

For: State and County Offices

Deploying and Using Defibrillators Within USDA Facilities

Approved by: Deputy Administrator, Management



1 Overview

A Background

The Occupational Safety and Health Administration estimates that annually approximately 13 percent of all workplace fatalities occur as a result of cardiac arrest or heart-related symptoms. Because of recent changes in medical technology, portable automated external defibrillators (AED's) are now available for use. Only trained employees within FSA will be able to use AED's during a crisis.

The defibrillator will shock a person's heart back into its normal rhythm when used properly. There are 2 main types of defibrillators, one that is automated, which will make the decision if an individual should be shocked and how strong the shock should be, and one that requires the setting to be manually set each time an individual is to be shocked. AED is used by first responders and the general public because it is the easiest to use.

When AED's are purchased, it is imperative that before they are provided to FSA and the employees who will be using them, they completely understand the laws and procedures that **must** be adhered to when using AED's.

B Purpose

This notice informs FSA State and County employees of the policy and procedure for the procurement, deployment, and use of AED's in USDA facilities.

C Contact

For questions about this notice, contact Robert Haughton, Acting EPD Director, by either of the following:

- e-mail at robert.haughton@wdc.usda.gov
- telephone at 202-720-0135.

Disposal Date	Distribution
September 1, 2014 8-28-13	State Offices; State Offices relay to County Offices

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2 FSA Policy, Guidelines, and References

A FSA Policy on AED's

Following is the AED policy for FSA:

- for State and County Offices, SED's can approve procuring and replacing AED's
- managers and directors are required to adhere to the following authorities when making the decision to procure and use AED in their facility:
 - Department of Health and Human Services and General Services Administration (GSA) Guidelines for Public Access Defibrillation Programs in Federal Facilities, FR dated May 23, 2001, Volume 66, Number 100, pages 28495-28511 (Exhibit 1)
 - Public Health Improvement Act, Pub. L. 106-505, dated November 13, 2000 (Exhibit 2).

B Guidelines

When contemplating the procurement of AED's, the following criteria **must** first be taken into consideration:

- distance and response time for the nearest emergency medical service to reach the location in the event of an emergency
- number of employees at the work site and the number and frequency of visitors from the general public
- number of Federal employees who would be available to respond to an emergency and be willing to be properly trained on using AED's and trained in Cardiopulmonary Resuscitation (CPR)

Note: Concurrent training is mandatory for using AED's and CPR.

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2 FSA Policy, Guidelines, and References (Continued)

B Guidelines (Continued)

- availability of locally certified AED and CPR training.

Notes: AED manufacturers, American Red Cross, American Heart Association, local fire and emergency service agencies, and other resources may be available to provide AED and CPR training at no charge to local FSA employees.

Before employees can use AED's, they **must** be trained and certified on AED's and in CPR.

C AED Funding

Funding for purchasing AED's and the required training should be absorbed within State's existing allotments. If additional funding is necessary requests for additional funding can be submitted to the user's BUD contact for consideration. All additional funding requests should include:

- what the expense is for and why it is considered an emergency
- why it cannot be covered by the office's existing allotment
- are there any alternatives to this expense.

D References

One of the most important legal concerns, regarding AED's being deployed and utilized in any facility, is the potential liability of individuals utilizing AED's during emergency situations. The following principles, which are not all inclusive, need to be taken into consideration when making the decision to procure and deploy AED's in Federal facilities:

- Federal Tort Claims Act
- Good Samaritan laws and Public Health Improvement Act.

Note: Good Samaritan laws vary from State to State and managers should be aware of their State's applicable law.

AED's are considered to be prescription devices and it is very important that Federal facilities that deploy AED's have a plan and protocol on the placement and usage of AED's. For AED's to be considered under a prescription, a supervising physician has to approve and sign off on the plan and protocol for placement and usage of AED's. Without the approval and signature of a supervising physician on the plan and protocol for placement and usage of AED's the procurement of AED's will **not** be authorized. It is the responsibility of each facility's management to locate and coordinate with a local physician to assist in the development and approval of a plan and protocol for placement and usage of AED's.

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3 Action

A State Office Action

SED's:

- shall submit the names of employees who have been trained and certified for AED's and in CPR

Note: The names shall be submitted to EPD by e-mail to **FSA.EPD@wdc.usda.gov**.

- are responsible for coordinating **all** the following with Service Center employees:
 - certified training on AED's
 - developing an AED plan for facilities
 - locating and coordinating with a local supervising physician for approval of the AED plan and protocol.

B County Office Action

CED's shall:

- ensure that all FSA county employees are provided the opportunity to be trained on using AED's and to receive CPR training
- submit the names of employees, who have been trained and certified for AED's and in CPR, to their State Office.

Summary of the Guidelines for Public Access Defibrillator (PAD) Programs

Over the past several years, advances in technology have provided several innovative opportunities to prevent unnecessary disability and death. One of the most important of these advances is AED's. The ease of using AED's by the trained public has led to the increasing development of PAD programs. The decreased cost of acquisition and upkeep of AED's now makes it possible to increase further the availability and access to these life-saving devices.

The Department of Health and Human Services (HHS) and GSA have worked collaboratively to develop the following guidelines about the placement of AED's in Federal buildings. The guidelines provide a general framework for initiating a design process for PAD programs in Federal facilities and provide basic information to familiarize facilities leadership with the essential elements of a PAD program. The guidelines are not intended to exhaustively address or cover all aspects of AED or PAD programs, but give the users an overall conceptual view of approved operations of AED's. The main guidelines are broken down into subtopics and consist of the following:

- General
- The Concept of Public Access Defibrillation
- Establishing a PAD Program in a Federal Facility
- Designing a PAD Program
- Selecting Your AED's
- Medical Oversight of Your PAD Program
- Legal Issues
- Lay Responder/Rescuer (LRR) Training
- Placement of and Access to AED's
- Characteristics of Proper AED Placement
- Follow-Up After an AED Is Used.

Today's AED's are relatively inexpensive and usable by persons with approved training. The advantage of well-structured PAD programs is that they provide better trained individuals and increase accessibility and, as a result, increase the potential to reduce response times and markedly increase the probability of survival and full recovery.

Executive Summary of the Public Health Improvement Act (2000) Title IV - Cardiac Arrest Survival

Title IV of this Act directs the Secretary of HHS to establish guidelines about placing AED's in Federal buildings (Exhibit 1). It also makes any person who acquires AED or uses it on a victim of a perceived medical emergency immune from Federal civil liability for resulting harm, subject to exception as described in State law.

This Act also contains "Good Samaritan Protections Regarding AED's" that states that any person who uses or attempts to use AED on a victim of a perceived medical emergency is immune from civil liability for any harm resulting from the use or attempted use of AED; and in addition, any person who acquired AED is immune from this liability, if the harm was not because of the failure of the acquirer of AED. See the Act for more information on immunity for a person using AED's.

Under this Act, immunity under the previous subsection does not apply to a person if the harm involved was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed. See the Act for more information on immunity that does not apply to a person using AED's.