I. Importance of early defibrillation
   A. Successful resuscitation of out-of-hospital cardiac arrest victims depends on a series of critical interventions known as the chain of survival: early access; early CPR; early defibrillation; and early ACLS.
   B. Many Emergency Medical Services (EMS) Systems have demonstrated increased survival rates in cardiac arrest patients experiencing ventricular fibrillation after early defibrillation programs were implemented and when all of the links in the chain of survival were present.

II. Definitions
   A. An Automated External Defibrillator (AED) is a medical device heart monitor and defibrillator that:
      1. has received approval of its premarket notification, filed pursuant to 21 U.S.C. Section 360(k) from the United States Food and Drug Administration;
      2. is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia, and is capable of determining, without intervention by an operator, whether defibrillation should be performed;
      3. upon determining that defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual, or changes and delivers an electrical impulse at the command of the operator; and
      4. in the case of a defibrillator that may be operated in either an automatic or manual mode, is set to operate in the automatic mode (Section 10 of the Act).
   B. Person: An individual, partnership, association, corporation, limited liability company, or organized group of persons (whether incorporated or not).
   C. Trained AED user: A person who has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross or the American Heart Association or a course of instruction in accordance with the EMS Rules to use an automated external defibrillator, or who is licensed to practice medicine in all its branches in Illinois (Section 10 of the Act).

III. Approval of AED training programs for lay AED users
   A. Training programs for lay AED users (including police officers who are not First Responders) must be approved by the Illinois Department of Public Health (IDPH).
   B. IDPH shall approve programs offered in accordance with the following:
      1. The curriculum shall include complete training in CPR prepared according to nationally recognized guidelines.
      2. The instructor(s) shall have successfully completed the American Red Cross Automated External Defibrillation Training Instructor Course or the American Heart Association (AHA) Heartsaver AED Instructor Orientation.
      3. Instructors shall renew their qualification every two years and shall meet the following criteria:
         a. Maintain provider status,
         b. Teach two separate courses per year,
         c. Complete an update on new information regarding course content, and
         d. Provide documentation that teaching ability was monitored.
4. The course shall meet the objectives of the AHA Heartsaver AED for the Lay Rescuer and First Responder course (1998) or the American Red Cross Automated External Defibrillation course (1998) and shall require at least the same number of hours for completion (generally four).

IV. **Recognition of trained AED users in the NWC EMSS**

A. To be recognized as a trained AED user in the NWC EMSS, an individual must meet one of the following eligibility criteria:

1. Have successfully completed an AED/CPR course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross or the American Heart Association (see above); or

2. be a First Responder, EMT-B, EMT-P, or PHRN with practice privileges in the NWC EMSS who has completed an AED curriculum based on Section 9 of the United States Department of Transportation EMT-Intermediate National Standard Curriculum. The System will include the course in AED operation as part of an initial First Responder, EMT-B, and EMT-P/PHRN training programs and will offer such training to persons already approved as First Responders or licensed as an EMT-B or EMT-P. First Responders, EMT-Bs, EMT-Ps, and PHRNs shall pass both a written and a practical examination as a condition of completing the course. The examination shall be developed and/or evaluated by the EMS MD or designee and shall be designed to measure the First Responder's, EMT's or PHRN's knowledge and skills to operate an AED safely and effectively (Ref. EMS Rules 515.370 Automated Defibrillation approved 6/15/98); or

3. be licensed to practice medicine in all of its branches in Illinois in accordance with the Medical Practice Act of 1987.

B. Recognition of training completed in accordance with the EMS rules for lay AED users shall be valid for two years. To renew recognition as a trained AED user, the individual shall present proof of satisfactory completion of an American Red Cross or American Heart Association renewal course. EMS personnel must complete continuing education and competency validation requirements specified by the EMS MD.

V. **Use of AEDs in the NWC EMSS**

A. The System encourages lay AED users to store an AED equipment kit with the unit to include the following:

1. Gloves (latex or powder-free preferred)
2. Pocket mask
3. Hand-held suction (i.e., V-vac)
4. Scissors or clippers, and towel
5. Extra defib pad

B. For an AED program to provide optimal outcomes, an AED user should respond within six minutes of a person's collapse and/or be reasonably expected to respond prior to the arrival of EMS. Police officer AED users are encouraged to bring the AED to calls of a person down, chest pain, seizure, or difficulty breathing which may actually be a cardiac arrest.

C. AED users shall promptly apply and use the AED when a patient is assessed as pulseless and non-breathing. They shall immediately begin and continue CPR in all pulseless, non-breathing patients until EMS arrives if the AED analysis indicates no shock is advised.

D. Any person who renders out-of-hospital emergency care or treatment to a person in cardiac arrest by using an AED must activate the EMS System as soon as possible.
E. After patient care is turned over to EMS responders, AED users shall prepare the device for return to service.

VI. **Maintenance and oversight of AEDs by lay users**

A. A person acquiring an AED shall take reasonable measures to ensure that:
   1. the AED is maintained and tested according to the manufacturer's guidelines;
   2. any person considered to be an anticipated rescuer or user will have successfully completed a course of instruction in accordance with the standards of a nationally recognized organization, such as the American Red Cross or the American Heart Association, or a course of instruction in accordance with existing rules under this Act to use an automated external defibrillator and to perform cardiovascular resuscitation (CPR);
   3. A person in possession of an AED shall notify an agent of the local emergency communications or vehicle dispatch center of the existence, location, and type of the AED (PA 91-524, eff. 1/1/00).

VII. **Liability protection**

A. Members of the lay public who in good faith and without fee or compensation renders emergency medical care involving the use of an automated external defibrillator in accordance with his or her training is not liable for any civil damages as a result of any act or omission, except for willful and wanton misconduct, by that person in rendering that care (PA 90-746, eff. 8-14-98). It further exempts the following if the requirements of the Act are met: individuals or entities providing training in the use of AEDs so they are not liable for civil damages as a result of any act or omission involving the use of an AED; a person owning, occupying, or managing the premises where an AED is located; and trained AED users who are not liable for civil damages as a result of any act or omission involving the use of an AED in an emergency situation, except for willful or wanton misconduct [Section 30 (a)(b)(c)(d)].

B. No local agency, entity of State or local government, or other public or private organization, nor any officer, director, trustee, consultant or agent of any such entity, which sponsors, authorizes, supports, finances, or supervises the training of persons in the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid in a course which complies with generally recognized standards, shall be liable for damages in any civil action based on the training of such persons unless an act or omission during the course of instruction constitutes willful and wanton misconduct (210 ILCS 50/3.150(d)).

C. No person who is certified to teach the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid and who teaches a course of instruction which complies with generally recognized standards for the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid shall be liable for damages in any civil action based on the acts or omissions of a person who received such instruction, unless an act or omission during the course of such instruction constitutes willful and wanton misconduct(210 ILCS 50/3.150(e)).

References:

07 Ref. PA 095-0447: Amends the EMS Act to remove requirement to register an AED with the Resource Hospital.


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