



Automated External Defibrillation (AED) Guidelines

Students have a right to a safe school environment.

Disclaimer: The technical information contained herein is provided to ASCIP members and nonmembers. Use of this information is voluntary, and reliance on it should only be undertaken after an independent review of its accuracy, completeness, efficiency, and timeliness.

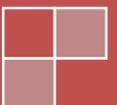


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Automated External Defibrillation (AED) Program

BACKGROUND

Section 1797.196¹ of the Health and Safety Code in coordination with Education Code Section 49417 provides that a District which acquires AEDs for emergency use is **not** liable for any civil damages resulting from the use of AEDs to provide emergency care if the District does the following:

- Complies with all regulations governing the placement of AEDs
- Notifies its local EMS agency of the existence, location, and type of AEDs
- Maintains and tests its AEDs per the manufacturer's guidelines
- Tests the AEDs at least twice a year and after each use
- Inspects all AEDs on the premises at least every 90 days
- Maintains records of the maintenance and testing of the AED as required by the statute
- Requires its school principals to ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED.²

If the District acts in a grossly negligent or willful or wanton manner, the District will lose its statutory immunities with respect to use of an AED. Even in the absence of employee misconduct, the District may lose its statutory immunity if it fails to comply with all of the obligations of Section 1797.196. These requirements include: (a) regular maintenance and testing of the AED, (b) development, implementation, and compliance with specified emergency protocols and disclosures, and (c) employee training in compliance with regulatory standards.

GOAL

Districts must maintain a safety and secure environment for students, staff and the general public. Districts seeking to establish, maintain, and oversee successful

¹ Except for gross negligence or willful misconduct, "if an employee of a school district complies with Section 1714.21 of the Civil Code in rendering emergency care or treatment through the use, attempted use, or nonuse of an AED at the scene of an emergency, the employee shall not be liable for any civil damages resulting from any act or omission in the rendering of the emergency care or treatment." (Education Code Section 49417)

² If a District designates specifically trained and paid employees who are available to respond to emergencies that may involve the use of an AED during specified, normal operating hours, such immunity may not be available.

Automated External Defibrillation (AED) programs enhance their opportunity to accomplishing this goal.

SCOPE³

These guidelines are for Districts dedicated to establishing, maintaining, and overseeing a successful Automated External Defibrillation (AED) Program. The purpose is to provide guidance on program requirements, placement, care and use, training, and other components that may be required by districts to ensure that an effective AED program is in place. These guidelines also inform Districts about the mandate to introduce CPR education commencing with the 2018-19 school year for most Districts and the mandate to comply with the Eric Paredes Sudden Cardiac Arrest Prevention Act.

EDUCATION IN CPR – NEW REQUIREMENT!

Education Code Section 51225.6 mandates that, commencing with the 2018–19 school year, Districts and charter schools that require a course in health education for graduation from high school must include instruction in performing compression-only cardiopulmonary resuscitation (CPR) as part of their required health education course offering. This instruction shall include the following:

1. An instructional program based on national evidence-based emergency cardiovascular care guidelines for the performance of compression-only CPR, such as those developed by the American Heart Association or the American Red Cross.
2. Instruction to pupils relative to the psychomotor skills⁴ necessary to perform compression-only CPR.

THE CONCEPT OF AN EARLY DEFIBRILLATION PROGRAM

Early defibrillation will succeed only when implemented as part of the chain of survival. The links of the chain of survival include early recognition of cardiopulmonary arrest and activation of 911 by trained responders, early CPR, and early defibrillation when indicated, and early advance life support. Establishment of early defibrillation within a strong chain of survival will ensure the highest possible survival rate. Accordingly, it is recommended that a response team be established at each site with oversight from the District’s program administrator. The goal of the response team is to increase the rate of survival of people who have sudden cardiac arrest at work. Effective programs deliver a shock to a victim

³ These procedures are largely adopted from those promulgated by the Santa Barbara Self Insured Program for Employees (SIPE) for SIPE Schools in Santa Barbara County

⁴ For purposes of that bullet, “psychomotor skills” means skills that pupils are required to perform as hands-on practice to support cognitive learning.

within 3 to 5 minutes of collapse.

USE OF AEDs IN SCHOOLS

It should be noted that once an AED unit is installed and/or placed in service, it will generally need to be maintained in accordance with the Health & Safety Code indefinitely. If, at some point after an AED is placed in service, it is decided that the device was not as useful as had been anticipated or is cost-prohibitive and is removed, certain potential liabilities could arise. Should it be alleged that such an AED might have saved a life if it had been left in place for emergency use, it may prove difficult to justify such actions.

Since an AED represents a perpetual expense, long term budgeting may be an issue. One critical decision which should be tackled concerns deciding how many AEDs are desired and where such AEDs should be installed. Enough units or too many? Right places or wrong places?

When an AED is placed in a public or private K-12 school, the principal shall ensure that the school administrators and staff annually receive a brochure, approved as to contents and style by the American Heart Association or the American Red Cross that describes the proper use of an AED. The principal shall also ensure that similar information is posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

There is also an obligation to notify an agent of the local EMS agency of the existence, location, and type of AED acquired, and to provide to each AED sites' authorized representative/principal all information governing the use, installation, operation, training, and maintenance of the respective AEDs. School site obligations, budgetary constraints, and/or turnover of employees responsible for these statutory requirements can result in a failure to meet all of these obligations on a daily/yearly basis. If the District's statutory immunity is lost due to noncompliance with these obligations (even if the involved employee(s) is immune because he/she acted reasonably under the circumstances), the District may face liability unless such risks are transferred to the AED's distributor/manufacturer. The District must recognize, however, that the protections afforded under the manufacturer's or distributor's indemnity or insurance agreements will likely be lost if it is shown that a failure of maintenance or compliance with other AED instructions/requirements led to the resulting claim of injury.

STORAGE AND ACCESSIBILITY

The District's AED program administrator with oversight from a medical/ health care provider must determine the locations to place AED's within each school site. AED's

must be placed for the most efficient response time. An AED should be available within 4 minutes of every person on a school site during normal operating school hours. In some cases this may mean more than 1 AED is necessary. A good rule of thumb is for 1 AED for elementary schools, 2 AEDs for middle schools, and 3 AEDs for high schools.

The following should be taken into consideration when designating locations for AED placement:

- Assess each building for optimal location for storage of the AED. Locations should be readily accessible but secure.
- Staff should be notified of the location and how to access the AED in an emergency.
- Access and use of the AED by third parties and facility users as necessary

THE RESPONSE TEAM

Choosing dedicated staff to be part of a response team is essential to ensure an effective program. The response team roles should include an AED program administrator (usually, the District's safety officer or equivalent), medical director (or lead school nurse or equivalent), site coordinators (in most cases, individual school principals or designees), volunteer responders (teachers or staff), and the District risk manager or equivalent (if applicable). Below are examples of the types of responsibilities for each role:

AED Program Administrator (or Safety Officer or equivalent)

It is the responsibility of the District Safety Office (or equivalent) to:

1. Oversee the implementation of the program
2. Designate the AED site coordinators(s)
3. Communicate with key decision makers
4. Review the program annually to evaluate effectiveness
5. Accurately maintain and update the AED monthly inspections

Medical Director (or Nursing Director or equivalent)

The Medical Director provides program oversight, offers leadership and medical expertise to ensure safe implementation and is responsible to:

1. Develop and approve AED program protocols
2. Approve training programs
3. Identify and review national training programs
4. Communicate with program administrator and local EMS
5. Review all incidents involving the use of an AED

6. Provide post-event debriefing and support
7. Assure overall program quality. The Medical Director has the authority to suspend or terminate volunteer responder privileges based upon deficiencies in compliance with District protocols, policies and procedures, training, or inappropriate actions that are not consistent with program policies.

Site Coordinator (or Principal or designee)

It is the responsibility of the Site Coordinator to:

1. Communicate with District with respect to:
 - a. Medical director and medical oversight
 - b. Program administration, management and EMS notification
 - c. Volunteer responders
 - d. Compliance with District policies and procedures
2. Maintain a current list of trained volunteer responders
3. Facilitate event review, data collection and quality initiatives
4. Adhere to the District guidelines for maintenance and upkeep involving the AED(s) they are responsible for
5. Accurately maintain and update their AED monthly inspections via the Internet or maintenance work order.

Volunteer Responders (Teachers or Staff)

Volunteer responders may, if desired, at their sole discretion, and if funding allows:

1. Successfully complete all training and skills evaluation as detailed by the AHA and the medical director
2. Comply with the Emergency Response Guide and respond to emergencies as designated
3. Maintain current certification and participate in re-certification

At all times, instructions, in no less than 14-point type, on how to use the AED are posted next to every AED, and ***AEDs can be used for emergency applications by any District employee without prior training or certification.***

District Risk Manager (or Safety Manager or Other Staff or Consultants)

It is the responsibility of the District Safety Manager to:

1. Provide medical direction and oversight by a local medical director and comply with the guidance set forth by the medical director
2. Identify and review local and state regulations
3. Notify the local EMS or regulatory agency of the location of AED's where applicable

by law or regulation

4. Identify local EMS policy and procedures and communicate them to the Program Administrator
5. Share AED use data per local and state regulations
6. Notify the site coordinator of upcoming consumable or volunteer responder expirations in a reasonable amount of time so that replacements and re-certifications may be obtained prior to expiration.

TRAINING REQUIREMENTS

“When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school’s emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.” (Health and Safety Code Section 1797.196 (c)(1)). At all times, instructions must be posted next to each AED, in no less than 14-point type, on how to use the AED. Specifically, no one is required to take CPR or AED training as a requisite for AED use. However, at least once a year, the District (as the building owner) is required to notify staff, teachers, students, and parents (as tenants) as to the location of the AED units and to provide information to these people about whom they can contact if they want to voluntarily take AED or CPR training.

RESPONSE AND RESPONSE EQUIPMENT

Any employee who recognizes an emergency must first call 911 immediately. Notifying emergency medical services is the first link in the chain of survival and is a very crucial step. After the call (or simultaneous with the call if a person other than the ultimate AED responder is present), use the AED. AEDs should be used per manufacturer instructions and training.

AED’s and other emergency response equipment support the chain of survival in the event of a sudden cardiac arrest. Each device should be maintained per policy and following the manufacturer’s guidelines. The AED shall only be applied to:

1. Unresponsive and not breathing victims and

2. Victims at least 8 years of age or weighing at least 55 pounds⁵.

Location

The AED's will be placed in the location recommended by District and the program administrator.⁶ AED's are placed for the most efficient response time to ensure that the goal of the AED program is reached. AEDs should be stored with the appropriate accessories.

All accessory equipment must remain with the AED and includes the following:

Figure 1
AED Accessories

Item Description	Quantity
Electrode pads	1 or more
AED battery	1 or more
Rescue essentials	1 or more

All equipment and accessories must be inspected routinely for readiness of use and integrity of device.

EQUIPMENT MAINTENANCE

The District must establish guidelines and schedules for AED maintenance checks. Staff must report immediately, any defects, missing, damaged or expired accessories to district staff that is managing the AED program. See **Appendix I** for the Periodic Maintenance Checklist.

The site coordinator is required to complete the periodic maintenance verification checklist on each AED to ensure the quality of the AED program. Monthly checks are required to be recorded monthly. If the AED has not been checked within three business (3) days following the end of the month maintenance deadline, the program administrator and the site coordinator will be notified that the site has reached an out-of-compliance status.

⁵ Pediatric electrodes, if available, for victims younger than 8 years of age or fewer than 55 pounds.

⁶ In an elementary school, most commonly there is one AED located in or near the front office. In a middle school, there are most commonly two AEDs. One is located in or near the front office, and the other is located in the gym. In a high school, there are commonly three or four AEDs. One is in or near the front office; a second, in the gym; a third, at the athletic field; and, a fourth, a portable unit assigned to the athletic department and taken to practice fields and events.

POST INCIDENT FOLLOW-UP

After the victim has been attended by professional first responders, staff must complete the following post incident procedures:

1. Notify District Office immediately,
2. Complete a district **Confidential School Incident Report**⁷ to document the event,
3. Complete post incident equipment maintenance as follows:

- A. **Data Retrieval**

The event data will be retrieved from the AED and submitted to the overseeing physician for review and filing according to local requirements. Data cards may also be submitted in lieu of AEDs for data retrieval.

- B. **AED Return to Service**

Once the AED has been returned to the specified location, inspect the AED for any damage and/or missing parts. Replace all supplies used during the event such as batteries and electrode pads.

4. Participate in a critical incident debriefing session. A critical incident debriefing session should be held as soon as possible following an event. This will be done on an informal basis. The purposes of debriefing are as follows:
 - A. Determine the need for emotional support for the volunteer responders
 - B. Evaluate the effectiveness and quality of the Emergency Response Plan
 - C. Determine the need for additional training
 - D. Recommend corrective actions

No changes to the Emergency Response Plan (see **Appendix II**) should be made without conferring with the program administrator, and the expressed authorization from District based on consultation with and approval by the Medical Director.

CONFIDENTIALITY

The Post Incident Report (see **Appendix IV**) is part of the patient care record and is confidential information. This report should not to be copied or altered after it is completed by the signatory reporter. Compliance with HIPAA is mandatory. Volunteer responders must refrain from any discussion with co-workers about any aspects of the emergency, including outcome. A critical incident debriefing session will be held with the volunteer responders involved with the care of the patient. This is the only time that

⁷ This form is available from your ASCIP Risk Services Consultant. For an AED use event, please check the Other box in the "Apparent Nature of Injury" field and type "AED" in the space to the right of the box.

confidential information is allowed to be shared with the Medical Director and the AED Site Coordinator.

REPORT MISUSE OR DEFECTS

Any defects in the AED operation or deviation from the protocols established herein are to be reported to the program administrator. Any suspected tampering and/or misuse must be reported immediately so the AED can be inspected for proper operation.

ERIC PAREDES SUDDEN CARDIAC ARREST PREVENTION ACT

Effective July 1, 2017, the Eric Paredes Sudden Cardiac Arrest Prevention Act:

1. Mandates a return-to-play protocol for students who pass out or faint during an athletic activity,
2. Requires coaches to complete a sudden cardiac arrest training course, and
3. Requires schools to retain a copy of a sudden cardiac arrest information sheet before a student participates in an athletic activity as follows:

An outline of each of these requirements follows:

RETURN-TO-PLAY PROTOCOL

- Requires that a student who passes out or faints or who is known to have passed out or fainted while participating in or immediately following an athletic activity be removed from participation by the athletic director, coach or athletic trainer.
- Authorizes an athletic trainer or authorized person to remove from participation a student who exhibits unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue during an athletic activity, if the athletic trainer reasonably believes that the symptoms are cardiac related.
- Prohibits a student who is removed from play from being permitted to return to an athletic activity until the student is evaluated and cleared to return in writing by a physician and surgeon, or a nurse practitioner or physician assistant.
- Requires, in the absence of an athletic trainer, any coach who observes any of the symptoms of sudden cardiac arrest to notify the parent so that the parent can determine what treatment, if any, the student should seek.
- Exempts from these protocols athletic activities during the regular school day or as part of a physical education course unless it constitutes a practice, interscholastic practice, or scrimmage.

TRAINING (BY JULY 1. 2019)

- Requires coaches, prior to coaching athletics, to complete the sudden cardiac arrest

training course using the information posted on the Department of Education's (CDE's) Web site.

- Requires coaches to retake the training course every two years.
- Makes a coach ineligible to coach an athletic activity until the coach completes the training course.
- Requires that a coach who does not receive the training, be suspended from coaching until completion of the required training.

SUDDEN CARDIAC ARREST INFORMATION SHEET (See Appendix IX)

- Requires, annually before a student participates in an athletic activity governed by the California Interscholastic Federation (CIF), the school to collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that student.
- Requires, before a student participates in athletics not governed by the CIF, the student and the student's parent to sign and return to the school an acknowledgment of receipt and review of the information sheet posted on the CDE's Web site.

POSTING OF GUIDELINES AND INFORMATION

- Requires the CDE to post on its Web site guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs, etc. to inform students and parents, and to train coaches about the nature and warning signs.
- Authorizes materials to include those developed or used by the National Federation of High School Associations, the Eric Paredes Save A Life Foundation, or the CIF.
- Encourages schools and school districts to post the information and materials on their Web sites.

For those Districts that have opted to an Automated External Defibrillation (AED) Program, the Eric Paredes Sudden Cardiac Arrest Prevention Act compliance can be expanded by incorporating AED training and use in addition to the CDE training requirements.

APPENDIX I

Periodic Maintenance Checklist

To check your device:

- 1 Go to the location in your facility where the device is located. Verify that the AED still indicates a “ready status.” Refer to the manufacturer’s guidelines for further information on verifying “ready status.”
- 2 Check the expiration date on the electrode pads and the batteries. Note: The AED’s self-diagnostic may detect the expiration status of your AED battery.

To enter the record of your inspection:

- 1 For each site you are overseeing, you will need to enter the maintenance record.
- 2 Click on the dashboard tab to take you to your AED inventory and locations.
- 3 Click the status tab to see the AED inspection checklist. Verify you inspected by clicking “check now.” When done, click the save button.

What if something is wrong with my device?

If your device is not in ready status when you click on the “no” bubble, the system will open another box that will explain and allow you to correct the problem.

APPENDIX II

Response Plan

The following AED protocol is for use by the District's volunteer responders. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the following AED protocol flow:

1. Conduct an initial assessment:
 - a. Assess for scene safety; use universal precautions.
 - b. Assess patient for lack of consciousness, lack of pulse and signs of circulation.
2. Ensure that 911 have been notified and that the local EMS response agency is en-route. When an emergency call is received, the following information must be obtained:
 - a. Type of emergency
 - b. Location of the emergency
 - c. Breathing/consciousness of patient and whether or not CPR is in progress
 - d. Any special access instructions
3. Open the patient's airway and initiate CPR until the AED arrives.
4. As soon as the AED is available, power on the AED and follow the prompts. **Read and follow the 14-point font Instruction Sheet located next to the AED. [This may be similar to the Appendix V instructions.]** Make sure that the AED pads are placed in their proper location and that they are making effective contact with the patient's chest. Do not place the AED pads over the nipple, medication patches, or implantable devices. It is vital that the electrode pads are placed on patient as soon as possible.
5. Deliver a shock to the patient when advised by the AED after first clearing the patient area. Administer additional shocks as prompted by the AED until the AED advises no shock, or a series of three (3) consecutive shocks has been delivered.
6. If no shock is advised, check the patient's airway, breathing, and pulse prior to initiation of CPR.
7. If the patient exhibits no pulse or respiration, continue to perform CPR until otherwise prompted by the AED, EMS medics, and/or the medical director.
8. Transfer patient care to EMS. No more than 24 hours following the event, document the SCA event and complete the AED Incident Report (complete all fields). Provide all documentation to the AED site coordinator/program administrator within 24 hours of the occurrence of the event.
9. Follow post-event procedures as documented in these Guidelines. Post-event procedures shall commence including:
 - a. AED Incident Report (See **Appendix IV**)
 - b. Notification of supervisor/AED site coordinator/program administrator
 - c. Replacement of all equipment used.

APPENDIX III
DRAFT BOARD POLICY
Automated External Defibrillators

The Board authorizes the placement of automated external defibrillators (AEDs) at designated school sites for use by employees or volunteers.

The Superintendent or designee shall develop and adopt administrative regulations ensuring the District's compliance with California law and regulations applicable to the placement, maintenance, and use of AEDs within California schools. Such administrative regulations may also allow for the use of portable AEDs by District personnel when participating in off-campus district-sponsored events.

The Board's authorization of the voluntary placement of AEDs at District sites neither creates a guarantee or obligation that an AED will be used in the case of an emergency nor certifies that employees or volunteers will be available and willing to use the AED in an emergency situation. This authorization also neither creates a guarantee that the AED will properly operate nor implies that it will correct any particular health or medical condition.

APPENDIX IV
SAMPLE FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

Facility Name: _____
Incident Location: _____
Street Address: _____
City State Zip County _____

- 1 Date of Incident: ____/____/____ (MM/DD/YY)
- 2 Estimated time of incident: ____:____ (HH/MM) circle AM or PM
- 3 Patient Gender: Male Female
- 4 Estimated age of patient: _____ yrs.
- 5 Did the patient collapse (become unresponsive)? Yes No
 - a. If Yes, what were the events immediately prior to collapse? (check all that apply: Difficulty breathing Chest pain No signs or symptoms Drowning Electrical shock Injury Unknown
 - b. Was someone present to see the person collapse? Yes No If Yes, was that person a trained AED employee? Yes No
 - c. After collapse, at the time of patient assessment and just prior to the facility AED pads being applied: Was the person breathing? Yes No Did the person have signs of circulation? Yes No
6. Was CPR given prior to 911 EMS arrival? Yes Go to 6a No Go to 7
 - a. Estimated time CPR started: ____:____ (HH/MM) circle AM or PM
 - b. Was CPR started prior to the arrival of a trained AED employee? Yes No
 - c. Who started CPR? Bystander Trained AED employee
7. Was a facility AED brought to the patient's side prior to 911 EMS arrival? Yes No
 - a. If No, briefly describe why and skip to #15 _____
 - b. If Yes, estimated time (based on your watch) facility AED at patient's side: ____:____ (HR:MM) AM or PM
8. Were the facility AED pads placed on the patient? Yes No
 - a. If Yes, was the person who put the AED pads on the patient a: Trained AED facility employee Untrained AED facility employee Bystander
9. Was the facility AED turned on? Yes No
 - a. If Yes, estimated time (based on your watch) facility AED was turned on: ____:____ (HR:MM) AM or PM
10. Did the facility AED ever shock the patient? Yes No If Yes:
 - a. Estimated time (based on your watch) of 1st shock by facility AED: ____:____ (HR:MM) AM or PM
 - b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? ____
11. Name of person operating the facility AED: _____ First Middle Last

- a. Is this person a trained AED employee? Yes No
- b. Highest level of medical training of person administering the facility AED: Public AED trained First responder AED trained EMT-B CRT/EMT-P
Nurse/Physician Other health care provider No known training
12. Were there any mechanical difficulties or failures associated with the use of the facility AED?
Yes No If Yes, briefly explain & attach a copy of the completed FDA reporting form (required by law).
13. Did any of the below personal concerns regarding the patient apply? Vomiting Excessive chest hair Sweaty Water/Wet Surface Other concerns not listed above: _____
14. Were there any unexpected events or injuries that occurred during the use of the facility AED?
Yes No If yes, briefly explain: _____
15. Indicate the patient's status at the time of the 911 EMS arrival:
Circulation restored: Yes No Unsure If yes, time restored: __:__(HH:MM) AM or PM
Breathing restored: Yes No Unsure If yes, time restored: __:__(HH:MM) AM or PM
Responsiveness restored: Yes No Unsure If yes, time restored: __:__(HH:MM) AM or PM
16. Was the patient transported to the hospital? Yes No
- a. If yes, how was the patient transported? EMS Ambulance Private vehicle Other _____
- b. If yes, please provide name of transporting ambulance service and the facility the patient was transported to: _____
17. Other comments/concerns not referenced on this form that may be useful for the medical director?

Report completed by: _____
Please print name Date _____
Signature Date _____
Title Office Phone _____
Make/model of the facility AED used? _____ Manufacturer Model _____

PLEASE RETURN TO _____ DEPARTMENT WITHIN 24 HOURS FOLLOWING INCIDENT

APPENDIX V

How To Use an Automated External Defibrillator (AED)

Note: These are [generic instructions on AED use](#) that have been copied from the website of the National Institute of Health, a part of the U.S. Department of Health and Human Services.

Before using an automated external defibrillator (AED) on someone who you think is having [sudden cardiac arrest](#) (SCA), check him or her.

If you see a person suddenly collapse and pass out, or if you find a person already unconscious, confirm that the person can't respond. Shout at and shake the person to make sure he or she isn't sleeping.

Never shake an infant or young child. Instead, you can pinch the child to try to wake him or her up.

Call 9–1–1 or have someone else call 9–1–1. If two rescuers are present, one can provide CPR (cardiopulmonary resuscitation) while the other calls 9–1–1 and gets the AED.

Check the person's breathing and pulse. If breathing and pulse are absent or irregular, prepare to use the AED as soon as possible. (SCA causes death if it's not treated within minutes.)

If no one knows how long the person has been unconscious, or if an AED isn't readily available, do 2 minutes of CPR. Then use the AED (if you have one) to check the person.

After you use the AED, or if you don't have an AED, give CPR until emergency medical help arrives or until the person begins to move. Try to limit pauses in CPR.

After 2 minutes of CPR, you can use the AED again to check the person's heart rhythm and give another shock, if needed. If a shock isn't needed, continue CPR.

Using an Automated External Defibrillator

AEDs are user-friendly devices that untrained bystanders can use to save the life of someone having SCA.

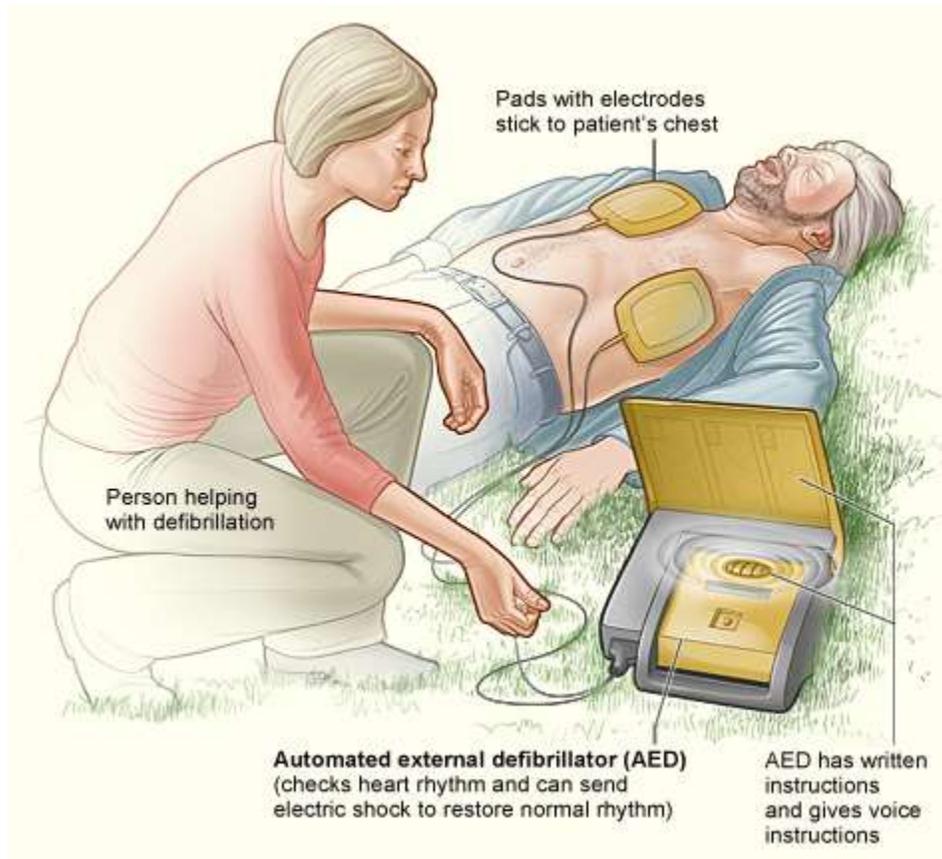
Before using an AED, check for puddles or water near the person who is unconscious. Move him or her to a dry area, and stay away from wetness when delivering shocks (water conducts electricity).

Turn on the AED's power. The device will give you step-by-step instructions. You'll hear voice prompts and see prompts on a screen.

Expose the person's chest. If the person's chest is wet, dry it. AEDs have sticky pads with sensors called electrodes. Apply the pads to the person's chest as pictured on the AED's instructions.

Place one pad on the right center of the person's chest above the nipple. Place the other pad slightly below the other nipple and to the left of the ribcage.

Automated External Defibrillator



The image shows a typical setup using an automated external defibrillator (AED). The AED has step-by-step instructions and voice prompts that enable an untrained bystander to correctly use the machine.

Make sure the sticky pads have good connection with the skin. If the connection isn't good, the machine may repeat the phrase "check electrodes."

If the person has a lot of chest hair, you may have to trim it. (AEDs usually come with a kit that includes scissors and/or a razor.) If the person is wearing a medication patch that's in the way, remove it and clean the medicine from the skin before applying the sticky pads.

Remove metal necklaces and underwire bras. The metal may conduct electricity and cause burns. You can cut the center of the bra and pull it away from the skin.

Check the person for implanted medical devices, such as a [pacemaker](#) or [implantable cardioverter defibrillator](#). (The outline of these devices is visible under the skin on the chest or abdomen, and the person may be wearing a medical alert bracelet.) Also check for body piercings.

Move the defibrillator pads at least 1 inch away from implanted devices or piercings so the electric current can flow freely between the pads.

Check that the wires from the electrodes are connected to the AED. Make sure no one is touching the person, and then press the AED's "analyze" button. Stay clear while the machine checks the person's heart rhythm.

If a shock is needed, the AED will let you know when to deliver it. Stand clear of the person and make sure others are clear before you push the AED's "shock" button.

Start or resume CPR until emergency medical help arrives or until the person begins to move. Stay with the person until medical help arrives, and report all of the information you know about what has happened.

APPENDIX VI

AB 1639: Eric Paredes Sudden Cardiac Arrest Prevention Act

Existing law requires a school district, charter school, or private school that elects to offer an athletic program to comply with certain requirements relating to pupil safety, including, among other things, removing an athlete who is suspected of sustaining a concussion or head injury from an athletic activity.

This bill would create the Eric Paredes Sudden Cardiac Arrest Prevention Act and would require the State Department of Education to post on its Internet Web site guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs, and other relevant materials relating to sudden cardiac arrest. The bill would require a pupil in any public school, including a charter school, or private school that elects to conduct athletic activities, and the pupil's parent or guardian, to sign and return an acknowledgment of receipt of an information sheet on sudden cardiac arrest symptoms and warning signs each school year before the pupil participates in an athletic activity, as specified. The bill would require an athletic director, coach, athletic trainer, or authorized person, as defined, to remove from participation a pupil who passes out or faints while participating in or immediately following an athletic activity, and would require a coach of an athletic activity to complete a sudden cardiac arrest training course every other school year. The bill would impose penalties, on and after July 1, 2019, for a violation of the provision requiring a coach to complete a sudden cardiac arrest training course, as specified. The bill would make the act's provisions operative on July 1, 2017.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Article 13.5 (commencing with Section 33479) is added to Chapter 3 of Part 20 of Division 2 of Title 2 of the Education Code, to read:

Article 13.5. ***The Eric Paredes Sudden Cardiac Arrest Prevention Act***

Education Code Section 33479.

This act shall be known, and may be cited, as the Eric Paredes Sudden Cardiac Arrest Prevention Act.

33479.1.

For purposes of this article, the following definitions apply:

- (a) "Athletic activity" includes all of the following:
 - (1) Interscholastic athletics.
 - (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by a school, including cheerleading and club-sponsored sports activities.
 - (3) Noncompetitive cheerleading that is sponsored by a school.
 - (4) Practices, interscholastic practices, and scrimmages for all of the activities listed under paragraphs (1) to (3), inclusive.
- (b) "Authorized person" means an employee, volunteer, or contractor authorized to provide health or medical services to pupil athletes.
- (c) "School" means a public school, including a charter school, or private school that elects to conduct athletic activities.

33479.2.

- (a) The department shall post on its Internet Web site guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs, and other relevant materials to inform and educate pupils and parents, and to train coaches about the nature and warning signs of

sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue.

- (b) Materials posted by the department on its Internet Web site may include, but are not necessarily limited to, those developed or used for sudden cardiac arrest education and coaches training by the National Federation of High School Associations, the Eric Paredes Save A Life Foundation, or the California Interscholastic Federation.
- (c) School districts and schools are encouraged to post on their Internet Web sites the information and material required to be posted by the department pursuant to subdivision (a) to give pupils, parents, and coaches ready access to the information.

33479.3.

Each school year, before a pupil participates in an athletic activity governed by the California Interscholastic Federation, the school shall collect and retain a copy of the sudden cardiac arrest information sheet required by the California Interscholastic Federation for that pupil. Before a pupil participates in an athletic activity not governed by the California Interscholastic Federation, the pupil and the pupil's parent or guardian shall sign and return to the pupil's school an acknowledgment of receipt and review of the information sheet posted on the department's Internet Web site pursuant to subdivision (a) of Section 33479.2.

33479.4.

A school may hold an informational meeting before the start of each athletic season for all ages of competitors regarding the symptoms and warning signs of sudden cardiac arrest. In addition to pupils, parents, coaches, and other school officials, informational meetings may include physicians, pediatric cardiologists, athletic trainers, and authorized persons.

33479.5.

- (a) A pupil who passes out or faints while participating in or immediately following an athletic activity, or who is known to have passed out or fainted while participating in or immediately following an athletic activity, shall be removed from participation at that time by the athletic director, coach, athletic trainer, or authorized person.
- (b) A pupil who exhibits any of the other symptoms of sudden cardiac arrest, as described in subdivision (a) of Section 33479.2, during an athletic activity, may be removed from participation by an athletic trainer or authorized person if the athletic trainer or authorized person reasonably believes that the symptoms are cardiac related. In the absence of an athletic trainer or authorized person, any coach who observes any of the symptoms of sudden cardiac arrest shall notify the parent or guardian of the pupil so that the parent or guardian can determine what treatment, if any, the pupil should seek.
- (c) A pupil who is removed from play under this section shall not be permitted to return to participate in an athletic activity until the pupil is evaluated and cleared to return to participate in writing by a physician and surgeon, or a nurse practitioner or physician assistant practicing in accordance with standardized procedures or protocols developed by the supervising physician and surgeon and the nurse practitioner or physician assistant, as applicable.
- (d) This section does not apply to a pupil engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220 unless it constitutes a practice, interscholastic practice, or scrimmage pursuant to paragraph (4) of subdivision (a) of Section 33479.1.

33479.6.

- (a) A coach of an athletic activity shall complete the sudden cardiac arrest training course specified in Section 33479.2 and shall retake the training course every two years thereafter.
- (b) A coach of an athletic activity shall not be eligible to coach an athletic activity until the coach completes the training course required under subdivision (a).

33479.7.

On and after July 1, 2019, a coach who violates Section 33479.6 shall be subject to suspension from coaching any athletic activity until completion of the required training.

33479.8.

The sponsors of youth athletic activities are encouraged to follow the guidelines specified in this article.

33479.9.

This article is operative on July 1, 2017.

APPENDIX VII

Health and Safety Code Section 1797.196

HEALTH AND SAFETY CODE - HSC

1797.196.

- (a) For purposes of this section, "AED" or "defibrillator" means an automated external defibrillator.
- (b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:
 - (A) Comply with all regulations governing the placement of an AED.
 - (B) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.
 - (C) Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.
 - (D) Ensure that the AED is tested at least biannually and after each use.
 - (E) Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.
 - (F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.
- (2) When an AED is placed in a building, the building owner shall do all of the following:
 - (A) 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.
 - (B) 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. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.
 - (C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.
- (3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.
- (c) (1) When an AED is placed in a public or private K–12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school's emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.
 - (2) This section does not prohibit a school employee or other person from rendering aid with an AED.
- (d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.
- (e) A violation of this section is not subject to penalties pursuant to Section 1798.206.
- (f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.
- (g) For purposes of this section, "local EMS agency" means an agency established pursuant to Section 1797.200.
- (h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. Effective January 1, 2016.)

APPENDIX VII

Education Code Section 51225.6

51225.6

- (a) If the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, the governing board of a school district or the governing body of a charter school shall include, commencing with the 2018–19 school year, instruction in performing compression-only cardiopulmonary resuscitation (CPR). This instruction shall include both of the following:
 - (1) An instructional program based on national evidence-based emergency cardiovascular care guidelines for the performance of compression-only CPR, such as those developed by the American Heart Association or the American Red Cross.
 - (2) Instruction to pupils relative to the psychomotor skills necessary to perform compression-only CPR. For purposes of this paragraph, “psychomotor skills” means skills that pupils are required to perform as hands-on practice to support cognitive learning.
- (b) Before the commencement of the 2017–18 school year, the department shall provide guidance on how to implement this section, including, but not limited to, who may provide instruction pursuant to this section.
- (c) The governing board of a school district or the governing body of a charter school is encouraged to provide to pupils general information on the use and importance of an automated external defibrillator (AED). The physical presence of an AED in the classroom is not required.
- (d) The governing board of a school district or the governing body of a charter school may adopt policies to implement this section.
- (e) (1) The governing board of a school district or the governing body of a charter school providing instruction in performing compression-only CPR or information on the use of an AED pursuant to this section is encouraged to use the most cost-effective means possible to implement that requirement.
 - (2) This section shall not be construed to require the governing board of a school district or the governing body of a charter school to make any purchases, including, but not limited to, purchasing an AED.
- (f) (1) A local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises the instruction of pupils in compression-only CPR or the use of an AED pursuant to this section shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction.
 - (2) A public employee who provides or facilitates the instruction of pupils in compression-only CPR or the use of an AED pursuant to this section shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction.
 - (3) This subdivision shall not be construed to grant immunity from civil damages to any person who provides or facilitates the instruction of pupils in compression-only CPR or the use of an AED in a manner that constitutes gross negligence or willful or wanton misconduct.

(Added by Stats. 2016, Ch. 556, Sec. 1. Effective January 1, 2017.)

APPENDIX VIII

SUDDEN CARDIAC ARREST INFORMATION SHEET

- For students participating in an athletic activity governed by the California Interscholastic Federation (CIF), the school shall annually collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF **[copy not yet available]**.
- For students participating in athletics not governed by the CIF, the student and the student's parent shall annually sign and return to the school an acknowledgment of receipt and review of the information sheet posted on the CDE's Web site CIF **[copy not yet available]**.