



Date: September 18, 2000

To: State Agency Heads

From: George Lightbourn, Secretary, Department of Administration

Re: Semi Automatic External Defibrillator (SAED) Guidelines
Criteria for State Agencies to Consider When Developing an SAED Policy

Recent technological advances have resulted in the ready availability of lightweight automatic and semi automatic external defibrillators. These portable devices can be used by trained individuals in advance of the arrival of EMS personnel to deliver an electrical shock to restore normal heart rhythms to victims of sudden cardiac arrest (SCA), resulting in dramatically increased survival rates.

The American Heart Association (AHA) strongly recommends the establishment of Public Access Defibrillation (PAD) programs in public buildings. In response to this recommendation, the Legislature passed Wisconsin Act 7, effective August 12, 1999, which provides civil immunity to individuals who render emergency medical treatment through the use of Semi Automatic External Defibrillators (SAED's). Act 7 currently provides immunity only for the use of semi automatic external defibrillators and for those individuals who do not provide medical services within the scope of their usual and customary employment. Regardless, in the event an individual is sued, the State would defend and indemnify any employee who is properly trained and uses the equipment when in their normal scope of employment.

A project team organized by the Bureau of State Risk Management created the enclosed document, "Criteria for State Agencies to Consider When Developing an SAED Policy." This document, along with the enclosed handbook from the American Heart Association, should be used by agencies that intend to implement a PAD program. Following these guidelines will assure agency management that the program is implemented successfully and associated risks are minimized. Your agency management must determine if a PAD program is appropriate for your agency. If you decide to proceed, please involve your agency risk management staff in the development of your plan.

If you have questions on liability associated with state agency use of SAEDs after reviewing the enclosed documents, contact the Property & Liability Program Manager, DOA Bureau of State Risk Management, at (608) 266-0168. The Bureau of State Risk Management plans on coordinating a demonstration of an SAED conducted by the American Heart Association this fall. Your agency will be notified when this occurs.

Enclosures

Cc: Rob Cramer, Division Administrator
Agency Risk Management Contacts

STATE OF WISCONSIN SEMI AUTOMATIC EXTERNAL DEFIBRILLATOR (SAED) GUIDELINES

Criteria for State Agencies to Consider When Developing an SAED Policy

INTRODUCTION

Sudden cardiac arrest (SCA), a condition where the heart stops beating suddenly and unexpectedly, is a major cause of death. However, people who survive an SCA have a good long-term outlook. Defibrillation through SAEDs has become a recognized life-saving technology for SCA. The proper use of an SAED device doesn't guarantee survival, but it gives a chance where close to none previously existed.

Much of the following information was obtained from the American Heart Association (AHA). We recommend working with your local AHA representative to ensure your program is current and remains so once implemented. Refer to the CPR-ECC (Emergency Cardiovascular Care) section of the AHA's website at www.americanheart.org.

1999 WISCONSIN ACT 7

This law, a copy of which is attached, became effective August 12, 1999. It provides for the use of SAEDs by individuals other than emergency medical technicians and first responders if they complete a course approved by the Department of Health and Family Services (DHFS). The other key components of the law are:

- The owner of an SAED must notify the local ambulance service about the type of defibrillator, where it is located, and the intended usage area.
- The owner must maintain and test the SAED according to the manufacturer's guidelines.
- Immunity from civil liability is granted to the person providing care and the provider of training.

There is no protection for gross negligence, or if the operator is using the SAED for compensation or within the scope of their usual and customary employment. Further, licensed medical providers operate within the established standard of care outlined in the laws and regulations under which they are licensed and are not covered under 1999 Wisconsin Act 7.

ELEMENTS OF AN SAED PROGRAM

I. TRAINING IS REQUIRED

An SAED training course must be approved by the Wisconsin Department of Health and Family Services. Such a course involves training on both CPR and on using an SAED. Though 1999 Wisconsin Act 7 does not require skill refreshers and retraining, an agency should consider incorporating these into its training program. The American Heart Association recommends refresher training at least once every two years.

II. WRITTEN NOTICE TO LOCAL EMS IS REQUIRED

The AHA includes in its SAED packet a sample notification letter.

III. MEDICAL DIRECTION IS ADVISABLE

The Emergency Medical Services system in each community is ultimately responsible for delivering emergency care. The EMS system should be an active partner in planning an SAED program and in the follow-up of any emergency within the program. The EMS Medical Director in some areas is willing to provide physician oversight to SAED programs established in high-risk areas of their community. Even if that's not the case, the EMS system may know emergency physicians who are available to be involved with SAED programs.

IV. SAED MAINTENANCE

An agency should follow manufacturer's specifications for maintenance and utilize the physician providing oversight to establish protocols appropriate to the agency, including maintenance recordkeeping.

V. FOLLOW UP AFTER USE OF AN SAED

An agency should follow manufacturer's specifications when establishing recordkeeping requirements for incident use, as well as a reporting process for the EMS when the equipment is used.

VI. SAED PLACEMENT AND SECURITY

Determine a location where the SAED is both secure and accessible. Enclosed cabinets are available for some SAED makes if an agency is particularly concerned with the security of its SAEDs. Be sure a nearby phone can be used to call the EMS system and that it has easy access to an outside line. All trained users should know of this location and be assured access upon need.

VII. PUBLICIZING THE SAED PROGRAM

Once an agency establishes an SAED program, it's important to make sure that anyone regularly on the premises knows about it and how to alert the trained rescuers in the event of a cardiac emergency.

VIII. QUESTIONS

For questions on SAED training, contact the Director, Bureau of EMS & Injury Prevention, DHFS Division of Public Health, at 608/266-9781.

For questions on liability associated with state agency use of SAEDs, contact the Property & Liability Program Manager, DOA Bureau of State Risk Management, 608/266-0168.

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