

AED Policy Assessment and Case Studies

State Action on AEDs

Florida was the first state to enact a broad public access law in 1997 and as of 2010, all 50 states have since enacted defibrillator use laws or adopted regulations. Many states have considered how to encourage broader availability of AEDs, including provisions to encourage or require training on the use of AEDs, require that maintenance and testing meet manufacturers' standards, create a registry of defibrillator locations, establish a "Good Samaritan" exemption from liability, and authorize state agencies to determine more detailed requirements for training and registration. Advocates have encouraged placements of AEDs in public buildings, transportation centers and large offices or apartment buildings.

Several states have proposed or adopted legislation requiring the placement of AEDs in health clubs and gyms, school athletic events or settings, and other public spaces. The 50-state AED list below links to third-party resources (AED Brands and AED Universe) that track AED laws in each state. The state profiles include summaries of requirements for use, Good Samaritan protection, and a list of laws and legislation. Please note that NCSL does not endorse the content of third-party resources.

*Source: National Conference of State Legislatures

Federal Action on AEDs

In 2002, President Bush signed the Community Access to Emergency Devices Act into law, authorizing \$30 million in federal grants to be made available to applying states and localities. Grant funds were used for the purchase and placement of AEDs in public places and to train first responders in administering life-saving care, including on AED usage and cardiopulmonary resuscitation. The U.S. Food and Drug Administration issued several regulations on AEDs, including required premarket approval for new and existing AEDs (2015) and necessary accessories (2020) after reports of failing or malfunctioning devices. Some issues were due to manufacturing problems, while others were due to improper maintenance such as battery failure.

*Source: National Conference of State Legislatures

Connecticut Laws

Summary of Requirements		
	Physician	Physician approval of AED purchase.
	CPR/AED Training	No Current Legislation
	EMS Notification	No Current Legislation
	Maintenance Program	No Current Legislation
	Notification of Use	No Current Legislation

Good Samaritan Protection				
Rescuer	Purchaser	Property Owner	Physician	Trainer
		No Current Legislation	No Current Legislation	No Current Legislation
CT Gen Stat § 52-557b – 2012 Provides Good Samaritan protection for use of an AED and establishes guidelines for AED				

Laws / Legislation		
Reference	Date	Summary
CT Gen Stat § 10-212d	2013	No later than July 1, 2010, each school shall develop an emergency action response plan that addresses the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life-threatening emergency while on school grounds.
CT Gen Stat § 10a-551	2012	No later than January 1, 2013, the athletic department of each institution of higher education shall develop and implement a policy consistent with this section concerning the availability and use of an AED during intercollegiate sport practice, training and competition.
CT Gen Stat § 19a-197c	2012	Outlines the AED requirements for golf courses.

*Source: National Conference of State Legislatures

Case Studies

Kings County, Washington

Someone who has a cardiac arrest in King County has a greater chance of survival than anyone else in the world, according to the latest analysis by county officials. The survival rate for cardiac arrest in King County hit an all-time high of 62 percent in 2013.[1] By comparison, the cardiac survival rates in New York City, Chicago, and other urban areas have been recorded in the single digits.

King County's success in saving lives is based in a coordinated, regional system where everyone – dispatchers, first responders, fire departments, law enforcement, paramedics, urgent care centers, and others – is guided by consistent medical direction and evidence-based practice.

The cardiac survival rate in King County has dramatically risen over the past decade or so, from an above-average 27 percent in 2002 to 62 percent in 2013. Strategies that have contributed to the rise include:

- Adoption of high-performance CPR method by emergency medical technicians to maximize oxygen circulation and increase survival chances.
- Adoption of telecommunicator CPR, whereby 911 emergency personnel provide instant CPR instructions by phone.
- Increasing public availability of automated external defibrillators (AEDs), including more than 100 in King County facilities, and placement of AEDs in many law enforcement vehicles, including with King County Sheriff's deputies.
- High rates of CPR training for local residents.
- A regional paramedic training program, funded by charitable contributions, that exceeds national standards for certification.

King County Public Health launched a "Shockingly Simple" campaign in 2016 to spread the word about the importance of automated external defibrillators (AEDs) and registering them so first responders can locate the nearest device in an emergency.

Local business owners and residents are encouraged to purchase AEDs and register their devices with the county, as they "only work if you can find them."

There are currently more than 3,000 registered AEDs in King County – contributing to the county having one of the highest witnessed out-of-hospital defibrillation SCA survival rates in the world. But less than 1,000 businesses and organizations have registered an AED.

Collier County, Florida

Pulse Point empowers everyday citizens to provide life-saving assistance to victims of Sudden Cardiac Arrest (SCA) and other incidents such as brush fires, traffic accidents, and road closures. Application users who have indicated they are trained in cardiopulmonary resuscitation (CPR) can now be notified if someone nearby is having a cardiac emergency and may require CPR. If the cardiac emergency is in a public place, the application, using sophisticated location-based services, will alert citizens in the vicinity of the need for CPR. The application also directs these citizen rescuers to the exact location of the closest public access Automated External Defibrillator (AED).

Collier takes part in AED Link, a national registry spearheaded by a Boca Raton company, Atrus Inc. The company uses a geo-mapping system to connect 911 dispatchers to AEDs and people willing to use one on someone nearby ? within 1,200 feet ? if they go into cardiac arrest.

A registry of willing responders is possible because of a state law changed in 2012. State Sen. Garrett Richter and state Rep. Kathleen Passidomo, both of Naples, spearheaded the change to make a registry of willing responders possible.

Before that, 911 operators were prohibited from notifying someone, such as a security guard in a condominium complex, that a cardiac arrest was taking place in the building but there was an AED nearby. Since that legal obstacle was lifted, there have been a couple of instances in which the AED registry has been used but the patients weren't in cardiac arrest, so no shock was given.

There now are 1,747 AEDs registered in Collier at 772 sites. That includes 600 units in Collier sheriff's deputies' patrol cars.

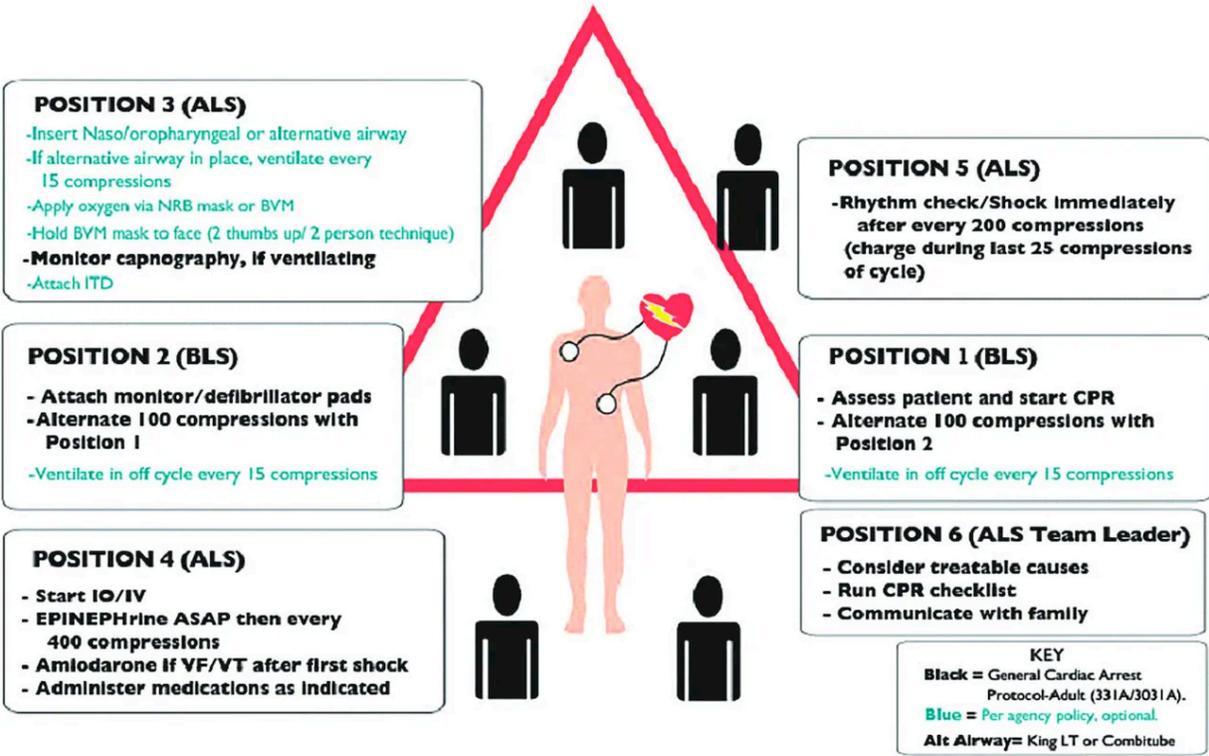
Salina, Kansas

Salina emergency responders implemented a new "pit crew" approach to handling cardiac arrests, more patients are arriving at Salina Regional Health Center with a pulse, said Shane Pearson, emergency medical services division chief for the Salina Fire Department.

The pit crew method emphasizes starting chest compressions as soon as possible. The first person to arrive initiates chest compressions from a position to the right of the patient's chest. After a minute, that person is relieved by the second emergency responder positioned on the left of the patient's chest.

Those two alternate compressions as a third responder stands at the patient's head and establishes the airway and straps on an oxygen mask, allowing the patient to receive oxygen passively during chest compressions.

6-Person Pit Crew CPR Example (2 BLS and 4 ALS)



Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patient ≤ 14 years old, provide CPR with 15:2 compressions and follow protocol #3011P