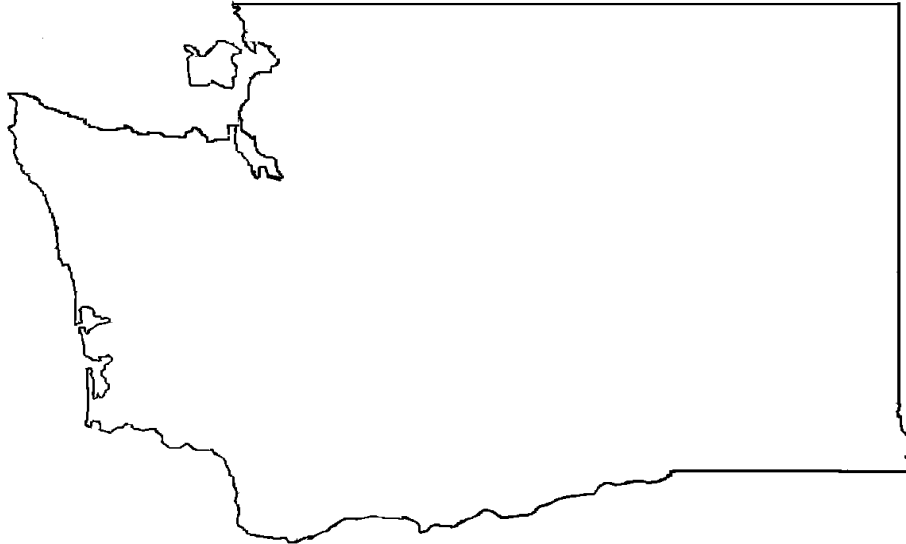


PUBLIC ACCESS DEFIBRILLATION



Information and Guidelines

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Office of Community Health Services

Mailing Address:

Post Office Box 47853
Olympia, WA 98504-7853
(360) 236-2840

Street Address:

243 Israel Road
Tumwater, WA 98501

PUBLIC ACCESS DEFIBRILLATION

ESTABLISHING PUBLIC ACCESS DEFIBRILLATION PROGRAMS IN WASHINGTON STATE

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Purpose

This guide assists organizations in establishing Public Access Defibrillation (PAD) programs. The purpose of this guide is to provide the acquirers and users of AEDs with the knowledge, skills and understanding of immunity requirements so that they may receive the most complete protection from civil liability available by law. As a result, AED users should feel confident and free from undue concern if called upon to deliver this potentially lifesaving treatment.

History

In March, 1998 the Washington State Legislature passed SHB 2998, an act relating to limited immunity for use of semiautomatic external defibrillators. This act requires a person or entity that uses a defibrillator to receive reasonable instruction in defibrillator use and CPR. Semiautomatic external defibrillators are now replaced by the current Automatic External Defibrillators (AED). Organizations that wish to start a Public Access Defibrillation program must follow the requirements of the law resulting from the 1998 legislation.

The laws of the State of Washington (RCW 70.54) were amended to permit the use of semiautomatic external defibrillators (now, AED) by lay providers. The law establishes minimum Public Access Defibrillation (P.A.D.) program standards. By meeting these standards, persons and entities delivering patient care with AEDs are provided limited immunity from civil liability.

P.A.D. program standards

1. The defibrillator defined in this law means a “semiautomatic external defibrillator” or “automatic external defibrillator (AED). No other devices are included by this definition. In the context of this law, an “acquirer” of an AED means a person or entity. A person acquiring an AED will most often be a high-risk cardiac patient or their family member. Entities may include businesses, public facilities, residential housing units, government agencies, or public transportation services. (These are examples only and are not intended to be an exclusive listing.)
2. AEDs must be prescribed by a physician or osteopath licensed by the State of Washington. AEDs are computerized medical devices that deliver electrical shock therapy to heart attack victims. Medical therapy devices such as the AED must be prescribed for use by persons who are not health care providers. An acquirer of an AED must present the prescription to the manufacturer prior to the completion of the sale.
3. Persons using an AED must receive instruction in CPR and the use of the defibrillator following a curriculum that is consistent with national standards for CPR and AED use.
4. The acquirer must maintain and test the AED in accordance with the manufacturer’s guidelines. Manufacturers have developed written maintenance and testing guidelines to assure the optimal performance of the AED. An explanation of these guidelines specific to the AED device purchased is provided by the manufacturer of the device. The acquirer may also establish policies or procedures to assure that maintenance and testing is completed according to manufacturer’s guidelines.
5. The acquirer must have medical direction from a physician knowledgeable in CPR and the use of AEDs. As a medical therapy device, the acquirer of an AED must enlist a physician to establish medical direction for its use. The medical director will provide protocols for the use of the AED.

6. The acquirer must notify the local EMS system of the existence of the AED and its location. In the event of a cardiac arrest, this notification will alert responding EMS providers of the potential use of an AED. This knowledge will assist the EMS provider in assuring the continuity of patient care between the lay provider, EMS and hospital staff. EMS providers may also be of assistance in determining the placement of an AED in order to assure rapid access by potential users.
7. The person using an AED must call 911 as soon as possible. Event data stored in the AED must also be made available if requested by local EMS providers. Victims of cardiac arrest who respond to defibrillation require additional assessment and treatment by EMS and hospital care providers. The reporting of the use of an AED to 911 or other emergency numbers is essential in assuring the timely response of EMS providers. Once summoned, EMS will assume the responsibility for additional treatment of the victim and transportation to a hospital.

Limited immunity from civil liability

The use of a medical therapy device by individuals who are not licensed or certified health care providers has resulted in concerns about legal liability. These concerns are addressed by RCW 70.54.310. The law provides that if standards in these guidelines are met, the acquiring entity, individual using the AED and the physician medical director receive limited immunity from civil liability. This immunity is similar to that provided by the "Good Samaritan" law of the State of Washington. "Good Samaritan" laws are intended to protect individuals who try to help people at the time of an emergency. "Good Samaritan" immunity does not cover acts of gross negligence or willful or wanton misconduct. The intent of the Washington State P.A.D. law is to establish standards for acquisition, training, maintenance, physician medical direction, and coordination with local emergency medical services that will assure that a person using an AED is ready, willing and able to operate a defibrillator in a safe and effective manner.