

## SB 658: NEW AED MAINTENANCE AND TRAINING STANDARDS EFFECTIVE JANUARY 1, 2016

On September 3, 2015, Governor Jerry Brown signed SB 658 (Chapter 264, Statutes of 2015), which modernizes the maintenance and training requirements for placement of automatic external defibrillators (AEDs) in commercial buildings and K-12 schools, so as to encourage the installation of AEDs in those facilities.

### **NEW STANDARDS**

The new standards have removed certain requirements that have become outdated as AED machines have become more sophisticated and easier to use. The new standards have eliminated current law training requirements for personnel who may need to use an AED, as well as the medical director requirement for placement of an AED. The new standards also repeal the requirement for a written plan describing emergency procedures to be followed in the event of an emergency that may involve the use of an AED. For school districts that wish to install an AED, the new requirements are summarized below.

A person or entity acquiring an AED must:

1. Comply with all regulations governing the placement of an AED. The current regulations governing agencies, organizations and businesses that purchase an AED for use in medical emergencies can be found at 22 CCR § 100031 et. seq. In general terms, those regulations prescribe regular maintenance and inspection of AEDs, training of lay rescuers, and the development of written internal response plans, in accordance with current statutory requirements. Due to the passage of SB 658, these regulations will need to be rewritten, as many of the requirements will change as a result of this new law.
2. Notify an agent of the local Emergency Medical Services (EMS) agency of the existence, location, and type of AED acquired. A local EMS agency can be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties.
3. Ensure the AED is maintained and tested according to the manufacturer's operation and maintenance guidelines.
4. Ensure an inspection is made of all AEDs on the premises at least once every 90 days. Inspections should look for potential issues related to the operability of the device, including a blinking light or other obvious defect that may suggest tampering or that a problem has arisen with the functionality of the AED.
5. Ensure that records of the maintenance and testing required by law are maintained.

## **Building Owners**

In order to obtain qualified immunity from civil liability for the selection, installation, placement and use of AEDs, the new standards require an entity that acquires an AED for emergency use to comply with the standards above, as well as the following three rules that apply to “building owners.”

1. At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.
2. At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency.
3. Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

## **K-12 Principals**

In addition, the statute requires that the principal of a K-12 school where an AED is placed do all of the following:

1. Ensure that administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED.
2. Ensure that instructions on how to use the AED are posted next to every AED. Instructions must be printed no smaller than 14 point-type.
3. At least annually, notify school employees as to the location of all AED units on the campus.

## **ISSUES AND CHECKLIST FOR K-12 SCHOOLS**

It is unclear from the wording of the first “building owner” provision, if it would apply to K-12 schools, since K-12 schools generally don't have “tenants.” This is important, since the qualified immunity from liability is tied to compliance with the requirements for “building owners.” Discussions with legislative staff confirmed that K-12 schools must comply with both the “building owner” and the K-12 requirements outlined above. With regard to providing information to “tenants” about who they can contact to take an AED or CPR training class, we would suggest that K-12 schools that install an AED on campus provide that information as part of the annual notification to school employees as to the location of all AED units on campus. Therefore, our suggested checklist for K-12 school compliance with SB 658 is as follows:

- Comply with all regulations governing the placement of an AED.
- Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.
- Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.
- Ensure that records of the maintenance and testing required by law are maintained.

- At least once a year, provide the following information to school employees:
  - Information regarding the location of all AED units on campus.
  - Information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED.
  - Information about who employees can contact if they want to voluntarily take AED or CPR training.
- At least once a year, offer a demonstration to at least one employee in the building where the AED is placed so that the person can be walked through how to use an AED properly in an emergency.

## **OTHER PROVISIONS**

The law further requires the manufacturer or retailer supplying an AED to provide a person acquiring the AED with all information governing the use, installation, operation, training, and maintenance of the AED.

Finally, the new law also provides that a medical director or other physician is not required to be involved in the acquisition or placement of an AED. However, a health care professional that is involved in the selection, placement, or installation of an AED is not liable for civil damage resulting from acts or omissions in the rendering of emergency care by use of that AED.

These new standards go into effect on January 1, 2016.

For questions regarding this *Briefing*, please contact your Keenan Account Manager.

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