

ENROLLED ORIGINAL

AN ACT

*Codification
District of
Columbia
Code
2001 Supp.*

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To provide standards for the public use of automated external defibrillators and to provide immunity from civil liability to a person who uses an automated external defibrillator in an emergency care or treatment situation.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Public Access to Automated External Defibrillator Act of 2000”.

Sec. 2. Definitions.

For the purposes of this act, the term “automated external defibrillator” or “AED” or “defibrillator” means a medical device heart monitor and defibrillator that:

- (1) Has received approval from the United States Food and Drug Administration of its premarket notification filed pursuant to section 510(k) of the Federal Food, Drug, and Cosmetic Act, approved October 10, 1962 (76 Stat. 794; 21 U.S.C. § 360(k));
- (2) Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, and determining, without intervention by an operator, whether defibrillation should be performed; and
- (3) Upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

Sec. 3. Access by the public to defibrillation.

(a) A person who or entity that acquires an AED shall ensure that:

- (1) Expected AED users receive training from and be certified by the American Heart Association, the American Red Cross, or an equivalent state or nationally recognized course, in cardiopulmonary resuscitation (“CPR”) and in the use of an AED, and that the users maintain their certification in CPR and AED use;
- (2) The defibrillator is maintained and tested according to the manufacturer’s operational guidelines, and written records of the maintenance and testing are maintained;
- (3) A physician licensed in the District of Columbia shall oversee all aspects of the defibrillation program, including training, coordination with the Fire and Emergency

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Medical Services Department (“Department”), protocol approval, AED deployment strategies, and equipment maintenance plan, and shall review each case in which the AED is used by the program; and

(4) Any person who uses an AED to provide emergency care or treatment on a person in cardiac arrest shall activate the Department’s emergency medical service system as soon as possible, and shall report any clinical use of the AED to the licensed physician or medical authority. Data on AED use shall be submitted to the Department and reviewed by the Department.

(b) Upon meeting the requirements of subsection (a) of this section, the defibrillation program shall be registered with the Department and the Department shall issue to the defibrillation program a certificate of registration. There shall be a registration fee of \$25. The certificate of registration shall expire after 4 years. To renew a certificate of registration, the person or entity shall be required to repeat the application process. If protocol is not followed, the Department may issue a citation, suspend certification, or revoke the certificate of registration.

(c) Any person or entity who acquires an AED shall notify an agent of the Fire Chief, the EMS Medical Director, and the emergency communications or vehicle dispatch center of the existence of the AED and the Department of the existence, location, and type of AED. If an AED is removed, the Department shall be notified.

Sec. 4. AED use and tort immunity.

(a) Any person or entity who, in good faith and without compensation, uses an AED to provide emergency care or treatment shall be immune from civil liability for any personal injury resulting from the care or treatment, or resulting from any act or failure to act in providing or arranging further medical treatment, if the person acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances.

(b) The immunity from civil liability provided under subsection (a) of this section shall extend to the licensed physician or medical authority involved in automated external defibrillator site placement, the person who provides training in CPR and the use of the automated external defibrillator, and the person or entity responsible for the site where the automated external defibrillator is located.

(c) The immunity from civil liability provided under this act shall not apply if the personal injury results from the gross negligence or the willful or wanton misconduct of the person providing the emergency care.

(d) This section expressly excludes from the provision of immunity designers, manufacturers, or sellers of automated external defibrillators who have claims brought against them based upon current District of Columbia law.

(e) A person who, in good faith and without compensation, uses a defibrillator at the scene of an emergency, and all other persons and entities providing services without

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compensation under this section, shall be immune from civil liability for any personal injury that results from any act or omission in the use of the defibrillator in an emergency situation. This immunity shall apply only if the requirements of section 3 are fulfilled.

Sec. 5. Agency fund.

(a) There is established the Automated External Defibrillator Registration Fee Fund (“Fund”), as a non-lapsing, revolving fund, to be administered by the Mayor as an agency fund, as that term is defined in D.C. Code § 47-373(2)(I), and to be used exclusively for the purposes stated in section 3.

(b) The Fund shall be financed through registration fees generated pursuant to section 3 and regulations promulgated by the Mayor.

(c) The Fund shall be accounted for under procedures established pursuant to subchapter V of Chapter 3 of Title 47 of the District of Columbia Code.

Sec. 6. Rules.

The Mayor, pursuant to title I of the District of Columbia Administrative Procedure Act may issue rules to implement the provisions of this act.

Sec. 7. Appropriations.

This act shall be subject to the availability of appropriations.

Sec. 8. Financial impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(3)).

Sec. 9. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), approval by the Financial Responsibility Management Assistance Authority as provided in section 203(a) of the District of Columbia Financial Responsibility Management Assistance Act of 1995, approved April 17, 1995 (109 Stat. 116; D.C. Code § 47-392.3(a)), a 30-day period of Congressional review as provided in

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section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia