September 18, 2009

MEMORANDUM

TO: City and County Superintendents of Education
   Grades K-12 Principals
   Alabama Public School Nurses

FROM: Joseph B. Morton
       State Superintendent of Education

RE: Automated External Defibrillators

Recent passage of Act 2009-754 mandates that an automated external defibrillator (AED) shall be placed in each public K-12 school in Alabama. The act further states that the superintendent of each local board of education shall designate at least one employee at each school to be trained in the use of an automated external defibrillator.

Passage of Act 1999-370 provided standards for the use of AEDs related to “rendering of aid or emergency care at the scene of an accident by certain persons to provide immunity for use of the automated external defibrillators.” This law specifically states that the person or entity [i.e., local education agency (LEA)] that acquires an AED shall ensure all of the following:

- All users are CPR certified.
- All AEDs be maintained and tested according to the manufacturer’s operational guidelines.
- A licensed physician or medical authority is included in the sites’ AED program/policy to ensure compliance with training, notification, and maintenance.
- The manufacturer, wholesale supplier, or retailer of the AED notifies purchasers of AEDs intended for use in the state of the requirements.
- Any person or entity who acquires an AED notify the local emergency communication center or dispatch center of the existing location and type of AED.

This law is also specific to state that “any person or entity who in good faith renders care which includes the use of an AED shall be immune from civil liability...except damages that may result for the gross negligence of the person rendering emergency care.” Please note that Act 1999-370, referenced above, was actually in passed in 1999; therefore, the criteria listed should currently be in place for all schools that previously purchased or had AEDs donated from an outside source.
Enclosed are the following resource documents:

- Act# 2009-754
- Act# 1999-370
- Minimum Specifications for Automated External Defibrillator
- Sample AED Policy for Schools (see highlighted area)

These documents are intended to assist you in developing policy and guidelines necessary to implement an effective AED program as well as to fulfill all legal requirements.

Listed below are links to Web sites that will provide further guidance:

- American Heart Association

- American Red Cross
  [http://www.redcrosslv.org/aed.html](http://www.redcrosslv.org/aed.html)

I recommend that you and a designated employee study the enclosed resources to update and/or revise, if necessary, your local AED policy. If you have any questions, please contact Mrs. Sherry Marbury, State School Nurse Consultant, at (334) 242-8165 or by e-mail at smarbury@alsde.edu.

JBM/SBA/SM

Enclosures

FY09-2233
SB306
106085-2
By Senator Butler
RFD: Education
First Read: 05-FEB-09
ENROLLED, An Act,

To require that an automated external defibrillator
be placed in each public K-12 school in Alabama; and in
connection therewith would have as its purpose or effect the
requirement of a new or increased expenditure of local funds
within the meaning of Amendment 621 of the Constitution of
Alabama of 1901, now appearing as Section 111.05 of the
Official Recompilation of the Constitution of Alabama of 1901,
as amended.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. (a) For purposes of this section, the
term automated external defibrillator is given the same
definition as provided in Section 6-5-332.3(c), Code of
Alabama 1975.

(b) An automated external defibrillator shall be
placed in each public K-12 school in Alabama. The
superintendent of each local board of education shall
designate at least one employee at each school to be trained
in the use of an automated external defibrillator.

(c) The Alabama Department of Education shall
implement and administer the provisions of this section and
shall adopt such rules as are necessary.
Section 2. Although this bill would have as its purpose or effect the requirement of a new or increased expenditure of local funds, the bill is excluded from further requirements and application under Amendment 621, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended, because the bill requires expenditures only by a school board.

Section 3. This act shall become effective immediately following its passage and approval by the Governor, or its otherwise becoming law.
President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB306
Senate 02-APR-09
I hereby certify that the within Act originated in and passed the Senate.

McDowell Lee
Secretary

House of Representatives
Passed: 15-MAY-09

By: Senator Butler

Alabama Secretary Of State
Act Num....: 2009-754
Bill Num....: S-306
Recv'd 05/22/09 10:13amJJB
SB5
18130-6
By Senator Butler
RFD: Economic Expansion and Trade
First Read: 06-APR-1999
PFD 02/25/1999
Enrolled, An Act,

Providing for the use and standards for use of automated external defibrillators; and to amend Section 6-5-332, Code of Alabama 1975, relating to rendering of aid or emergency care at scene of an accident by certain persons to provide immunity for use of automated external defibrillators.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. The Legislature of the State of Alabama finds the following:

(1) Early defibrillation may sustain the life and temporarily stabilize a person in cardiac arrest, thus helping to preserve the Alabama family.

(2) The American Heart Association estimates that more than 350,000 Americans die each year from out of hospital sudden cardiac arrest, and 20,000 deaths may be prevented each year if automated external defibrillators were more widely available.

It is the intent of the Legislature that an automated external defibrillator may be used for the purpose of saving the life of another person in cardiac arrest.

Section 2. As used in Sections 3 and Section 6-5-332 of the Code of Alabama 1975, the term "automated external defibrillator" or "AED" means a medical device heart monitor
and defibrillator that meets all of the following specifications:

(1) Has received approval of its pre-market notification filed pursuant to Section 360 (k), Title 21 of the United States Code from the United States Food and Drug Administration.

(2) Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, whether defibrillation should be performed.

(3) Upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse through the chest wall and to an individual's heart.

(a) A person or entity that acquires an AED shall ensure all of the following:

(1) That expected defibrillator users receive appropriate training in an American Heart Association, American Red Cross, or other nationally recognized cardiopulmonary resuscitation (CPR) course and AED, or an equivalent nationally recognized course.

(2) That the defibrillator is maintained and tested according to the manufacturer's operational guidelines.

(3) That there is involvement of a licensed physician or medical authority in the site's AED program to
ensure compliance with training, notification, and maintenance.

(4) That any person who renders emergency care or treatment of a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible.

(5) That each manufacturer, wholesale supplier, or retailer of an AED notifies purchasers of AED’s intended for use in the State of Alabama of the requirements of this section.

(b) A person or entity who acquires an automated external defibrillator shall notify the local emergency communications center or dispatch center of the existing location and type of AED.

(c) This section shall not apply to an individual using an AED in an emergency setting if that individual is acting as a good samaritan pursuant to Section 6-5-332, Code of Alabama 1975.

Section 3. Section 6-5-332, Code of Alabama 1975, is amended to read as follows:

"§6-5-332.

"(a) When any doctor of medicine or dentistry, nurse, member of any organized rescue squad, member of any police or fire department, member of any organized volunteer fire department, Alabama-licensed emergency medical technician, intern or resident practicing in an Alabama
hospital with training programs approved by the American
Medical Association, Alabama state trooper, medical aidman
functioning as a part of the military assistance to safety and
traffic program, chiropractor, or public education employee
gratuitously and in good faith, renders first aid or emergency
care at the scene of an accident, casualty, or disaster to a
person injured therein, he or she shall not be liable for any
civil damages as a result of his or her acts or omissions in
rendering first aid or emergency care, nor shall he or she be
liable for any civil damages as a result of any act or failure
to act to provide or arrange for further medical treatment or
care for the injured person.

"(b) Any member of the crew of a helicopter which is
used in the performance of military assistance to safety and
traffic programs and is engaged in the performance of
emergency medical service acts shall be exempt from personal
liability for any property damages caused by helicopter
downwash or by persons disembarking from the helicopter.

"(c) When any physician gratuitously advises medical
personnel at the scene of an emergency episode by direct voice
contact, to render medical assistance based upon information
received by voice or biotelemetry equipment, the actions
ordered taken by the physician to sustain life or reduce
disability shall not be considered liable when the actions are
within the established medical procedures.
"(d) Any person who is qualified by a federal or state agency to perform mine rescue planning and recovery operations, including mine rescue instructors and mine rescue team members, and any person designated by an operator furnishing a mine rescue team to supervise, assist in planning or provide service thereto, who, in good faith, performs or fails to perform any act or service in connection with mine rescue planning and recovery operations shall not be liable for any civil damages as a result of any acts or omissions. Nothing contained in this subsection shall be construed to exempt from liability any person responsible for an overall mine rescue operation, including an operator of an affected facility and any person assuming responsibility therefor under federal or state statutes or regulations.

"(e) A person or entity, who in good faith and without compensation renders emergency care or treatment to a person suffering or appearing to suffer from cardiac arrest, which may include the use of an automated external defibrillator, shall be immune from civil liability for any personal injury as a result of care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary prudent person would have acted under the same or similar circumstances, except damages that may result for the gross negligence of the person rendering emergency care. This immunity shall extend to the licensed physician or medical
authority who is involved in automated external defibrillator
site placement, the person who provides training in CPR and
the use of the automated external defibrillator, and the
person or entity responsible for the site where the automated
external defibrillator is located. This section specifically
excludes from the provision of immunity any designers,
manufacturers, or sellers of automated external defibrillators
for any claims that may be brought against such entities based
upon current Alabama law."

Section 4. This act shall become effective on the
first day of the third month following its passage and
approval by the Governor, or its otherwise becoming law.
SB5

President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB5

Senate 27-APR-1999
I hereby certify that the within Act originated in and passed
the Senate, as amended.

McDowell Lee
Secretary

House of Representatives
Amended and passed 25-MAY-1999

Senate concurred in House amendment 25-MAY-1999

APPROVED 6/09/1999
TIME 2:30PM
By: Senator Butler

Governor

Alabama Secretary of State
Act Num....: 1999-370
Bill Num....: S-5
Recvd 06/09/99 03:03pMMB
Minimum Specifications for the Automated External Defibrillator

**Intent:** To describe minimum specification requirements for an entire, portable, automated external defibrillator (AED) life saving system. The AED must have FDA approval. The AED should be put into service in such a way that electrodes and any other elements essential to its use are readily available with the device.

**General Characteristics:**
- Light weight and portable
- Easy to use, safe, and effective
- Automatically analyzes heart rhythm
- Determines whether defibrillation is advised
- Guides the user through defibrillation and CPR
- Should have Pediatric Capability with the use of pediatric electrodes
- AED should include in-service DVD (or equivalent) and Rescue Kit (Gloves, razor, scissors, one-way filter mask)

**Prompts:**
AED shall have easy to follow voice, visual, and text (*some AEDs have the text and some do not*) prompts to guide the user through the rescue process in a simple step-by-step manner based on the 2005 AHA/ERC Guidelines for CPR.

**Instrumentation/Indicators:**
The AED will include “ready status” indicator, battery indicator, and service required indicator with audible alarm (*Some AEDs will not have the audible alarm but all have an indicator*).

**Diagnostics:**
The AED will include daily checks of the electrodes and battery, and more extensive diagnostic checks of its components to include, but not be limited to, circuitry and delivery system that will occur on a monthly basis. (*Some do weekly tests, not all do daily checks on all functions*)

**Electrodes/Pads:**
Each AED shall include two (2) sets of disposable, self-adhesive, gelled electrode pads. Electrodes may not be carried beyond their expiration date. Pediatric Pads should be made available where appropriate.
Sample Automated External Defibrillator (AED) Policy for Schools

This sample AED policy is intended as an example. Permission is granted to reproduce this sample AED policy for the purpose of using it as a starting point towards the creation of a formal policy. Before preparing and implementing any AED policy, ensure that it fully complies with the directions of your medical advisor and the manufacturer's operating procedures.

Purpose
To provide guidance in the management or administration of a school-based AED program.

Check ONE box:
- For treatment of victims eight years of age and older ONLY.
- Includes treatment of children under eight years old or under 25kg (55 lbs).

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart’s electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF.

An AED is used to treat victims who experience SCA. It is only to be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

System Owner
Program Coordinator (e.g. school nurse, health care coordinator, athletic director)

Responsibilities
- Selection of employees for AED training and distribution of AED-trained employee lists as required
- Coordination of training for emergency responders
- Coordinating equipment and accessory maintenance
- Maintain on file a specifications/technical information sheet for each approved AED model assigned or donated to the school
- Revision of this procedure as required
- Monitoring the effectiveness of this system
- Communication with medical director on issues related to medical emergency response program including postevent reviews

Applicable Documents (examples)
- General safety and health standard
- County/State AED Guidelines
- Medical emergency action plan
- Infection control procedure for universal precautions
- State immunity from liability exclusion
- AED Procedure

Medical Control
The medical advisor of the AED program is ____________________________, M.D.
The medical advisor of the AED program has ongoing responsibility for:
- Providing medical direction for use of AEDs
- Writing a prescription for AEDs
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR
- Evaluation of post-event review forms and digital files downloaded from the AED
Authorized AED Users
The AED may be used by:
• Employees including: administrators, nurses, athletic/activities director, athletic trainers and office staff.
• Additional staff as identified by administration. Examples: teachers, coaches, field/game managers and security staff.
• Any trained volunteer responder who has successfully completed an approved CPR/AED training program and has a current successful course completion card.

AED-Trained Employee Responsibilities
• Activating internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience
• Understanding and complying with requirements of this policy
• Following the more detailed procedures and guidelines for the AED program

Volunteer Responder Responsibilities
• Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond shall be appropriate to their training and experience. These responders are encouraged to contribute to emergency response only to the extent they are comfortable. The emergency medical response of these individuals may include CPR, AED or medical first aid.

School Office Responsibilities
The school office staff is responsible for:
• Understanding and complying with requirements of this policy
• Receiving emergency medical calls from internal locations
• Using an established 9-1-1 checklist to assess emergency and determine appropriate level of response
• Contacting the external community 9-1-1 response team (EMS) if required
• Deploying AED-trained employees to emergency location
• Assigning someone to meet responding EMS aid vehicle and direct EMS personnel to site of medical emergency

Equipment
Approved equipment:
[Name of purchased AED] Automated External Defibrillators (AEDs) have been approved for this program. The AED conforms to the state/county standards.
• The AED and first-aid emergency care kit will be brought to all medical emergencies.
• The AED should be used on any person who is at least 8 years of age. The AED will be placed only after the following symptoms are confirmed:
  • Victim is unresponsive
  • Victim is not breathing normally

NOTE: If AED program includes the treatment of children under eight years old or under 25kg (55 lbs), equip AEDs with Infant/Child Reduced Energy Defibrillation Electrode Starter Kit (includes one pair of electrodes, storage pouch and appropriate safety instructions and labels).

Location of AEDs
During school hours, the AED will be at designated locations. These locations shall be specific to each school but should allow the device to be easily seen by staff. The locations should allow staff members to retrieve the device outside of normal school hours.
After school hours, the AED may be moved from its designated location by an AED-trained athletic trainer to support athletic department activities on a voluntary basis. A trained volunteer would have to be available and willing to support this effort during non-school hours. A visible sign must be left in the place of the AED, with the phone number of the athletic trainer, clearly indicating they have possession of the AED.
Contracted and other community activities are not guaranteed access to the AED as part of standard rental contracts.

Location of AEDs

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Additional Resuscitation Equipment
Each AED will have one set of defibrillation electrodes connected to the device and one spare set of electrodes with the AED. One resuscitation kit will be connected to the handle of the AED. This kit contains two pair latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

Equipment Maintenance
All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The main school office shall be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the main school office shall be informed and then notified when equipment is returned to service.
- The main school office shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- The AED Program Coordinator or designee shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to procedure #___________________________.

Routine Maintenance

- The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components.
- A volunteer, assigned by the AED Program Coordinator or designee, will perform a daily AED check following the procedure checklist. The procedure checklist will be initialed at the completion of the daily check. The procedure checklist will be posted with the AED.
- If the [system] icon is NOT present on the readiness display, contact the AED Program Coordinator or designee immediately.
- If the [system battery] icon is visible, the battery charging unit needs to be replaced. You may continue to use the AED if needed.
- If the [system icon] is visible, the AED needs service. You may attempt to use the AED if needed. If the message [system message] appears, the AED is not usable. Continue to provide CPR until another AED is brought to the victim or EMS arrives to take over care.
- If the expiration date on the electrode is near, notify the AED Program Coordinator or designee immediately.
Initial Training
Trained Employees:
- Must complete training adequate to provide basic first-aid, CPR and AED that will be provided on site. AED training must be a course approved by the state. Trained employees will also be trained in universal precautions against bloodborne pathogens. The school office shall maintain training records for the trained employees.
NOTE: If AED program includes the treatment of children under eight years old or under 25kg (55 lbs), training should include infant/child CPR/FBAO since techniques differ from adult CPR/FBAO.

Refresher Training
- Trained employees will renew first-aid and AED training every two years.
- AED-trained employees will refresh AED skills using manufacturer suggested training procedures.

Medical Response Documentation
Internal Post-Event Documentation: It is important to document each use of the medical emergency response system.
The following forms shall be sent to the AED Program Coordinator or designee within 24 hours of a medical event:
- An incident/accident report form shall be completed by a responding employee for each accident requiring first-aid of any type.
- The AED-trained employee shall complete a medical event form (9-1-1 form) whenever an AED is used.

External Post-Event Documentation
A copy of AED use information shall be presented within 48 hours of the emergency to the following:
- Medical director of the AED program
- Local EMS, county, state officials as designated in state AED requirements and local regulations
- At a minimum, event information supplied shall include any recorded date, and all electronic files captured by the AED.

Post-Event Review
Following each deployment of the response team member, a review shall be conducted to learn from the experience. The AED Program Coordinator or designee shall conduct and document the post-event review. All key participants in the event shall participate in the review. Included in the review shall be the identification of actions that went well and the collection of opportunities for improvement as well as critical incident stress debriefing. A summary of the post-event review shall be sent to the environmental health and safety committee. The environmental health and safety coordinator according to the record retention policy shall maintain a copy of the post-event review summary.

System Verification and Review
The medical emergency response system is ultimately successful if necessary medical assistance is provided to victims in a timely and safe manner. Since actual use of this system procedure is expected to be very infrequent, other measures of effectiveness are required.

Annual System Assessment
Once each calendar year, the AED Program Coordinator or designee shall conduct and document a system readiness review. This review shall include review of the following elements:
- Training records
- Equipment operation and maintenance records
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