

## Defibrillators

By: George Miles, Legislative Analyst II  
December 7, 2018 | 2018-R-0332

### Issue

This report provides an overview of Connecticut law on automatic external defibrillators and describes legislative proposals that did not pass that would require AEDs in additional settings.

It updates OLR Report [2012-R-0187](#).

### Summary

Connecticut law requires AEDs in certain establishments, including schools (provided funding is available), public golf courses, and 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 legislative proposals that would require AEDs in health clubs, specified health care facilities, or other settings.

#### *Automatic External Defibrillator (AED)*

*An AED is generally a portable automatic device used to restore normal heart rhythm to people having heart attacks.*

*If the heart is in ventricular fibrillation (i.e., beating abnormally), the device recommends a defibrillating shock to restore a regular rhythm. The shock is delivered through adhesive electrode pads.*

# Connecticut Law on AEDs

## *K-12 Schools*

State 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 an emergency action response plan 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 also 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](#)).

Relatedly, the State Board of Education, within available appropriations, must assist and encourage school boards to offer training in CPR and the use of AEDs ([CGS § 10-16b\(d\)](#)).

## *Higher Education Institutions*

State law 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, and athletic fields or stadiums).

The law 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. develop and implement a policy consistent with these requirements concerning the availability and use of an AED during intercollegiate sport practice, training, and competition.

The law 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 ([CGS § 10a-55](#)).

### ***Public Golf Courses***

State 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](#) & [30-33](#)).

### ***Certain Medical Settings***

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

### ***Certain Emergency Vehicles***

State regulations require vehicles used by emergency medical technicians and paramedics to contain a defibrillator ([Conn. Agencies Reg. § 19a-179-18\(b\)](#)).

### ***Immunity from Liability***

A state statute 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 for acts or omissions arising out of a person's or entity's ordinary negligence in providing or maintaining an AED. The law specifies that these immunities do not apply to gross, willful, or wanton negligence.

The statute 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 guidelines of the American Red Cross or American Heart Association.

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 diagnoses, 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\(a\)](#)).

The same definition also applies in the EMS statutes (see [CGS § 19a-175\(19\)](#)).

### ***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 EMS 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 ([CGS § 7-535](#)). Eligible projects include acquisition of AEDs, among many others (e.g., road construction, public housing projects) ([CGS § 7-536\(a\)](#)).

### **Bills Requiring AEDs That Did Not Pass**

Several bills that would have required AEDs in additional settings were considered during the last 10 legislative sessions but ultimately were not enacted into law. Many of these bills were introduced during a three-year period from 2009 to 2011, with none since 2012. A few of them would have codified into the general statutes existing regulations (e.g., requiring defibrillators at dialysis units). Table 1 lists all of these bills. It does not include requirements that passed as part of another bill, in the same or another year.

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

<i>Settings Where AEDs Would Be Required</i>	<i>Bills</i>
Health clubs	<a href="#">SB 1089 (2009)</a> (only the original raised bill version; bill passed without the health club requirement) <a href="#">Proposed HB 5063 (2009)</a> <a href="#">SB 186 (2010)</a> <a href="#">Proposed HB 5872 (2011)</a> <a href="#">HB 6266 (2011)</a> <a href="#">HB 5514 (2012)</a> (only the original raised bill version; bill passed without the health club requirement)
Health clubs and athletic facilities	<a href="#">Proposed HB 5289 (2009)</a>
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	<a href="#">sSB 1050 (2011)</a>
Dialysis units, outpatient surgical facilities, assisted living services agencies, and residential care homes	<a href="#">SB 1050 (2011)</a> <a href="#">Proposed HB 5483 (2011)</a> <a href="#">Proposed HB 5613 (2011)</a>
Facilities (public or private) that offer physical recreational opportunities to teenagers	<a href="#">Proposed HB 5029 (2009)</a>
Public buildings	<a href="#">Proposed SB 91 (2009)</a>

GM:cmg