

Solving the AED Dilemma

Simply having this life-saving device is not enough

Automated external defibrillators (AEDs) save lives. However, contrary to the anecdotal evidence surrounding them when they first became available, they are not dummy-proof.

If an ice rink operator chooses to have one onsite, it needs to do more than simply hang the defibrillator on the wall. The operator must establish a comprehensive AED program to ensure proper medical oversight and training.

What is an AED?

An AED is a portable electronic device, which applies electrical therapy to stop a heart arrhythmia, allowing the heart to reestablish an effective rhythm. According to the American Heart Association (AHA), the adult “Chain of Survival” has four essential elements.

- (1) **Early Access** - Early recognition that an emergency is occurring and quick notification of emergency services;
- (2) **Early CPR** - Immediate commencement of CPR to circulate oxygen-rich blood to the brain and heart. This buys time for the patient until defibrillation is performed;
- (3) **Early Defibrillation** - Defibrillation is most effective within 3-5 minutes of the emergency;
- (4) **Early Advanced Care** - Trained healthcare providers arriving quickly and providing advanced care.

Establishing an AED Program

If a facility installs an AED, it must establish a corresponding AED program. The program must include medical oversight and needs to comply with state and local laws for AEDs. The AHA recommends the following elements for any AED program.



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PROGRAM COORDINATOR

Choose a dedicated program coordinator who is onsite on a daily basis. This person will be responsible for the program on a day-to-day basis. A key responsibility for the program coordinator is to communicate with ownership and management, as well as selected responders, employees and the general public.

MANAGEMENT SUPPORT

When initially considering the retention of an AED, be sure that ownership and management are on board. To the extent

that they need information, provide it. This will assist in identifying potential barriers to the successful implementation of the program early on.

REVIEW STATE AND LOCAL LAWS

Most states specify the type of training needed for responders (those who actually use the AEDs), how to coordinate with state or local EMS, as well as maintenance of the AED program. Most states require a state-licensed physician to serve as a medical supervisor of an AED program. Most states require a facility to notify local

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EMS of the existence of an AED program and to register the program with local EMS. Finally, most states require AED responders to complete a training course for CPR/AED responders, such as the AHA's Heartsaver AED course.

When implementing an AED program, the AHA recommends the following:

- (1) Medical Oversight and Quality Improvement** – Utilize a physician or healthcare provider to oversee the initial implementation of the program and review it on an annual basis. This should include approval and implementation of the initial employee training.
- (2) Notify Local EMS** – Inform local EMS about the location(s) of any AEDs in a facility. This saves time in the event of an emergency.
- (3) Selection, Placement and Maintenance of AEDs** – Choose an AED that best suits the size and scope of the facility. Determine whether the AED should be affixed to a particular location, or whether it should remain portable. Determine whether the AED should have an automatic notification system, which immediately notifies EMS when it is triggered. Always maintain the AED so that it is fully functional when needed.
- (4) Designate and Train AED Responders** – Identify the employees who will serve as responders. Coordinate their schedule so that there is at least one responder on duty during all operational hours. Train and continue to re-train the AED responders.

Legal Issues

If a facility decides to implement an AED program, it should work with counsel to document the decisions made during the implementation process. Decisions about location of the device or devices, the particular technology of the devices, the selection and training of staff to serve as AED responders and other AED-related



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protocols could, following an incident, come under the scrutiny of a plaintiff's attorney.

If operating multiple facilities, an operator must be consistent in its policies and procedures amongst its various locations. In addition, a facility operator needs to understand the nature and extent of any Good Samaritan laws, which may apply.

Finally, a facility should check with its insurer to determine whether the actions or inactions with respect to AEDs are covered under its policy. If a facility has an AED and someone suffers a heart attack and dies, a lawsuit could contain allegations that the facility lacked properly trained staff, failed to locate the AED in an appropriate, easy-to-reach place, or had an AED that failed to operate properly. An operator needs to confirm whether it

is covered for claims such as this before it brings an AED into the fold.

AEDs save lives. However, if a facility decides to have an AED onsite, the decision comes with a corresponding need to properly implement a comprehensive AED program. ⚡

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