

AB 1369 (Pavley)

The Automated External Defibrillator Act of 2003

PROBLEM

At least 450,000 cases of unexpected cardiac arrest occur annually in the United States, and the majority of these cases occur in places other than hospitals. Studies have shown that when defibrillators are used immediately on cardiac arrest victims, the survival rate is almost 100 percent. But because the response of traditional emergency medical services to non-hospital settings takes 8 to 15 minutes, the overall survival rates for cardiac arrest victims in most U.S. communities are only 5 to 10 percent.

Despite the proven success of quick defibrillation, facilities that house and care for senior citizens oftentimes do not have portable defibrillation devices, called automated external defibrillators (AEDs), on the facilities' premises. AEDs are designed to be easily used by non-medical personnel in non-medical settings. Studies have shown that the survival rates of cardiac arrest victims who are assisted with an AED can be as high as 56%.

The American Heart Association reports that 84% of cardiac arrest victims are age 65 years or older. If large facilities that care for seniors were to have AEDs on site, numerous seniors would benefit from the availability of this technology.

EXISTING LAW

Current law allows, but does not require residential care facilities for the elderly (RCFE's) to have AEDs on site. As defined in regulation, RCFE's care for senior citizens aged 60 or older. State law does provide immunity to trained and untrained individuals who use an AED for emergency purposes, and establishes standards for AED training and use.

THIS BILL

This bill attempts to save a greater number of lives by increasing the availability of AEDs at RCFE's. Because traditional emergency personnel usually cannot reach a victim within the time window that defibrillation is most effective, the likelihood that a cardiac arrest victim will survive is dramatically increased if AEDs are readily available to assist them.

SUMMARY

This bill does several things:

- Requires all residential care facilities for the elderly, where the facilities' licensed bed capacity exceeds 60 persons, to purchase automated external defibrillators (AEDs).

- Requires that the facilities train personnel in the use of the defibrillators.
- Requires that the residential care facilities meet the current state standards for AED placement, training, and use as specified in the Health and Safety Code.
- Provides immunity from civil damages to any employee of an RCFE who uses an AED consistent with the terms of the bill.
- States that the bill may not be construed to permit the use of an AED in a way that would be contrary to an individual's request to forego resuscitative measures, advance directives, or do-not-resuscitate orders.
- Requires that the facilities meet the bill's requirements by 2005.

FAQS

Why is this bill needed?

Studies have shown that readily available AEDs can and do save lives. The New England Journal of Medicine has published several reports, which demonstrate the benefits of AED use outside a hospital setting. Both reports discuss the use of AEDs by people who are not traditional emergency technicians. One report concerned a study done in three Chicago airports where AEDs were placed throughout the airports so that the public could use them if needed. The one-year survival rate of cardiac arrest victims assisted by random bystanders in the study was 56 percent.

The second report concerned a study of a major U.S. airline that began equipping its aircraft with AEDs. Flight attendants were trained in the use of the AEDs and applied them when passengers had a lack of consciousness, pulse, or respiration. When the devices were used on individuals under actual cardiac arrest, the survival rate was 40 percent.

What cost is involved?

An AED costs approximately \$2,500. Standard CPR training by the American Red Cross (which includes AED training) costs \$45 per class. This cost, however, is negligible when compared with the cost the state and the counties incur when having to care for patients that sustain major medical injuries and disabilities as a result of tardy resuscitation.

Who will this bill effect?

This bill will benefit thousands of senior citizens and their families statewide. According to the Department of Social Services, approximately 684 residential care facilities in California contain 60 beds or more.

Residential care facilities for the elderly will have to incur some cost to purchase the AEDs and train staff in the use of them.

COMMENTS

The American Red Cross and the American Heart Association include AED training in the organizations' standard CPR courses of instruction. The Red Cross estimates that it trains 700,000 California residents each year in

the use of AEDs. AB 1369 specifies that AED training has to comply with the American Red Cross and the American heart Association Standards.

Also, the American Red Cross states that recent improvements in AED technology have resulted in almost fool-proof devices. Today's new AEDs use embedded computer chips to analyze the rhythms instantly and accurately, making it possible for non-medical professionals to administer the same service without risking an accidental shock.

FOR MORE INFORMATION

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SUPPORT

The California Senior Legislature –
Sponsor • The California Medical Association • Medtronic • The Federation of Retired Union Members of Santa Clara and San Benito Counties • California Professional Firefighters • The American Red Cross • The American Heart Association • Emergency Medical Services Administrators' Association of California • The Congress of California Seniors • The California Commission on Aging • several individuals.

OPPOSITION

California Assisted Living Association • ARV Assisted Living • California Association of Homes and Services for the Aging.