



OLR RESEARCH REPORT

June 8, 2012

2012-R-0187

DEFIBRILLATORS

By: James Orlando, Associate Analyst

This report provides an overview of Connecticut law on automatic external defibrillators (AEDs) and describes recent legislative proposals that did not pass that would require AEDs in additional settings. This report updates OLR Report [2011-R-0468](#).

SUMMARY

An AED is a portable automatic device used to restore normal heart rhythm to people having heart attacks. It consists of a small computer (microprocessor), electrodes, and electrical circuitry. If the heart is in ventricular fibrillation (i.e., beating abnormally), the microprocessor recommends a defibrillating shock to restore a regular rhythm. The shock is delivered through adhesive electrode pads.

Connecticut law requires AEDs in certain establishments, including schools (provided funding is available), public golf courses, and, starting October 1, 2012, higher education institution athletic departments. State regulations also require defibrillation equipment (not necessarily AEDs) in certain medical settings. State law addresses other topics related to AEDs, such as (1) training standards for AED use by certain professionals and (2) immunity related to negligently providing, maintaining, or using an AED in certain circumstances.

In addition to bills that have passed, there have been several recent legislative proposals that would require AEDs in health clubs, specified health care facilities, or other settings.

CONNECTICUT LAW ON AEDS

K-12 Schools

The law requires school boards to have at each school, if funding is available, (1) an AED and (2) school staff trained in its use and in cardiopulmonary resuscitation (CPR). The AED and trained personnel must be available during (1) the school's normal operational hours, (2) school-sponsored athletic events and practices on school grounds, and (3) school-sponsored events not taking place during normal school hours.

School boards may accept an AED donation if the AED meets U.S. Food and Drug Administration standards and is in compliance with the manufacturer's maintenance schedule. A board may accept gifts, grants, and donations, including in-kind donations, designated for an AED purchase and the costs of (1) inspecting and maintaining the device and (2) training staff in its use.

The law also requires each school to develop emergency action response plans for the appropriate use of school personnel to respond to individuals experiencing sudden cardiac arrest or similar life-threatening emergencies while on school grounds. Each school with an athletic department or organized athletic program must develop an emergency action response plan addressing appropriate school personnel response to the same circumstances while attending or participating in an athletic event or practice on school grounds ([CGS § 10-212d](#)).

PA 12-198 requires the State Board of Education to make available curriculum and other material to help school districts offer training to students in CPR and the use of AEDs. This provision is effective July 1, 2012.

Higher Education Institutions

PA 12-197 (§ 16) requires at least one AED at each higher education institution's athletic department. The AED must be provided and maintained in a central location not more than ¼ mile from the premises used by the athletic department (i.e., those premises used for intercollegiate sport practice, training, or competition, such as athletic buildings or rooms, gymnasiums, athletic fields, or stadiums).

The act also requires higher education athletic departments to:

1. make the AED's location known and accessible to their employees and student-athletes during all hours of intercollegiate sport practice, training, and competition;
2. ensure that at least one licensed athletic trainer or other person who is trained in CPR and AED use, in accordance with the standards of the American Red Cross or American Heart Association, is on the athletic department premises during all hours of intercollegiate sport practice, training, and competition;
3. maintain and test the AED according to the manufacturer's guidelines;
4. promptly notify a local emergency medical services provider after each use of the AED; and
5. by January 1, 2013, develop and implement a policy consistent with these provisions concerning the availability and use of an AED during intercollegiate sport practice, training and competition.

The act defines "intercollegiate sport" as a sport played at the collegiate level with eligibility requirements for student-athletes' participation that are established by a national association for the promotion or regulation of collegiate athletics.

These provisions of PA 12-197 take effect October 1, 2012.

Public Golf Courses

The law requires each public golf course to provide and maintain an AED in a central location. This provision uses the definition of AED found in the emergency medical services law (see below). A "public golf course" is one with at least nine holes and a course length of at least 2,750 yards ([CGS § 19a-197c](#)).

Certain Medical Settings

Department of Public Health regulations require defibrillation equipment in certain medical settings – such as dialysis units (Conn. Agencies Regs., § 19-13-D55a(l)) and out-patient surgical facilities operated by corporations other than hospitals (Conn. Agencies Regs., § 19-13-D56(i)).

Certain Emergency Vehicles

State regulations require vehicles used by emergency medical technicians and paramedics to contain a defibrillator (Conn. Agency Regs., § 19a-179-18(b)(2)(F)).

Immunity from Liability

“Good Samaritans” and Providing or Maintaining AED. The law extends immunity from liability to any person operating an AED who voluntarily, gratuitously, and not in the ordinary course of his or her employment or practice, gives emergency assistance to a person in need. It specifies that the person providing assistance is not liable for civil damages for acts or omissions in providing the emergency care that might constitute ordinary negligence. The law also provides immunity in a lawsuit for damages for acts arising out of a person’s or entity’s negligence in providing or maintaining an AED. The law specifies that this immunity does not apply to gross, willful, or wanton negligence.

The law specifies that it should not be construed as exempting paid or volunteer firefighters, police officers, or emergency medical services (EMS) personnel from completing training in CPR or in the use of an AED according to the standards of the American Red Cross or American Heart Association ([CGS § 52-557b](#)).

This statute defines an AED as a device that:

1. is used to administer an electric shock through the chest wall to the heart;
2. contains internal decision-making electronics, microcomputers, or special software that allows it to interpret physiologic signals, make medical diagnosis, and, if necessary, apply therapy;
3. guides the user through the process of using the device by audible or visual prompts; and
4. does not require the user to employ any discretion or judgment in its use ([CGS § 52-557b](#); the same definition also applies in the EMS statutes: [CGS § 19a-175](#)).

Training

By law, a paid or volunteer firefighter or police officer, a member of a ski patrol, lifeguard, conservation officer, patrol officer or special police officer of the Department of Energy and Environmental Protection, or emergency medical service personnel who has been trained in the use of AEDs according to American Red Cross or American Heart Association standards is not subject to additional requirements, except recertification requirements, in order to use an AED ([CGS § 19a-197b](#)).

Grants for AED Purchase

Through the Local Capital Improvement Fund, the state reimburses municipalities for the costs of eligible local capital improvement projects. Eligible projects include acquisition of AEDs, among many others (e.g., road construction, public housing projects) ([CGS § 7-536](#)).

RECENT BILLS REQUIRING AEDS THAT DID NOT PASS

There have been several recent bills that would require AEDs in additional settings. Table 1 lists the bills that were introduced, but did not pass, during the last four sessions that would have required AEDs in various settings. It does not include requirements that passed as part of another bill, in the same or another year.

Table 1: Recent Bills That Did Not Pass Requiring AEDs in Additional Settings

<i>Bills</i>	<i>Settings Where AEDs Would Be Required</i>
HB 6266 (2011); Proposed HB 5872 (2011); SB 186 and sSB 186 (2010); Proposed HB 5063 (2009); SB 1089 (2009)	Health clubs
Proposed HB 5289 (2009)	Health clubs and athletic facilities
sSB 1050 (2011)	Outpatient dialysis units not located within or on the grounds of a hospital, outpatient surgical facilities, nursing homes, and managed residential communities offering assisted living services
SB 1050 (2011); Proposed HB 5483 (2011); Proposed HB 5613 (2011)	Dialysis units, outpatient surgical facilities, assisted living services agencies, and residential care homes
Proposed HB 5029 (2009)	Facilities (public or private) that offer physical recreational opportunities to teenagers
Proposed SB 91 (2009)	Public buildings

JO:ro