

AUTOMATIC EXTERNAL DEFIBRILLATORS TO HAVE OR NOT TO HAVE~ LIABILITY PERSPECTIVE

An automated external defibrillator (AED) administers an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm. From this information, the AED determines if defibrillation is needed, it then advises if the administering of shock is necessary. Audible and/or visual prompts guide the user through the process.

Public access to defibrillation (PAD) is the concept of placing AEDs in public and/or private settings where large numbers of people work, live, or congregate. Public access refers to accessibility for trained users to use AEDs in public places. Public access does not mean that any member of the public witnessing a sudden cardiac arrest should be able to use the device. *AEDs are to be used only by individuals with the proper training and certification in accordance with federal, state and local laws.*

- **The federal requirements** for AEDs have been established by the Food and Drug Administration (FDA). The [American Heart Association](#) (AHA) has established guidance for compliance with the federal regulations and for starting a PAD program. Numerous resources, forms and templates regarding AEDs can be found on the [AHA's website](#).
- **The state requirements** can be found at [N.D.C.C. §32-03.1-02.3](#). Although this is the Good Samaritan Act with exclusions to liability to a medical services facility or pre-hospital emergency medical services provider, there are several requirements that need to be met prior to being granted the liability protections under the statute.
- **Legal Issues/Liability:** AEDs can be effective, life-saving devices if utilized properly. If not utilized properly, AEDs may have serious medical and liability exposures with legal ramifications.

When analyzing whether your facility needs an AED program, there are numerous factors to consider, such as the number of people visiting the facility, EMS response time, building use/activities, percentage of people that can be CPR/AED trained and certified, the on-going cost of the machine, maintenance, and training, as well as the personnel to implement the program. Careful consideration of the various factors needs to be made prior to making the determination and commitment to implement an AED program.

Risk Management's position on AEDs is simply that *if an agency or facility intends to implement an AED program, it must ensure on-going compliance with all applicable federal, state and local legal requirements*. Further, proper documentation of the planning, implementation, and management of an AED program will ensure that your facility has a safe and effective program. If an agency or facility cannot dedicate on-going time and resources to meet these requirements, it should avoid placement of AEDs in its facility.

CPR/ECC: In October 2010, the AHA released the [2010 AHA Guidelines for CPR and ECC](#). Specifically related to AEDs, the guidelines have updates reflecting new data on defibrillation. For the most part, this data continues to support the 2005 AHA Guidelines. However, you will want to ensure that the most recent Guidelines are incorporated into your Program, as well as the proper training and implementation. The AED changes are summarized in [Highlights of the 2010 American Heart Association Guidelines for CPR and ECC](#).