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EMS Information Bulletin- #011

DATE: January 6, 2004

SUBJECT: Public Access Defibrillator Program Guidelines

TO: Emergency and Public Education Organizations

FROM: Emergency Medical Services Office
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The Emergency Medical Services Office (EMS Office) strongly supports the implementation of public access early defibrillation programs that include collaborative relationships with public and private entities, the regional emergency medical services councils, local EMS agencies and the PA Department of Health

The attached document was designed to provide a standardized guide for the lay rescuer, i.e. non-EMS responder, who wishes to establish a public access AED program.

If you have any questions concerning these guidelines, please contact Andrew Gilger at agilger@state.pa.us.

**PENNSYLVANIA'S
PUBLIC ACCESS AUTOMATED EXTERNAL
DEFIBRILLATOR GUIDELINES**

GOAL: To reduce mortality rates due to cardiac arrest through the implementation of a public access early defibrillation program which develops collaborative relationships with the regional emergency medical services (EMS) councils, local EMS agencies and the PA Department of Health (Department).

AUTHORITY: On December 15, 1998, the Commonwealth enacted a law (42 Pa.C.S. § 8331.2) (AED Good Samaritan Law) that provides civil immunity to lay individuals who use automated external defibrillators (AEDs) and meet certain minimal requirements. This law encourages but does not require lay individuals to secure training in the use of AEDs. However, it does require persons who acquire and maintain AEDs for individuals to use, to meet certain requirements to avoid civil liability, including ensuring that expected AED users receive appropriate training, maintaining and testing AEDs according to the manufacturer's guidelines, instructing expected users of AEDs how to immediately activate the EMS system, and securing and transferring appropriate patient data to EMS providers.

The Department does not regulate lay individuals who use AEDs or persons who acquire and maintain AEDs for use, unless the Department under the EMS Act or another statute otherwise regulates those persons. Nevertheless, pursuant to its responsibility under the EMS Act to guide and coordinate the development of EMS programs into a unified system (35 P.S. § 6924(a)), and recognizing the importance of early defibrillation to an effective EMS system, the Department has, through the EMS Office, drafted recommendations to guide public and private entities that may wish to deploy AEDs in the public, private, business or industrial setting.

BACKGROUND: Heart disease is the leading cause of death in Pennsylvania, resulting in 31 percent of all resident deaths in 2000. Sudden cardiac arrest is an often-fatal form of heart disease. For each minute that passes in cardiac arrest without return to a normal rhythm, a person's chance of survival drops 10 percent. Ventricular fibrillation, a frequent cause of sudden cardiac arrest, is a condition in which the heart's electrical activity becomes disordered. When this happens, the heart's lower (pumping) chambers contract in a rapid, unsynchronized way. (The ventricles "flutter" rather than beat.) The heart pumps little or no blood to the brain and other vital organs. Early cardiopulmonary resuscitation (CPR) and rapid defibrillation are the two major contributors to survival of adult victims of sudden cardiac arrest. Automatic external defibrillation is one of the most promising methods for achieving rapid defibrillation and potentially decreasing mortality due to sudden cardiac arrest.

Although public and private entities that distribute and maintain AEDs, including public safety agencies such as local businesses and police departments, are not under the jurisdiction of the Department, the Department strongly encourages them to form collaborative relationships with regional EMS councils and local EMS agencies that can assist them in meeting their responsibilities under the AED Good Samaritan Law, and ensuring that the use of AEDs in a community is INTEGRATED within the EMS system to achieve the best possible outcome for cardiac arrest victims.

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Mandatory Standards

The following responsibilities are imposed by the AED Good Samaritan Law upon a person not regulated under the EMS Act, who acquires and maintains an AED for the planned use by one or more individuals, as a condition for protection against civil liability if the AED is used:

- Ensure that the expected AED user or users receive training in the use of AEDs in a course provided by the American National Red Cross or the American Heart Association, or through an equivalent course of instruction approved by the Department.
- Maintain and test the AED according to the manufacturer's operational guidelines.
- Provide instruction requiring the user of the AED to utilize available means to immediately contact and activate the EMS system.
- Assure that appropriate data or information is made available to EMS personnel or other health care providers as requested.

To meet obligations with respect to the last two responsibilities, a person not regulated under the EMS Act who acquires and maintains an AED for use should contact the appropriate regional EMS council or local EMS agency.

A lay individual who receives the training, who uses an AED in good faith in an emergency, will not be liable for damages for harm done to the individual receiving the AED treatment, unless the harm is the result of acts or omissions by the individual in using the AED, that are intentionally designed to harm or constitute grossly negligent acts or omissions.

However, even a lay individual who does not receive the training, who uses an AED in good faith in an emergency, will not be liable under the AED Good Samaritan Law for damages or harm done to the individual receiving the AED treatment, unless the harm is caused by the AED user acting contrary to how a reasonably prudent individual would act under the same or similar circumstances.

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Recommended Standards

To best provide AED services and enhance the efficiency of the EMS system, the Department recommends that the following additional standards be satisfied by a person not regulated under the EMS Act who acquires and maintains an AED for use:

A. PERSONNEL RECOMMENDATIONS

- Secure the services of a qualified physician to prescribe equipment purchases.
- Secure the services of a qualified physician to oversee training activity and annual AED training exercises, and to review all AED uses.
- Ensure that expected AED users continue to secure training in AED use that meets or exceeds standards of the American Heart Association, the American
- Red Cross or a program recognized by the Department, as needed to keep appropriate skills and knowledge current.
- Require AED users to maintain CPR certification.

B. SPONSOR RECOMMENDATIONS:

- Ensure that expected AED users receive training pursuant to Section A.
- Ensure training on a regular basis to address turnover in usual responders, and for responders who wish to refresh their training.
- Ensure maintenance and testing of the AED according to manufacturer's operational guidelines.
- Ensure instruction requiring the user of the AED to utilize available means to immediately contact and activate the EMS systems.
- Assure that any appropriate data; e.g., if the event was witnessed, how long the patient was down prior to initiation of CPR and AED application, length of CPR, number of shocks advised/delivered and patient demographic information, is made available to EMS personnel or other health care providers as requested.
- Assure that the regional EMS council is notified of implementation of the AED program, and that data on usage of the AED is forwarded on a monthly basis to the regional EMS council as requested.
- Assure that local EMS providers and/or local 911 centers are notified of implementation of AED programs to assure integration into the existing EMS system.

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C. TRAINING RECOMMENDATIONS:

To avail themselves of Good Samaritan civil immunity, expected AED users should complete training in the use of an AED provided by the American Heart Association or the American Red Cross, or through an equivalent course of instruction approved by the Department.

D. OBSTRUCTION OF EMS SERVICES:

The AED Good Samaritan Law provides that any AED responder who obstructs or interferes with care being given by EMS or health care providers will not receive civil immunity protection under that law.

E. EXCEPTIONS:

An individual who lacks training set forth in Section C of these guidelines, but who has access to an AED and in good faith uses an AED in an emergency as an ordinary, reasonably prudent individual would do under the same or similar circumstances, is protected from civil damages under the AED Good Samaritan Law.

F. DEFINITIONS:

The following are definitions of terms often used in conjunction with emergency medical care.

Automatic external defibrillator (AED) is a computerized device that can recognize an abnormal heart rhythm that requires a shock. It then charges itself to deliver the electrical treatment through the same connections usually after the user is notified to push a button.

Basic cardiac life support (BCLS) is the first aid training for cardiac arrest and other causes where a person is unresponsive. This course always includes CPR training.

Cardiac arrest is the sudden, abrupt loss of heart function. Although there are many causes of unresponsiveness, the absence of breathing and a pulse indicates that cardiac arrest is present.

“Chain of survival” is a four-step process of providing treatment to victims of sudden cardiac arrest that consists of: 1) early access to care, 2) early CPR, 3) early defibrillation, and 4) early advanced care.

Cardiopulmonary resuscitation (CPR) is a means of using rescue breathing and chest compressions to maintain minimal respiratory and circulatory function in an emergency with the intent of preserving life until more definitive care is available.

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Defibrillation is an electric shock delivered to the heart to correct ventricular fibrillation by disrupting the abnormal electrical activity long enough for the heart to re-establish an effective rhythm by itself.

Emergency is a situation where an individual is believed to be in cardiac arrest, and in need of immediate medical attention to prevent death or serious injury.

First responder is anyone, layperson or medical personnel, who immediately assists a victim of cardiac arrest upon discovery.

Good faith includes a reasonable opinion that the immediacy of the situation is such that the use of an AED should not be postponed until emergency medical services personnel arrive or the person is hospitalized.

Ventricular fibrillation (VF) is a type of arrhythmia (abnormal heart beat) characterized by such a disorganized electrical activity that the main chambers (ventricles) of the heart are reduced to quivering and cannot effectively pump blood.

These recommendations are provided as guidelines for public access AEDs. The EMS office will not endorse or approve any device.