

FINAL BILL REPORT

SHB 2998

C 150 L 98

Synopsis as Enacted

Brief Description: Regulating privately owned semiautomatic external defibrillators.

Sponsors: By House Committee on Law & Justice (originally sponsored by Representatives Sheahan, Costa and K. Schmidt).

House Committee on Law & Justice
Senate Committee on Law & Justice

Background: Ventricular fibrillation is a potentially fatal form of cardiac arrest. The normal electrical impulses in the ventricles suddenly become chaotic, and contractions in this area of the heart become uncoordinated and ineffective. In this condition, the heart becomes unable to pump blood effectively and may stop abruptly. The condition can lead to unconsciousness in seconds. If untreated, the person usually has convulsions and develops irreversible brain damage after about five minutes because oxygen is no longer reaching the brain. Death soon follows.

Cardiopulmonary resuscitation (CPR) must be started within a few minutes, and then followed as soon as possible by cardioversion (an electric shock delivered to the chest). The only definitive treatment for ventricular fibrillation is electrical defibrillation. Paddles are placed on the unconscious person's chest, and an electric shock is delivered to the heart. This shock stops the abnormal rhythm and allows a coordinated rhythm and normal pumping action to resume. Successful defibrillation is time dependent. To ensure intact neurologic recovery, early defibrillation should occur within the first two minutes of pulselessness. The chance of successful recovery is diminished by 10 percent each minute that the victim remains in ventricular fibrillation.

Early defibrillation is stressed as the primary treatment modality in advanced cardiac life support training. It is being included in basic life support training. This has led to extended use of automated external defibrillators (AEDs), particularly by responders who may not have extensive medical training or training in the use of manual conventional defibrillators. AEDs are being used by prehospital medical personnel, as well as by nonacute care hospital personnel, and, in some areas of the country, AEDs training is being provided to the lay public. Survival rates for patients with ventricular fibrillation improved from 7 percent to 26 percent in King County, Washington, where an early defibrillation program was instituted.

The ease of use of AEDs is largely due to automation and quick analysis of the heart's rhythm by the defibrillator without requiring the operator to interpret the rhythm. Placement of adhesive defibrillator pads is all that is required of the operator and permits hands-off remote defibrillation. Some AEDs are considered semiautomated (SAEDs). They perform rhythm analysis, but then signal the operator to press a button in order to administer the shock, therefore still maintaining some operator control.

Locations for SAEDs include prehospital settings, but could also include public areas such as stadiums, office buildings, ferries, and airplanes.

Under the "good samaritan" statute, a person who renders emergency medical care without compensation or the expectation of compensation is immune from civil liability unless his or her acts constitute gross negligence or willful or wanton misconduct.

Summary: Maintenance and use guidelines are prescribed for entities acquiring semi-automatic defibrillators. These guidelines include:

- obtain instruction in the use of the defibrillator and cardiopulmonary resuscitation;
- maintain the defibrillator in accordance with manufacturer's guidelines;
- notify local emergency medical services about the existence of the defibrillator; and
- notify proper authorities after any emergency use of the defibrillator.

Immunity from civil liability is provided for entities that maintain and use semi-automatic defibrillators in accordance with these guidelines as long as their actions do not constitute gross negligence or willful or wanton misconduct.

Immunity from civil liability is provided for individuals using a semi-automatic defibrillator in an emergency setting if the individual is acting under the good samaritan statute.

Votes on Final Passage:

House 96 0
Senate 42 0

Effective: June 11, 1998