



Automatic External Defibrillator
Guidance
for Washington State Public Schools

WASBO

Compiled by the WASBO Risk Management Committee

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I. INTRODUCTION

Purpose

In the fall of 2008, the Washington Association of School Business Officials (WASBO) Risk Management Committee appointed a sub- committee for the purpose of developing a guidance document for Washington State Public Schools addressing the implementation of an Automatic External Defibrillator (AED) program. Since its original inception, there have been extensive changes in local and federal guidelines for use of AEDs. These regulatory changes require the updating of this manual.

This document is not intended to endorse nor discourage an AED program in schools, but rather to provide:

- Overview of potential liabilities and regulations associated with an AED program
- Resources required to support such a program
- Sample documents

DISCLAIMER:

This is a guidance document and does not represent the standard of care by which school districts are to be held. The materials contained herein are a collaborative effort of the sub-committee and include reference materials from public sources, state regulations, and documents developed by various committee members. This is not an all-inclusive manual and we encourage seeking additional guidance from other sources before implementing a program.

II. WASHINGTON STATE STATUTES AND REGULATIONS REGARDING AEDS

Introduction

Washington currently has several statutes and regulations relevant to automated external defibrillators ("AED") in public schools. RCW 70.54.310 was enacted in 1998 to specify the duties and immunities applicable to entities which acquire an AED. RCW 28A.300.471 and RCW 28A.230.179 were enacted in 2013 and require districts to develop a medical emergency response plan, which includes meeting certain AED requirements and providing instruction to students on the use of AEDs. SB 5083 (Sudden Cardiac Arrest Awareness Act) was recently enacted in 2015 and requires that schools provide information and training on sudden cardiac arrest ("SCA"). RCW 4.24.300 (Good Samaritan Act) is also relevant to these issues to the extent that it provides immunity to volunteers rendering emergency first aid.

Washington law regarding AED

Districts should review each of these laws carefully to ensure compliance with the legal requirements with respect to AED and qualifications for relevant legal immunities.

RCW 70.54.310:¹ This law imposes duties on any entity that acquires an AED (including school districts) to ensure that certain training, maintenance and testing, and medical direction requirements are met. This law also requires notifying local emergency medical services ("EMS") of the existence and location of the device, and calling 911 after the use of such equipment.

RCW 28A.300.471:² This law requires that the Office of the Superintendent of Public Instruction ("OSPI") develop guidance for medical emergency response and AED programs in high schools and assist districts in carrying out these programs. In response to this law, OSPI has published Medical Emergency Responses and AED Guidelines on its website.³ These guidelines require each district operating a high school to develop:

- Medical emergency response plan. The plan must include: a rapid communication system; a medical emergency response plan developed in coordination with key school personnel and local EMS; a process to practice the medical emergency response plan; safety measures to prevent injuries; training on AED use, cardiopulmonary resuscitation ("CPR"), and first aid; and implementation of a public access defibrillator system ("PAD") using an AED.

¹ Appendix A: RCW 70.54.310.

² Appendix B: RCW 28A.300.471.

³ Appendix C: OSPI Medical Emergency Responses and AED Guidelines.

- Policies and procedures to implement a PAD/AED program. The program must include: medical oversight by a licensed physician; a designated AED program coordinator; collaboration with local EMS; a plan for maintenance and testing; and documentation.

RCW 28A.230.179:⁴ This law requires that high schools offer CPR instruction to students. This instruction must be included in at least one health class necessary for graduation. The CPR instruction must be based on a program developed by a nationally recognized organization, teach the appropriate use of AEDs, and incorporate hands-on practice.

SB 5083:⁵ This law requires, among other things, that that the Washington Interscholastic Activities Association (“WIAA”) publish a pamphlet with information about SCA on the OSPI website to be provided to youth athletes, their parents or guardians, and coaches. In response to this law, the WIAA has published a SCA Information Sheet on the OSPI website.⁶ This pamphlet addresses, in part, the role that quick access to and use of an AED can play in treating SCA.

Limited Immunities

RCW 70.54.310, which sets out the duties of those who acquire AED, also provides limited immunity for civil liability for personal injuries arising from acts or omissions by those who use a defibrillator in an emergency setting. Certain requirements, outlined in the statute, must be met for immunity to apply. **RCW 4.24.300,**⁷ the Good Samaritan Act, provides limited immunity for volunteers rendering emergency first aid.

Neither RCW 70.54.310 nor RCW 4.24.300 provide for immunity for gross negligence or willful or wanton misconduct, and the Good Samaritan Act does not apply to those who are paid or expect to be paid for providing medical services.

Washington law does not provide immunity for failure to comply with the legal requirements imposed on districts and owners of AED equipment. Therefore, it is important that districts know and understand applicable regulations and comply with each requirement of the law.

⁴ Appendix D: RCW 28A.230.179.

⁵ Appendix E: SB 5083. This bill is known as the SCA Awareness Act and will be codified in RCW .24.660 and 28A.600 RCW.

⁶ Appendix F: WIAA SCA Information Sheet.

⁷ Appendix G: RCW 4.24.300.

III. MEDICAL CONSIDERATIONS REGARDING AEDS

In Washington State, every public high school is required by law to have a Public Access Defibrillator program (RCW 28A.300.471). The Office of the Superintendent of Public Instruction developed guidance for a medical emergency response and automated external defibrillator program for high schools).

The quantity and placement of AEDs is subject to many variables. Schools and districts need to closely consider the layout of their buildings and sporting facilities to achieve optimal placement of AEDs.

Survival rates from SCA decline about 10% for each minute defibrillation is delayed. Scientific evidence demonstrates that survival from SCA is improved through early recognition, early CPR, and early defibrillation.¹ School AED programs are a public safety measure for both students and adults on campus; almost half of sudden cardiac arrest cases occurring on a high school campus are in a student/student-athlete.¹

Location

Ideally, AEDs are immediately available at the time of an emergency. Current expert guidelines recommend that AEDs be strategically located throughout a school to achieve a collapse to first shock time of < 3 minutes (i.e. retrieval and use of the AED within 3 minutes).^{2, 3} Nearly 70% of all sudden cardiac arrest occurring on a high school campus occurs at an athletic facility, with the gymnasium the single most common location for a cardiac emergency, followed by the football stadium and/or athletic fields.¹ Each school will have a different geographic layout for their sporting facilities, and AEDs should be carefully placed to meet this goal of retrieval and use within 3 minutes for all facilities.

AEDs should be well marked with signage and publicly accessible during all school hours and after school events. AEDs should NEVER be locked behind a door, drawer, or cabinet.

Review and Practice of the Emergency Action Plan

The emergency response to a collapsed and unresponsive student or person on campus should be reviewed and practiced at least annually. Each school will want to identify a school response team (i.e. administrators, school nurse, athletic trainer, coaches, and select staff) that is trained in CPR/AED and meets at least annually to review the emergency action plan and practice a sudden cardiac arrest drill. Prompt recognition of sudden cardiac arrest is the initial step to an efficient emergency response. All coaches who could be the sole adult supervising athletic activities should be trained in CPR/AED and familiar with the emergency action plan. All school staff should be aware of the locations of the AEDs and should be reminded at least annually.

It is essential that AEDs, once implemented, be regularly checked to ensure proper functioning. The personnel responsible for this should be identified in the emergency action plan. This person

may also be responsible for organizing the annual review and practice of the emergency action plan.

References:

1. Drezner JA, Toresdahl BG, Rao AL, Huszti E and Harmon KG. Outcomes from sudden cardiac arrest in US high schools: a 2-year prospective study from the National Registry for AED Use in Sports. *Br J Sports Med.* 2013;47:1179-83.
2. Drezner JA, Courson RW, Roberts WO, Mosesso VN, Link MS and Maron BJ. Inter-association Task Force recommendations on emergency preparedness and management of sudden cardiac arrest in high school and college athletic programs: a consensus statement. *J Athl Train.* 2007;42:143-58.
3. Casa DJ, Almquist J, Anderson SA, Baker L, Bergeron MF, Biagioli B, Boden B, Brenner JS, Carroll M, Colgate B, Cooper L, Courson R, Csillan D, Demartini JK, Drezner JA, Erickson T, Ferrara MS, Fleck SJ, Franks R, Guskiewicz KM, Holcomb WR, Huggins RA, Lopez RM, Mayer T, McHenry P, Mihalik JP, O'Connor FG, Pagnotta KD, Pryor RR, Reynolds J, Stearns RL and Valentine V. The inter-association task force for preventing sudden death in secondary school athletics programs: best-practices recommendations. *J Athl Train.* 2013;48:546-53.

IV. EQUIPMENT AND PURCHASING CONSIDERATIONS

Before your district moves forward with purchasing AED equipment and services, it is important that you carefully review all of the various decisions related to a comprehensive program and the options that are available. You will need to develop written criteria by which your decisions will be made, consistently, across the district and document these decisions. Having a pre-established plan of action may help to provide protection for your district against claims of disparate treatment and to support your decisions. This pre-planning will help eliminate many questions and concerns as you go through the process. Once the plan is developed, it should be distributed to all building locations. The buildings should refer to this pre-established “plan” *before they consider acquiring equipment*.

It is important for school districts to work with their local EMT’s, their Business Office, and their Maintenance Department to establish the criteria for purchasing of AED equipment. In addition, it is important to have plan in place for equipment replacement and maintenance and identified revenue resources.

BUDGET

AED programs include not only the initial cost of purchasing the devices and cabinets, but also the costs for routine maintenance (i.e. battery and lead changes per manufacturer recommendations). The cost of personnel to run the program and any additional CPR/AED training costs for targeted staff should be included in the budget.

MEDICAL CONTROL

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.

- 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.
- Have a licensed physician review and approve your district’s AED plan and provide your District with a written prescription for the device(s).

V. IMPORTANT ELEMENTS IN THE DEVELOPMENT OF YOUR DISTRICT AED PROGRAM

Developed from: Public Access Defibrillation Programs April 2012

<http://www.doh.wa.gov/Portals/1/Documents/2900/padguide.pdf>

POLICIES & PROCEDURES

SEE: WSSDA Model Policy # 3412 Automated External Defibrillators

- Identify a program coordinator responsible for coordinating with local EMS providers and licensed physician in the developing and implementation of a written plan for addressing medical emergencies which includes the use of AEDs.

LOCATION OF UNITS

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.

- Work with prescribing Physician and/or local EMS to identify most appropriate location(s) for your AED(s). Identify locations based on concentration of the public, IHPs, workplace ADA, sports venues, and concentration of employees. Make sure stationary units are accessible to public access (e.g., hallway) or providing portable units with security, athletic trainer or facilities personnel.

Properly sign venues to indicate AED's are on premises and how to locate them

SECURITY

Store Public access units in a cabinet or case with an alarm that sounds when removed.

- Alarm may be tied into 911 notification system.
- Establish a system to track portable units when they are taken from central storage area (and the department responsible for them).

F: EQUIPMENT MAINTENANCE

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 guideline.
- Inspect units in accordance with manufacturer recommendations and document inspection, using a pre-established standardized checklist.

POST EVENT ACTIONS

After an on-site medical emergency, evaluate medical response plan and adjust as needed.

- Document all actions and report to proper authorities.
- Replace any used supplies from the AED kit.

VI: TRAINING

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.

- Ensure that each occupied location has personnel who are trained in first aid/CPR and AED use.
- Communicate the names of these individuals to all staff and include this information in your building's emergency plans.

While certain Washington laws and regulations regarding AEDs reference instruction and training courses approved by the Department of Health (DOH), it is important to note the DOH no longer approves individually developed training content for public access defibrillation programs⁸. Instead, the DOH has stated that nationally recognized Basic Life Support (CPR, FBAO, and AED) training programs can be used to provide the necessary training.

Individuals wishing to teach these programs must get training materials from the nationally recognized basic life support training program and meet the training program's instructor requirements. In addition to the initial training, required of all employees assigned to assist with the AED program, employees must be retrained at least every two years or as designated by their training program.

Appendix I

SAMPLE Emergency Action Plan for Sudden Cardiac Arrest

School name: _____

The on-site coordinator of this emergency action plan is (i.e., school nurse, athletic trainer, or other designated staff member): _____

We have ____ number of AEDs on schools grounds.

The AEDs are located at (list all locations):

We have registered the AED(s) into the local EMS system (circle): yes no

List the individuals trained in CPR and AED use at your school (i.e., administrators, coaches, physical education teachers, athletic trainers, nurses, and safety & security personnel):

During school hours, the following individuals are identified as our school emergency response team to a possible sudden cardiac arrest:

In case of an emergency during school hours, the central office is notified and the response team is alerted of the emergency and the location via (i.e., intercom, phone, PA system, etc):

The central office will also activate the EMS system by calling 9-1-1 (circle): yes no

In case of an emergency, the AED will be retrieved and used by trained or voluntary responders closest to the emergency. While any person can retrieve an AED, the persons from the local response team designated to bring an AED to the location of the emergency are:

For athletic or school events occurring after school hours, access to the AED is maintained through (i.e., unlocked office and cabinet, portable AED brought to event):

The transportation route for ambulances to enter and exit the school to each sporting facility and places of assembly has been determined and are posted at each facility (circle): yes no

We practice and review our emergency action plan and response to a possible SCA at least once annually (circle): yes no

The following personnel are included in this rehearsal:

If a sudden cardiac arrest or AED use occurs, the following individuals (with phone numbers) will be notified (i.e., administrators, EAP Program Coordinator, crisis counselors, and Risk Manager):

Notify your Insurance provider within 24 hrs:

Appendix II

AED INCIDENT REPORT

Complete this form with every incident necessitating AED use, submitting within 24 hours of use.

PATIENT'S NAME: _____

STUDENT'S ID NUMBER (If applicable): _____

DOB: _____ AGE: _____ SEX: F M PHONE: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PERTINENT MEDICAL HISTORY: _____

DATE & TIME OF AED USE: _____ AED SERIAL NUMBER: _____

EXACT LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT: _____

WITNESSES: _____

PHONE NUMBER: _____

NAME OF AED OPERATOR: _____

OTHER ASSISTING RESPONDERS: _____

EMS UNIT RECEIVING PERSON: _____

TIME AND LOCATION OF TRANSPORT: _____

REPORTED BY: _____ DATE: _____

PHONE NUMBER: _____

MEDICAL DIRECTOR'S COMMENTS: _____

Appendix III

Resource Links

American Heart Association – AED Implementation Guide

http://www.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_438703.pdf

American Heart Association – Circulation Journal “Cardiac Arrest in Schools” September 18, 2007

<http://circ.ahajournals.org/cgi/content/full/116/12/1374>

Sudden Cardiac Arrest Association “Saving Lives in Schools and Sports” publication

http://www.parentheartwatch.org/LinkClick.aspx?fileticket=jr8KD_8fpYQ%3D&tabid=83

Washington State Department of Health “Public Access Defibrillation Guide”

<http://www.doh.wa.gov/Portals/1/Documents/2900/padguide.pdf>

OSPI Medical Emergency Responses and AED Guidelines

<http://www.k12.wa.us/healthfitness/pubdocs/GuidelinesMedicalResponseAED.pdf>

OSPI SCA Information Sheet

<http://www.k12.wa.us/healthfitness/pubdocs/SCAInformationSheet.pdf>