



SAN BERNARDINO COUNTY
Workforce Development Department
Automated External Defibrillator (AED)
Program

Date: **04/27/2026**

PURPOSE

To provide guidance in the management and administration of the County's AED program.

Signatures by the appropriate representatives put these policies and procedures into effect. The policies and procedures will stay binding until revised, with a new signature page, or the program is terminated, and the policy and procedure will be considered null and void.

The policies and procedures will be initiated and put into effect on the date below. An annual review and revision will be conducted if necessary. Any changes to these Policies and Procedures require prior approval by the parties signing below.

Andrew Escobedo  4/27/2026
Department AED Program Coordinator Date

Bradley Gates  4/27/26
Department Head Date

OVERVIEW

This document applies to the County's use of Automatic External Defibrillator(s) (AED), in any facility other than a place where people deliver CPR for money or a health studio as defined in Health & Safety Code § 104113, subd. (h). Any and all use of the AED, training requirements, policies and procedure reviews, and post event reviews will be the responsibility of the County Department, the Department AED Program Coordinator and Risk Management.

At all times, while these policies and procedures are in effect, each County Department that makes an AED available for use by employees and/or the public shall designate a Department AED Program Coordinator (DPC). The DPC is responsible for the overall coordination, implementation, and continued operation of the AED program, including:

- Ensuring CPR and/or AED training is made available and provided to employees
- Coordination of interface with emergency responders
- Coordination of equipment and accessory maintenance and testing
- Maintain a record of specifications/technical information sheets for each approved AED in use, maintenance, inspection, and testing records, and record of use.
- Revision of this procedure as required
- Monitoring the effectiveness of this system
- Coordination of the annual AED demonstration

Additionally, the DPC should be the same individual as the Department Safety Coordinator and the Department Emergency Coordinator. The Department Safety Coordinator will oversee and ensure compliance with the department AED program. Facility Safety Coordinators may be tasked with maintaining and inspecting the AED at their facility.

REQUIREMENTS FOR INITIATING NEW AED PROGRAM

The County Department is responsible for ensuring compliance with the AED regulations which includes providing all the information governing the use, installation, operation, training, testing, and maintenance of the AED. The County has contracted with specific vendors to assist with the installation and maintenance of AEDs. Please contact Purchasing or Risk Management for the AED vendor contact. Departments are responsible for paying fees directly to the vendor for their services. The Department must:

1. Appoint a Department AED Program Coordinator
2. Complete the AED Program Implementation Checklist ([Attachment A](#))

3. Complete a Notification of Defibrillator Site form (Attachment B) listing each AED unit being deployed. Submit the form via fax to Inland Counties Emergency Medical Agency (ICEMA) at (909) 388- 5825 or mail to:

ICEMA
1425 South D Street
San Bernardino, CA 92415-0060

4. Re-submit a Notification of Defibrillator Site form if any of the information becomes outdated (i.e., the AED is moved to a different location, a new AED is purchased, etc.).
5. Become familiar and comply with California AED regulations and statutes (Attachment G)

REQUIREMENTS FOR EXISTING AED PROGRAMS

County Departments that have one or more existing AED(s) should ensure their programs are in compliance with the current AED regulations by Reviewing the Program Implementation Checklist (Attachment A), and California AED regulations and statutes (Attachment G) which provides all the information governing the use, installation, operation, training, testing, and maintenance of the AED. If Departments require assistance with testing and maintenance of their existing AED device, the County has contracted with specific vendors to assist with the installation and maintenance of AEDs. Please contact Purchasing or Risk Management for the AED vendor contact. Departments are responsible for paying fees directly to the vendor for their services. The Department must also:

1. Appoint a Department AED Program Coordinator if one has not yet been appointed,

Ensure that the Notification of Defibrillator Site form (Attachment B) listing each AED unit deployed in your department was submitted to ICEMA, and

2. Re-submit a Notification of Defibrillator Site form if any of the information becomes outdated (i.e., the AED is moved to a different location, a new AED is purchased, etc.). Submit forms to:

ICEMA
1425 South D Street
San Bernardino, CA 92415-0060

3. Comply with all other parts of this policy.

AED EQUIPMENT & LOCATIONS

The type and number of AEDs and related equipment will be maintained by each County Department. Specific details for maintaining each AED shall be obtained from the AED manufacturer's manual. The DPC or designee will assure any supplies requiring replacement due to use, or expiration, are ordered as soon as possible.

RESPONSIBILITIES

DEPARTMENT AED PROGRAM COORDINATOR:

The DPC will be responsible for ensuring the following requirements are met:

- The DPC shall ensure that all employees at each site equipped with an AED, be provided a flyer approved by The American Red Cross or American Heart Association describing the proper use of AEDs. Additionally, instructions must be posted next to each installed AED in no less than 14-point type.
- The department shall ensure that all employees at each site equipped with an AED be notified at least annually of the location of all AED's installed at the site.
 - The department must include other departments located within the building in the annual notification.
- The DPC, with support from Risk Management, is responsible for ensuring the AEDs are:
 - Maintained and tested according to the manufacturer's operation and maintenance guidelines, or any other applicable rule or law, at least twice per year and after each use; and
 - Inspected 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 not arisen with the functionality of the AED.
 -

Written records are kept documenting the date of the required periodic checks. See [Attachment E](#) for AED inspection checklist.

COUNTY-OWNED LEASED LOCATIONS

If the County owns the building where the AED is placed and leases space to a non-county entity, the DPC will:

- Notify all tenants of the AED locations.
- Provide all occupants with information on how they can receive AED or CPR training.
- At least once a year, demonstrate how to use the AED.
- Post instructions on AED use in no less than 14-point type next to the AED.

AED TRAINING REQUIREMENTS

- Employees may complete training adequate to provide CPR and AED certification available through PERC, which is a course approved by the American Red Cross. Please contact [PERC](#) to enroll in a class.
- Departments who provide automated external defibrillators (AEDs) at their workplaces must offer training to employees, so they know how to correctly use the AEDs and identify trained individuals in the department's Emergency Action Plan.
- While employees are not required to complete AED training to use and operate an AED device, training reinforces proper use and promotes the usefulness of AEDs.
- At least once every year, the DPC shall notify all employees at the workplace who they

can contact if they want to voluntarily take AED or CPR training.

EMPLOYEE RESPONSIBILITIES

- Activate your department Emergency Action Plan and, at your discretion, provide prompt basic life support including AED and first aid in accordance with your training.
- Understand and comply with the requirements of this program.

EMERGENCY ACTION PLAN

Your Department Emergency Action Plan (EAP) will need to be updated with the location of your AED's. Risk Management in partnership with PERC provides resources for CPR/First Aid AED training to employees. Risk Management is also responsible for ensuring the department's AED program complies with State regulations, the requirement for inspection and maintenance of the equipment, and notifications to ICEMA. The Emergency Action Plan includes the provisions for immediate notification of 911 and CPR trained on-site personnel, upon discovery of the emergency. Procedures outlined below are to be followed in the event of an emergency that may involve the use of an AED.

The first person on the scene:

1. The first person to respond will assess the scene for safety and initiate the Emergency Action Plan by immediately activating the emergency response system (9-1-1) for help with a medical emergency. If the departmental first responder is CPR trained, the departmental first responder will determine if CPR is necessary and perform CPR at their discretion or deploy the AED device until an Emergency Medical Services (EMS) provider arrives on scene.
2. If the departmental first responder is not CPR or AED trained, then the closest trained departmental CPR/AED responder should be notified to obtain the AED and respond. The departmental CPR/AED responder will follow the instructions from the AED to begin AED treatment and will continue to follow AED prompts and perform CPR until EMS arrives.
3. If the location does not have a CPR/AED trained responder on site, responding employees may use and operate the AED device at their discretion to render aid.

When EMS arrives:

1. The departmental first and/or CPR/AED responders who worked on the patient should document and communicate important information to the EMS provider such as:
 - a. Patient's name
 - b. Time patient was found
 - c. Initial and current condition of the victim
2. Assist as requested by EMS personnel.
3. The DPC or designee should complete the County Incident report and provide a copy to Risk Management.

Post-use Procedure:

1. Document AED usage immediately following the event using the Report of Defibrillator Use form (Attachment C) and provide a copy to the DPC.
- 2.
3. The DPC must submit a copy of the form to Inland Counties Emergency Medical Agency (ICEMA) via fax to at **(909) 388-5825**, within twenty-four (24) hours of AED event.
4. The DPC or designee should conduct a post-event review to evaluate the emergency action plan and propose potential areas of concern and/or improvement.

Post-Use Equipment Maintenance:

1. Inspect the AED for potential dirt or contamination.
2. Check supplies and accessories for expiration dates and damage.
3. Test operation of the AED by following the manufacturer's guidelines.

AED PROGRAM REVIEW

Once each calendar year, the DPC or designee shall conduct an AED program review. This review shall include review of the following elements:

- Written program
- Training records
- Equipment operation and maintenance records

AED PROGRAM IMPLEMENTATION CHECKLIST

Listed below are key elements taken from the California AED regulations and statutes. Each element must be satisfied to implement a department AED program within the ICEMA region.

<input type="checkbox"/>	Notify ICEMA of the existence, location, and type of every AED within the ICEMA region. The department responsible for the device must, at the time the device is acquired and placed, notify ICEMA. (Attachment B).
<input type="checkbox"/>	Expected AED users/rescuers are encouraged to complete a training course in cardiopulmonary resuscitation (CPR) and in use of the AED device through PERC. The training includes a written and skills examination.
<input type="checkbox"/>	The department in possession of the AED must comply with all regulations governing the training, use, and placement of the device.
<input type="checkbox"/>	The AED must be maintained and regularly tested according to the manufacturer's operation and maintenance guidelines, the American Red Cross, and American Heart Association. Maintenance and testing must also comply with any applicable rules and regulations set forth by the US Food and Drug Administration and any other applicable authority.
<input type="checkbox"/>	Ensure that an inspection is made of all AEDs 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. The AED must be checked for readiness per manufacturer's guidelines and after each use. Records of these periodic checks shall be maintained by the department in possession of the device. See Attachment E for the AED inspection checklist.
<input type="checkbox"/>	Notify ICEMA whenever the AED is used. The department responsible for the device must, at the time the device is used, notify ICEMA (Attachment C) within twenty-four (24) hours of AED event.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
 SITE NOTIFICATION FORM**

AED Contact Information		
Organization Name:		
Name of Person Filling Out Form:		
Mailing Address:		
City:	State:	Zip:
Contact Phone Number:		

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of AED placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	YES <input type="radio"/> NO <input type="radio"/>
Date of placement at this location:	

Revised 01/09/15 max



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
 USE NOTIFICATION FORM**

Name Of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Place of Occurrence: (Address & specific location)	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED at victim?	
Time of first shock (if given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Name and phone number of person completing form:	

Additional Comments Information:

FAX COMPLETED REPORT TO ICEMA WITHIN 24 HOURS OF USE OF AN AED

FAX TO 909-388-5825

Revised 07/01/13 mac

CONTACT PHONE LIST

For information and assistance regarding the AED program, the individuals listed below may be contacted. If any contact information changes, the program coordinator should be notified immediately.

	NAME	PHONE NUMBER
DEPARTMENT AED PROGRAM COORDINATOR	Andrew Escobedo	909-387-9822
ALTERNATE DEPARTMENT AED PROGRAM COORDINATOR	Matthew Montana	909-387-9868
DEPARTMENT RISK CONTROL SPECIALIST	Shannon Finley	909-386-8613
INLAND COUNTIES EMERGENCY MEDICAL AGENCY (ICEMA)	Michelle Hatfield	909-388-5826



Inspection of Automated External Defibrillators

The following steps shall be followed by departments when performing inspections of Automated External Defibrillator (AED). AED inspections are required by the county's AED Program.

Please complete a new inspection form as needed and keep it in your facility safety binder.

AED Location	
Make/Model(s)	
Serial Number(s)	
Date (mo./year)	
Inspected by	

CHECKLIST FOR INSPECTION OF AEDs	YES	NO	N/A
AED Location			
1. AED is visible and unobstructed?			
2. AED sign is displayed?			
3. Storage cabinet secure?			
AED Condition			
4. Battery Status/Date			
5. Indicator Light, OK?			
6. AED Exterior, OK?			
AED Components			
7. Adult Pads- Sealed & not expired?			
8. Child Pads- Sealed & not expired?			
9. Are accessory supplies (e.g., extra pads, scissors & gloves) present and not expired?			
COMMENTS, PROBLEMS, CORRECTIVE ACTIONS:			

AED Plus®

Technical Specifications



More than CPR. This is Real CPR Help®.

Only half of sudden cardiac arrest victims will initially need a shock, but nearly all require high-quality CPR. ZOLL® offers the only AEDs that support rescuers with integrated text, voice, and visual prompts — Real CPR Help®. Its real-time feedback on compression rate and depth helps rescuers administer high-quality CPR.

Smart Investment with a Low Total Cost of Ownership

Longer-lasting batteries and pads require fewer replacement parts, adding up to considerable cost savings over time and rescue readiness in a cardiac arrest emergency.

Intuitive One-piece Electrode Pad Design

Speed is of the essence when treating a victim of sudden cardiac arrest. ZOLL's CPR-D-padz® electrodes feature a unique one-piece, pull-strip design to ensure fast and accurate placement and to minimize the potential of pads being dropped or stuck together.

Designed to be Durable

AEDs are often subjected to rough handling and extreme conditions during an emergency. The ZOLL AED Plus® is highly resistant to dust and moisture and has an ingress protection (IP) rating of 55, among the highest in the industry. It also meets IEC 60601-2-27; 100G for shock and military (Mil. Standard 810F).

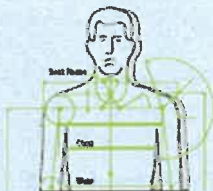
Options to Meet Your Preferred Shock Protocol

The ZOLL AED Plus is available in both semi-automatic (shock button manually pressed by rescuer if a shockable rhythm is detected) or fully automatic (AED automatically administers a shock if a shockable rhythm is detected).

ZOLL.



Real CPR Help provides unique assistance to rescuers with real-time feedback on CPR compression depth and rate.



ZOLL's one-piece CPR-B-pad electrodes are designed to fit 90% of the population's chest anatomy.



CPR-D-pads offer clear anatomical placement illustrations and a CPR hand positioning landmark.



CPR-D-pads come complete with rescue essentials, including a barrier mask, a razor, scissors, disposable gloves, and a towellette.

ZOLL Medical Corporation
Worldwide Headquarters
269 Mill Road
Chelmsford, MA 01824, USA
978-421-9655
800-804-4356

For subsidiary addresses and fax numbers, as well as other global locations, please go to www.zoll.com/contacts.

AED Plus Specifications

Defibrillator

Protocol: Semi-automatic and Fully Automatic configuration

Waveform: ZOLL Rectilinear Biphasic™

Defibrillator Charge Hold Time: 30 seconds

Energy Selection: Automatic preprogrammed selection (120J, 150J, 200J)

Patient Safety: All patient connections are electrically isolated

Charge Time: Less than 10 seconds with new batteries

Electrodes: ZOLL CPR-D-pad, Pedi-pad® II or Stat-pad® II

Self-test: Configurable automatic self-test from 1 to 7 days. Default = every 7 days. Monthly full-energy test (200J).

Automatic Self-test Checks: Battery capacity, electrode connection, electrocardiogram and charge/discharge circuits, microprocessor hardware and software, CPR circuitry and CPR-D sensor, and audio circuitry

CPR: Metronome Rate: Variable 60 to 100 CPM

Depth: 3/4" to 3.5"; 1.9 to 8.9 cm

Defibrillation Advisory: Evaluates electrode connection and patient ECG to determine if defibrillation is required

Shockable Rhythms: Ventricular fibrillation with average amplitude >100 microvolts and wide complex ventricular tachycardia with rates greater than 150 BPM for adults, 200 BPM for pediatrics. For ECG Analysis Algorithm sensitivity and specificity, refer to AED Plus Administrator's Guide.

Patient Impedance Measurement

Range: 0 to 300 ohms

Defibrillator: Protected ECG circuitry

Display Format: Optional LCD with moving bar

Size: 2.6" x 1.3"; 6.6 cm x 3.3 cm

Optional ECG Viewing Window: 2.6 seconds

Optional ECG Display Sweep Speed: 25 mm/sec; 1"/sec

Battery Capacity: Typical new (20°C) = 5 years (225 shocks) or 13 hours continuous monitoring. End of life designated by Red X (typical remaining shocks = 9).

Data Recording and Storage: 7 hours of ECG and CPR data. If audio recording option is ordered and enabled, 20 minutes of audio recording, ECG, and CPR data.

PC Minimum Requirements for Configuration and Patient Data Recovery (not compatible with Mac OS): Windows XP, Windows 7, Windows 8, Windows 10, IBM-compatible PII with 16550 UART (or higher) computer, 64MB RAM, VGA monitor or better, CD-ROM drive, IrDA port, 2MB disk space.

Device

Size: (H x W x D) 5.25" x 9.50" x 11.50"; 13.3 cm x 24.1 cm x 29.2 cm

Weight: 6.7 lbs; 3.1 kg

Power: User-replaceable batteries. 10 Type 123A Photo Flash lithium manganese dioxide batteries

Device Classification: Class III and internally powered per EN60601-1

Design Standards: Meets applicable requirements of UL 2601, AAMI DF-39, IEC 601-2-4, EN60601-1, IEC60601-1-2

Environmental

Operating Temperature: 32° to 122°F; 0° to 50°C

Storage Temperature: -22° to 140°F; -30° to 60°C

Humidity: 10 to 95% relative humidity, non-condensing

Vibration: MIL Std. 810F, Min. Helicopter Test

Shock: IEC 68-2-27; 100G

Altitude: -300 to 15,000 ft; -91 m to 4,573 m

Particle and Water Ingress: IP-55

CPR-D-pad

Shelf Life: 5 years

Conductive Gel: Polymer Hydrogel

Conductive Element: Tin

Packaging: Multilayer foil laminate pouch

Impedance Class: Low

Cable Length: 48 in (1.2 m)

Sternum: Length: 6.1 in (15.5 cm);

Width: 5.0 in (12.7 cm); Length,

conductive gel: 3.5 in (8.9 cm);

Width, conductive gel: 3.5 in (8.9 cm);

Area, conductive gel: 12.3 sq in (79.0 sq cm)

Apex: Length: 6.1 in (15.5 cm);

Width: 5.6 in (14.1 cm); Length,

conductive gel: 3.5 in (8.9 cm);

Width, conductive gel: 3.5 in (8.9 cm);

Area, conductive gel: 12.3 sq in (79.0 sq cm)

Complete Assembly: Folded length: 7.6 in (19.4 cm);

folded width: 7.0 in (17.8 cm);

folded height: 1.5 in (3.8 cm)

Design Standards: Meets applicable requirements of ANSI/AAMI/ISO DF-39-1993

Specifications subject to change without notice

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MCN PP 1506 0375

ZOLL

REFERENCES

California Civil Code, 1714.21 Defibrillators

Civil Liability Protections: AED

(a) For purposes of this section, the following definitions shall apply:

(1) "AED" or "defibrillator" means an automated or automatic external defibrillator.

(2) "CPR" means cardiopulmonary resuscitation.

(b) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(d) A person or entity that acquires an AED for emergency use pursuant to this section is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED, if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code.

(e) A physician who is involved with the placement of an AED and any person or entity responsible for the site where an AED is located is not liable for any civil damages resulting from any acts or omissions of a person who renders emergency care pursuant to subdivision (b), if that physician, person, or entity has complied with all of the requirements of Section 1797.196 of the Health and Safety Code that apply to that physician, person, or entity.

(f) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(g) Nothing in this section shall relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

California Health & Safety Code, 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, Statutes in Effect as of January 1, 2016, 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. Statutes in Effect as of January 1, 2016
- (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.

California Code of Regulations

Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 1.8 Lay Rescuer Automated External Defibrillator Regulations

ARTICLE 1. DEFINITIONS

§ 100031. AED Service Provider.

"AED Service Provider" means any agency, business, organization or individual who purchases an AED for use in a medical emergency involving an unconscious person who is not breathing. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100032. Lay Rescuer.

"Lay Rescuer" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of this chapter.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100033. Automated External Defibrillator.

"Automated external defibrillator" or "AED" means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100034. Cardiopulmonary Resuscitation.

"Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration, manual external cardiac massage, and maneuvers for relief of foreign body airway obstruction.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100035. Internal Emergency Response Plan.

"Internal Emergency Response Plan" means a written Internal Emergency Action Plan of action which utilizes responders within a facility to activate the "9-1-1" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100036. Medical Director.

"Medical Director" means a physician and surgeon, currently licensed in California, who provides medical oversight to the AED Service Provider as set forth in Section 100040.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

ARTICLE 2. GENERAL TRAINING PROVISIONS

§ 100037. Application and Scope.

(a) Any training program, AED Service Provider or vendor may authorize a Lay Rescuer to apply and operate an AED on an unconscious person who is not breathing only if that Lay Rescuer has successfully completed a CPR and AED course according to the standards prescribed by this chapter.

(b) The training standards prescribed by this chapter shall apply to employees of the AED Service Provider and not to licensed, certified or other prehospital emergency medical care personnel as defined by section 1797.189 of the Health and Safety Code.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.189, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

ARTICLE 3. AED TRAINING PROGRAM REQUIREMENTS

§ 100038. Required Topics and Skills.

(a) CPR and AED training shall comply with the American Heart Association or American Red Cross CPR and AED guidelines. The training shall include the following topics and skills:

(1) basic CPR skills

(2) proper use, maintenance, and periodic inspection of the AED;

(3) the importance of:

(A) early activation of an Internal Emergency Response Plan,

(B) early CPR,

(C) early defibrillation,

(D) early advanced life support, and

(E) internal emergency response plan, if applicable;

(4) overview of the local EMS system, including 9-1-1 access, and interaction with EMS personnel;

(5) assessment of an unconscious patient, to include evaluation of airway and breathing, to determine appropriateness of applying and activating an AED;

(6) information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the Lay Rescuer or other nearby persons to include, but not be limited to;

(A) age and weight restrictions for use of the AED,

(B) presence of water or liquid on or around the victim,

(C) presence of transdermal medications, and

(D) implantable pacemakers or automatic implantable cardioverter-defibrillators;

(7) recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged;

(8) rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary; and,

(9) the responsibility for continuation of care, such as continued CPR and repeated shocks, as indicated, until the arrival of more medically qualified personnel.

(b) The Lay Rescuer shall maintain current CPR and AED training, as prescribed in this Chapter.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100039. Testing.

CPR and AED training for Lay Rescuers shall include a competency demonstration of skills on a manikin, directly observed by an instructor which tests the specified conditions prescribed in Section 100038.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

ARTICLE 4. OPERATIONAL AED SERVICE PROVIDER AND VENDOR REQUIREMENTS

§ 100040. Medical Director Requirements.

Any AED Service Provider shall have a physician Medical Director who:

(a) Meets the qualifications of a Medical Director per Section 100036 of this Chapter.

(b) Shall ensure that AED Service Provider's Lay Rescuer CPR and AED training meets the requirements of this Chapter.

(c) Shall review each incident where emergency care or treatment on a person in cardiac arrest is rendered and to ensure that the Internal Emergency Response Plan, along with the CPR and AED standards that the Lay Rescuer was trained to, were followed.

(d) Is involved in developing an Internal Emergency Action Plan and to ensure compliance for training, notification and maintenance as set forth in this Chapter.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100041. AED Service Provider Operational Requirements.

(a) An AED Service Provider shall ensure their internal AED programs include all of the following:

(1) Development of a written Internal Emergency Action Plan which describes the procedures to be followed in the event of an emergency that may involve the use of an AED and complies with the regulations contained in this Chapter. The written Internal Emergency Action Plan shall include, but not be limited to, immediate notification of 9-1-1 and trained office personnel at the start of AED procedures.

(2) Maintain AEDs in working order and maintain current protocols on the AEDs.

(3) That all applicable local EMS policies and procedures are followed.

(4) That Lay rescuers complete a training course in CPR and AED use and maintain current CPR and AED training that complies with requirements of this Chapter at a minimum of every two years and are familiar with the Internal Emergency Response Plan.

(5) For every AED unit acquired up to five units, no less than one Lay Rescuer per AED unit shall complete a training course in CPR and AED use that complies with the requirements of this chapter. After the first five AED units are acquired, one Lay Rescuer shall be trained for each additional five AED units acquired. AED Service Providers shall

have Lay Rescuers who should be on site to respond to an emergency that may involve the use of an AED unit during normal operating hours.

(6) That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

(7) That the defibrillator is checked for readiness after each use and at least once every 30 days if the AED has not been used in the previous 30 days. Records of these periodic checks shall be maintained.

(8) That a mechanism exists to ensure that any person, either a Lay Rescuer as part of the AED service provider, or member of the general public who renders emergency care or treatment on a person in cardiac arrest by using the service provider's AED activates the emergency medical services system as soon as possible and reports any use of the AED Medical Director and the local EMS agency.

(9) That there is involvement of a currently licensed California physician and surgeon that meets the requirements of Section 100040 of this Chapter.

(10) That a mechanism exists that will assure the continued competency of the CPR and AED trained individuals in the AED Service Provider's employ to include periodic training and skills proficiency demonstrations.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100042. AED Vendor Requirements.

Any AED vendor who sells an AED to an AED Service Provider shall notify the AED Service Provider, at the time of purchase, both orally and in writing of the AED Service Provider's responsibility to comply with the regulations contained in the Chapter.

(a) Notify the local EMS agency of the existence, location, and type of AED at the time it is acquired.

(b) Provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190, 1797.196 and 104113, Health and Safety Code; and Section 1714.21, Civil Code.

§ 100043. AED Vendor Requirements. [Renumbered]

Note: Authority cited: Sections 1797.107 and 1797.190, Health and Safety Code. Reference: Sections 1797.5, 1797.190 and 1797.196, Health and Safety Code; and Section 1714.21, Civil Code.