2/01)
DE	H.332 of 1999 Rep. Ennis H.430 of 2000	A	Requires the Office of Emergency Medical Services to coordinate a statewide effort to promote and implement widespread use of

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Automatic External Defibrillators (AED's)

			semi-automatic external defibrillators (SAEDs) and to maintain a minimum number of individuals trained to use SAEDs. [see note #3]
DE	FY'02 Budget FY'03 Budget	\$	The state allocated \$752,000 for 2001 and \$375,000 for 2002 to buy defibrillators at a cost of \$2,500 to \$3,500 each as part of the <i>First State, First Shock!</i> Public Access Defibrillation Program. For FY'03 an additional \$141,400 has been allocated from tobacco settlement funds. Schools, businesses and other public places must apply to the state Emergency Medical Services office, which determines how many defibrillators are needed based on the number of athletic programs or people congregating at a particular location. [article]
FL	H. 411 of 1997	A / L	Use by any person who has had appropriate training; must complete basic AED course; must activate emergency medical services system upon use. (Signed 4/97 as Ch 34 of 1997)
FL	H. 1429 of 2001 Rep. Byrd	L	Expands immunity from civil liability for any person who uses or attempts to use an AED on a victim of a "perceived medical emergency."
GA	S. 566 of 1998 Sen. Hill	A / L	Use by "any appropriately trained person"; owners must be subject to direct supervision of a physician. (Signed 4/6/98)
GA	S. 51 of 2001 Sen. Thomas	A / L	Updates standards for training and use; provides definitions for immunity from civil liability. (Signed 4/26/01)
HI	H.2598 of 1998 Rep. Kawakami	A / L	User who completes training by physician is immune from civil liability. (Signed 7/14/98)

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IA	Reg.: Public Health 641-132.1(147A)	A / L	(Public Health administrative regulation)
ID	S 1185 of 1999 Sen. Jack Riggs	A / L	Chapter 351 of 1999; effective 3/25/99
IL	Public Act 90-746 HB 1217 (1998) Public Act 91-524 SB 458 (1999). HB 43 (2003)	A / L \$	- SB 458 expands AED - Signed 8/13/1999 Requires each fitness facility, including those in schools, to have on its premises at least one Automatic external defibrillator (AED) and a trained AED user (passed 6/25/03; sent to Gov.)
IN	S. 171 (1998) Sen. Adams	A / L	(IC 16-31-6.5) Owners shall ensure that "expected users" complete a training course.
KS	SB 535 (signed 5/98) Senator Steineger	A / L	(K.S.A. 1997 Supp. 65-6144, §19) AED "may be used by any person who has ...obtained training and demonstrated proficiency in use..."
KY	HB49 (signed 2/2000) Rep. J. Coleman	A / L	
LA	S 100 Senator Hines (Signed 7/2/99)	A / L	(R.S. 40:1236.11)
ME	LD1432 Rep. Bumps	A	(Signed by Governor, 6/6/01)
MD	S. 294 Rep. Hollinger (enacted 4/27/99)	A / L	Adds MD Education Code §13-517 - Requires facilities to have a certificate before making AEDs available; users should have training and authorization before use; requires reports and records.

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MA	S 2164 (chapter 137) signed 1998 Sen. Morrissey Chapter 142 of 1999	A / L L	Any person trained in AED or basic cardiac life support is immune from civil liability 1999 law adds definition of AED Provider
MI	H.4420 Rep. Gerald Law (signed 11/15/99)	A / L	Extends MI §691.1504, the Good Samaritan law on CPR, to include immunity for AED use. Effective date 11/16/99. See staff analysis.
MN	S.2861 (1998, Chapter 329) S 3345 of 1998	A / L §	Non-professional user is exempt from civil liability. Appropriates \$450,000 for distribution to law enforcement.
MS	H 954 (signed 3/30/99)	A / L	Appropriate training "required"; A Mississippi licensed physician must exercise medical control authority.
MO	HB 1668 Rep. Hosmer (signed 6/18/98)	A / L	Use by emergency personnel or any person who has completed a course certified by the American Red Cross or American Heart Association that includes CPR.
MT	H 126 of 1999 (enacted 4/19/99)	A / L	
NE	L 498 of 1999 (enacted 3/30/99) Senator Wickersham	A / L	
NH	S. 67 of 1999 S 386 of 2002	A / L A	(signed 7/16/99) S 386 establishes an AED registry and requires all commercial owners to register their devices with the department within 30 days of acquisition, effective July 2002.

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Automatic External Defibrillators (AED's)

NJ	Chapter 34 of 1999, was A 2321 (signed 3/8/99)	A	A person shall not use a defibrillator unless trained.
NM	S. 1a of 2002 (became law by veto override 5/24/02)	\$	Appropriates \$100,000 for automatic external defibrillators in state buildings, from the tobacco settlement program fund.
NM	H. 375 (enacted 4/1/99)	A / L	
NV	AB 147; Ch. 474 of 1997 AB 409 of 1999 (enacted 5/20/99)	A / L	(§7 of AB 409) Use is allowed by "any person who has successfully completed the training requirements." Encourages employers to hire a person trained in CPR and AED use.
NY	A 8779 of 2002	\$	Requirements for public school facilities with more than 1000 persons to provide and maintain on-site AED equipment. Also requires that all school sponsored activities have at least one AED trained staff person present.
NY	S 5477 of 1998 [Public Health, Art 30, sec 3000-a;-b] Sen. Goodman	A / L	Only a person who has completed training in CPR & AED operation may use. Authorizes possession & use after obtaining written agreement w/ emergency health care provider. (signed 8/5/98)
NC	S1269 [text] Sen. Warren (signed 7/14/2000)	A / L	Provides immunity for AED users, as well as trainers, owners and physicians who write prescription for AED purchase. (effective date 10/1/2000)
ND	H 1242 (enacted 3/25/99)	A / L	Requires notification of Dept. of Health of location of AEDs. See agency description of Chapter 300 of 1999
OH	HB 717 of 1998 (signed 12/17/98)	A / L	Effective 12/98

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OK	HB 1190 of 1999 by Rep. Stanley (enacted 4/26/99)	A / L	
OR	S. 313 (signed 6/4/99)	A / L	States use of AED is "medical care"
OR	SJR 32 of 2001 Sen. Nelson	\$	<i>Urges agencies to place AEDs in state buildings, public places, and local government sites. Does not provide funds. (passed Senate and House, 4/2001)</i>
PA	HB 4 of 2001	\$	Established a one-time program to assist school entities to acquire AEDs. The funds were appropriated by the General Assembly and after a bidding process the statewide contract for two AEDs per school district was awarded - each school district was offered two free AEDs and each intermediate unit and area vocational-technical school was offered one free AED. In addition, AEDs are made available to other school entities including non-public, private, charter and independent schools that meet program requirements. PA program details online
PA	H.1897 of 1998 (signed 12/15/98)	A / L	§11 of bill provides AED civil immunity
RI	S.2239 of 1998 & S.920 of 1999 H.7336 of 2000 RI §23-6.2-2 Sen. Polisena Sen. Kelly Rep. Fox	- \$	<i>S.239 mandates distribution of AED devices to every city, town and public college in R.I. Allows use by state police.</i> <i>S.920 funds 35 AEDs to State Police. (signed 6/29/99)</i> <i>H.7336 requires AED placement in every city, town, college campus and judicial office. (signed 7/13/2000)</i>

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SC	S. 728 of 1999 Enacted 6/1/99	A / L	
SD	S.83 of 2000 Sen. Hainje	A / L	Requires a physician to authorize in writing placement, training and maintenance; users also must activate emergency services. (Signed by the Governor, 2/25/2000)
TN	H.2970; Ch. 963 of 1998 (signed 5/11/98) Rep. Halteman-Harwel H.1218 of 1999	A / L	Expected users shall complete AED course; maintain & test device; users also must activate emergency services.
TX	H.580 of 1999 Rep. Kyle Janek	A / L	(Enacted 6/19/99)
UT	H.B. 98 of 1998 Rep.Valentine H.B. 50 of 1999 Rep. Siddoway S.B. 86 of 2000 Sen.Valentine S.B. 95 of 2003 Sen. Valentine	A L L	Allows use by trained persons w/o a license. H.B. 50, now Chapter 285 of 1999, expands Good Samaritan liability exemption S.B. 86, liability exemption extended to laypersons S.B. 95 establishes a statewide database for the collection and distribution of information regarding the location of commercially owned fully Automatic external defibrillators, including mandatory registration.
VA	HB2097 of 1999 HB1049 of 2000 HB 1860 of 2003 Del. O'Bannon	A / L L A / L	HB 1049 clarifies and expands immunity (signed by Governor as Chapter 928, effective date: 7/1/2000) HB 1860 further defines immunity, and lifts restrictions on public use, eliminates the requirement for registration of Automatic external defibrillators. Effective 4/3/03.
VT	S 283 of 2000	A / L	Prohibits any person from operating an AED unless the person has successfully

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	Senator Illuzzi		completed a training course in the operation of the AED. Users providing emergency care will not be liable for civil damages. (signed 5/17/2000, effective 7/1/2000)
WA	H2998 of 1998 Rep. Sheahan	A / L	Owners shall ensure "expected users" complete a training course.
WI	AB 239 of 1999 AB 521 of 2000 Senator Johnsrud	A / L	AB 239 (signed 7/28/99) AB 521 - redefines first responders and clarifies required training (signed 4/13/2000; effective date 11/2000)
WV	H.2269 (enacted 4/1/99)	A	
WY	H. 178 (3/3/99) Rep. Diercks	A / L	Any person acquiring an AED required to ensure that "expected defibrillator users" receive training"

FEDERAL ACTION:

Congress Acts on AEDs: In May 2002, both houses of Congress incorporated the Community Access to Emergency Devices Act (Community AED Act) into [H.R. 3448](#) (sections 159, 312 and 313) of the Public Health Security and Bioterrorism Response Act. The President signed the bill on June 12, 2002 as Public Law 107-188. The provisions authorize \$30 million in federal grants in year one of the five-year measure. The grants, to be made available to applying states and localities, would be used for the purchase and placement of Automatic external defibrillators (AEDs) in public places where cardiac arrests are likely to occur. Grant funds would also be used to train first responders to administer immediate life-saving care, including AED use and cardiopulmonary resuscitation (CPR). The bill also encourages private companies to purchase AEDs and to train employees in CPR and emergency defibrillation.

On November 13, 2000 President Clinton signed the federal "Cardiac Arrest Survival Act", in [H.R.2498](#), now Public Law 106-505, regarding the placement of AEDs in federal buildings and providing civil immunity for authorized users. If a Good Samaritan, building owner, or renter acts in good faith to purchase or use an AED to save a life, this law will provide protection from unfair lawsuits. It appropriates \$25,000,000 for fiscal years 2001 through 2003 for local grants to purchase AEDs. The federal bill does not preempt state laws on immunity. Many of the 49 states with existing laws cover additional issues not addressed in this bill. U.S. Rep. Cliff Stearns (R-FL) and 132 cosponsors sponsored H.R. 2498.

On April 24, 1998 President Clinton signed [Public Law 105-170](#), the Aviation Medical Assistance Act, relating to defibrillators on airplanes. It declares that air carriers and individuals "shall not be liable for damages" in attempting to obtain or provide assistance. It directs the FAA Administrator to "evaluate regulations" and decide on future required use of AEDs on passenger aircraft and in airports.

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RELATED WEB RESOURCES:

[Ordinary People Save Lives with Defibrillators](#) - by Cheryl Runyon, NCSL

[Public Access to Defibrillators](#) | [Adobe Version](#) - NCSL LegisBrief, October 2002 [members only-password required]

[American Heart Association](#) - details on emergency cardiac care and AEDs.

[American Red Cross - AED web information](#)

[Public Access Defibrillation League](#) (PADL) - more resources and information on state programs.

[Center for Early Defibrillation](#) at www.early-defib.org has a list of state laws, with additional details.

[Chain of Survival web site](#) - sponsored by Agilent Technologies and Laerdal Medical Corporation.

[MERGInet](#) - Medical, Emergency, Rescue and Global Information Network.

["Shocks to Save Lives"](#) - NCSL *State Legislatures Magazine* article, October-November, 1999 by Richard Cauchi, Health Care Program.

[Details on cardiac arrest, defibrillation and CPR](#), on-line facts courtesy of the Washington State legislative staff. ²

[Defibrillators put in most public schools](#) - news story, Delaware News Journal, July 11, 2002

[U.S. Congressman Cliff Stearns news release](#) on passage of federal defibrillator law - Nov, 2000.

[Emergency Medical Services](#) - legislation summary by NCSL, 2001.

Notes

1 - **CT**: Quote from summary of CT S 318 of 1998.

2 - **WA**: "Final Bill Report, SHB 2998: Synopsis as Enacted" Washington State Legislature.

3 - **DE**: The Delaware Health & Social Services, Division of Public Health, Office of Emergency Medical Services promulgated: "The Delaware Early Defibrillation Program Administrative Policy", Protocol revised 5/6/98. §9 Provider Training Program "shall be under the direction and supervision of the American Heart Association".

4 - The NCSL Health Policy Tracking Service also has published an issue brief titled "Automatic External Defibrillators" that has additional facts about recent bills. Copies are available to legislators, staff and subscribers via www.hpts.org

For a more detailed discussion of the medical and social implications of this issue see "Is It Time for Over-the-Counter Defibrillators?" by Mickey Eisenberg, M.D., and "The Shocking Truth about AEDs" by Jeremy Brown, M.D., both published in JAMA, September 20, 2000. The current price for an AED is approximately \$3000.

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Automatic External Defibrillators (AED's)



portable AED, 2003

Definitions - cardiac arrest or heart attack? Sudden cardiac arrest occurs when the heart fibrillates - a chaotic, abnormal electrical activity of the heart -- which causes the heart to quiver in an uncontrollable fashion. The person loses consciousness very quickly and unless the condition is reversed, death follows in a matter of minutes. Heart attack, on the other hand, occurs when the blood supply to part of the heart muscle itself is severely reduced or stopped because of an obstruction in an artery. A heart attack can trigger sudden cardiac arrest, but they are not the same things.

Mixing up the terms "heart attack" and "cardiac arrest" is quite common. In the media, reporters often misreport people dying from a "massive heart attack." Chances are, the reporter is actually referring to sudden cardiac arrest. Making the distinction is important because, while both heart attack and cardiac arrest are medical emergencies, a person suffering cardiac arrest literally has minutes to live and responding with an AED within those minutes will mean the difference between life and death for the victim. - *Source: American Heart Association, 1999*

Disclaimer: The descriptions of state laws provided in this memorandum are abbreviated for ease of use. Use the links or citations to full text of the laws for a more complete understanding of individual state's laws and procedures. NCSL is not responsible for interpretation or local application of these laws and regulations.

NCSL Contacts - for legislators and legislative staff:

[Dick Cauchi](#), Health Care Program-Denver, Colorado; [Kae Warnock](#), Legislative Management.

American Heart Association/American Stroke Association Contact:

Suzanne Smith, suzanne.smith@heart.org, AHA National Office, Dallas, TX - 214.706.1404

Visit this site again: www.ncsl.org/programs/health/aed.htm



[NCSL Health Menu](#)

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Automatic External Defibrillators (AED's)

Legislative News:

**AEDs now required in New York schools
Effective September 1, 2002
A8779-A**

May 8, 2002

New York has become the first state in the nation to require Automatic external defibrillators in schools.

According to the Long Island News Day, Senate Bill 6851, introduced by Senators John Kuhl, Jr., and James Lack, and Assembly Bill 10577, introduced by Assemblymen Harvey Weisenberg and Brian Higgins, identical bills, were signed into law on May 7th by Governor George Pataki.

The new law requires school districts, boards of cooperative educational services, county vocational education and extension boards and charter schools to keep at least one functional AED on their premises. It also requires that an AED must be available at school-sponsored athletic events, whether on campus or off site. The act takes effect on September 1, 2002.

For the text of the law click here, www.senate.state.ny.us, and then click on the "Bills/Laws" button on the navigation bar on the left-hand side. The bill number is A8779-A.

Community AED Act Becomes Law

June 17, 2002

The Community AED Act became official on June 12th, when President George Bush signed the Public Health Security and Bioterrorism Preparedness and Response Act into law. Access to defibrillation is addressed in sections 159, 331 and 332 of what is now Public Law 107-188. The law appropriates \$30 million in funding for Automatic External Defibrillation (AED) projects in 2003 and additional funding in 2004-2006 through grants to states and political subdivisions. Funds may be used to purchase AEDs, provide AED training, provide information and materials to communities served by AED programs, and further develop strategies to improve access to defibrillation.

To view the Community AED Act, go to <http://thomas.loc.gov> and search under bill number H.R. 3448.

NYSUT hails enactment of defibrillator legislation

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Automatic External Defibrillators (AED's)

May 30, 2002

ALBANY, N.Y. May 30, 2002 - New York State United Teachers today hailed the enactment of a new law - spurred by the work of a Port Jervis teacher - which requires school districts to place life-saving defibrillators in public schools and at scholastic sporting events.

"This law will clearly save lives," said NYSUT First Vice President Alan B. Lubin. "The governor and legislative leaders deserve the thanks of every New Yorker for recognizing that when a person - sometimes a young athlete - goes into sudden cardiac arrest, every second counts."

The Senate and Assembly approved the life-saving legislation, which requires defibrillators in all public schools and at all public school events, earlier this session but did not send it to the governor until late April. The bill became law earlier this month. It is effective September 1.

Lubin said NYSUT's strong backing of the defibrillator legislation is due largely to the efforts of Rachel Moyer, a fifth-grade teacher and NYSUT activist in Port Jervis who worked tirelessly to convince state leaders that Automatic External Defibrillators, as they are formally known, save lives.

Moyer lost her son, a 10th grade honor student, when he collapsed during a basketball game at a rural high school in December 2000. Without a defibrillator to restart his heart - and with the nearest hospital 25 miles away - young Gregory Moyer died. Rachel Moyer, along with the family of Louis Acompora, a Northport high school student who collapsed and died during a school lacrosse game in March 2000, were "relentless in showing us, and everyone who would listen, the critical need for defibrillators on school grounds," Lubin said.

Moyer has raised nearly \$200,000 through a fund established in her son's name to help fund the purchase of defibrillators. She led the fight in her home state of Pennsylvania to have similar legislation adopted there. And, she successfully lobbied Congress, which just last week appropriated \$4.8 million over a six-year period to place AEDs through public grants. Lubin said NYSUT would work with U.S. Sens. Chuck Schumer and Hillary Clinton to ensure that New York schools get a fair share of the federal grant money.

The American Heart Association estimates as many as 50,000 cardiac-related deaths could be prevented each year by having AEDs publicly accessible. Defibrillators read and analyze heart rhythms and will not allow a shock to be delivered unless medically necessary.

"Rachel Moyer has made it her personal crusade to ensure this kind of tragedy doesn't hit any other family," Lubin said.

"Passage of this law honors her and other NYSUT members who have fought to have life-saving equipment on school grounds."

To help facilitate implementation of the new law, Lubin said NYSUT would also work with the state Education Department and other state agencies to explore bulk purchases for school

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Automatic External Defibrillators (AED's)

districts. The briefcase-sized devices cost about \$3,000 each when purchased individually, but about half that when purchased in quantity.

"We'll do what we can to ensure that every public school district is able to obtain a defibrillator. They should be as common and as accessible as fire extinguishers," he said.

NYSUT, the largest union in New York State, represents 480,000 classroom teachers and other school employees, as well faculty and other professionals at the state's community colleges, State University of New York and City University of New York, and other education and health professionals. NYSUT is affiliated with the American Federation of Teachers, AFL-CIO.

New Federal Legislation Reinforces Need for Automatic Defibrillators in More Public Places to Fight Against Leading Killer

Congress Passes New Law Designed to Place AEDs in Federal Buildings Nationwide

REDMOND, Wash.--(BUSINESS WIRE)--Oct. 27, 2000-- Congress completed work today on legislation requiring federal action that is expected to accelerate the widespread use of Automatic external defibrillators (AEDs) in the battle against sudden cardiac arrest, one of the nation's leading killers. Cardiac arrest is a major health problem that claims about 225,000 lives each year.

Both houses of Congress have approved a conference committee's version that constitutes the nation's first legislation recognizing the life-saving role played by AEDs. The Cardiac Arrest Survival Act would require the Secretary of Health and Human Services to develop recommendations and guidelines for AED placement and use in federal buildings nationwide and in post offices and other buildings housing federal agencies. The new law also would augment existing state ``Good Samaritan" laws by providing federal liability protection for users and purchasers of AEDs. Most states already have Good Samaritan laws with liability protection for AED users.

If signed into law, the national measure would highlight the need for making AEDs, easy-to-use, portable life-saving devices, the ``standard of care" for emergency cardiac situations in public gathering places such as airports, shopping malls, stadiums, convention centers, schools and office buildings.

Sudden cardiac arrest can strike anyone, anywhere and at any time and is usually caused by ventricular fibrillation, an ineffective quivering of the heart muscle that makes it unable to pump blood throughout the body. Once blood stops circulating, victims quickly lose consciousness and will die within minutes if they don't receive effective treatment. Each day nearly 1,000

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Automatic External Defibrillators (AED's)

Americans suffer from sudden cardiac arrest -- usually away from a hospital. More than 95 percent of them die, in many cases, because life-saving defibrillators arrive on the scene too late, if at all.

Sen. Bill Frist, M.D., of Tennessee, a heart surgeon and leading co-sponsor of the new measure, hailed its passage as "a fundamental first step to assure that cardiac arrest is not a death sentence. Widespread placement of defibrillators in federal buildings will save lives, but communities still need to do more. We need to make portable, easy-to-use external defibrillators as readily available as first-aid supplies and fire extinguishers in all major public gathering places."

Survival rates from sudden cardiac arrest drop about 10 percent with each passing minute before defibrillation. As many as 50 percent of cardiac arrest victims could be resuscitated if they were defibrillated within seven minutes or less. Survival can be as high as 90 percent if a victim is defibrillated during the first minute after collapse. AEDs are about the size of a portable laptop computer and provide brief, but powerful, electrical stimulation to the person's chest, interrupting the ventricular fibrillation and helping to restore the heart's natural rhythm.

Richard O. Martin, president of Medtronic Physio-Control, the world's leading manufacturer of easy-to-use, portable heart defibrillators, said his organization is very pleased that Congress has passed the Cardiac Arrest Survival Act. "The landmark legislation signifies a major vote of confidence in AED therapy," said Martin. "Thousands will owe their lives to the congressional backers of this new law."

This legislation was co-sponsored by more than 130 legislators and was backed by a coalition of more than 30 health care organizations. Martin and Medtronic Physio-Control applauded the congressional leadership team of Sen. Slade Gorton of Washington; Rep. Cliff Stearns of Florida; Sen. Frist, and Sen. Jim Jeffords of Vermont for introducing the bill and ensuring its passage.

President Clinton first announced support for the new legislation in a radio address as part of a new set of measures that included installing defibrillators in federal buildings and airplanes, designed to save the lives of Americans who experience sudden cardiac arrest. AEDs: New Technology for Saving Lives in More Public Places.

More than 40,000 AEDs have been deployed in police cars, commercial airliners, airports, hotels and casinos, sports arenas, high schools, manufacturing plants and other public places. In hearings over the past two years, legislators heard dramatic testimony from cardiac arrest survivors and emergency service directors and viewed a casino surveillance video that showed the rescue of a victim using a Medtronic LIFEPAK® 500 Automatic external defibrillator. The new legislation also supports the American Heart Association's newly published guidelines that urge wider use of defibrillators and encourages communities to adopt a goal of reaching sudden cardiac arrest victims with an AED within five minutes.

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Automatic External Defibrillators (AED's)

Sen. Frist called attention to the efforts of such "heart-safe" cities as Houston, TX, and Bartlesville, OK, and urged that they be cited as models for the rest of the nation. To augment the cities' emergency response systems, AEDs are being deployed throughout these communities.

"Technology has advanced to the point where real people can make a significant difference," said Susan Martenson, R.N., C.E.N., vice president of Jane Phillips Medical Center, Bartlesville, and a cardiopulmonary resuscitation instructor for 32 years. Using funds received for participation in clinical research, Martenson and Dr. Patrick Tinker, cardiologist, have led Bartlesville's "Project Heart-Save," a community effort of their hospital that has trained more than 300 residents in the city of 35,000 to use AEDs. The program also has placed about 20 of the devices in buildings such as the hospital's wellness center, medical office clusters, the county courthouse, country club, YMCA, the senior nutrition center, a technical college and a shopping mall.

President Clinton Signs Cardiac Arrest Survival Act

November 16, 2000

President Clinton has signed into law the Cardiac Arrest Survival Act (HR 2498). The law directs placing Automatic External Defibrillators (AEDs) in federal buildings and provides nationwide Good Samaritan protection that exempts from liability anyone who renders emergency treatment with a defibrillator to save someone's life. Also signed into law is the Rural Access to Emergency Devices Act (SF 2528), which authorizes \$25 million in federal funds to help rural communities purchase AEDs and train lay rescuers.

AEDs are portable devices that deliver an electric shock to the heart to halt sudden cardiac arrest (SCA) -- the onset of chaotic and unproductive heart activity -- and restore a normal heart rhythm. Published studies have proven that defibrillation within the first few minutes of cardiac arrest can save up to 50 percent of victims. Today, only an estimated five percent of sudden cardiac arrest victims in the United States survive. Sudden cardiac arrest claims more than 350,000 lives outside the hospital in the United States annually.

At the direction of President Clinton, the Department of Health and Human Services has also developed guidelines for AED placement in federal facilities. These guidelines provide a template for federal agencies to establish AED programs. The guidelines will also be a valuable reference for other public and private organizations establishing AED programs.

"PADL applauds the federal government for taking this measure to protect citizens from sudden cardiac arrest," said Joe Kozina, cardiologist and PADL Co-Founder. "This is a significant step in the ongoing process to make AEDs as prevalent and accessible as other lifesaving emergency equipment, such as fire extinguishers."

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Automatic External Defibrillators (AED's)

PADL is a nonprofit educational organization dedicated to saving the lives of sudden cardiac arrest patients by promoting the use of AEDs. PADL's state of the art website is a resource for thousands of community-based defibrillation projects worldwide. Applauded by American Heart Association and American Red Cross officials, PADL receives over two million hits per month from those seeking information about this lifesaving movement. For more information, visit PADL's website at www.padl.org.

The Milwaukee Journal Sentinel

Bill protects defibrillator operators from lawsuits Legislation would apply to lay people trained to operate lifesaving device

May 13, 1999

by Dennis Chaptman

Lay people who are properly trained to use semiautomatic defibrillators would be protected from lawsuits as "good Samaritans" under legislation approved by the state Assembly on Wednesday.

The measure, passed on a voice vote, is part of an effort to make the lifesaving devices more prevalent as tools to combat cardiac arrest.

The portable devices first determine whether the heart is beating properly, and then are used to shock the heart back into a normal rhythm. They can be operated by attaching two electrodes to a person and pushing a button.

The bill, endorsed by the American Heart Association, gives protection from civil suits to those who are qualified to use the machines and are acting in good faith to revive victims of cardiac arrest.

"The machines are quite simple to use, and this will save a lot of lives," said Rep. DuWayne Johnsrud (R-Eastman), author of the legislation, which now goes to the Senate.

The protection would be extended to individuals who have taken training courses approved by the state Department of Health and Family Services. The bill also requires those who provide the defibrillators to notify the nearest emergency medical services program and to give information about the type of machine and its location.

In other action, Rep. Sarah Waukau (D-Antigo) was sworn in Wednesday to represent the 35th District. Last month, Waukau won a special election to replace former Rep. Thomas Ourada (R-Antigo), who resigned in January to take a job at the Department of Revenue.

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