

### **64E-2.039 Guidelines for Automated External Defibrillators (AED) in State Owned or Leased Facilities.**

(1) Management of any state owned or leased facilities considering the placement of AEDs should seek cooperation of facility personnel and local training, medical, and emergency response resources.

(2) An AED is obtained by a prescription from a licensed physician. The prescription must accompany the order for the AED.

(3) Several elements should be considered to determine the appropriate number, placement, and access system for AEDs. Facility managers should consider:

(a) Physician oversight provided by either a facility's medical staff or contracted through a designated physician. A physician should be involved as a consultant in all aspects of the program.

(b) Response Time: The optimal response time is 3 minutes or less. This interval begins from the moment a person is identified as needing emergency care to when the AED is at the side of the victim. Survival rates decrease by 7 to 10 percent for every minute that defibrillation is delayed.

(c) Lay Responder or Rescuer Training

1. Pursuant to Section 401.2915(1), F.S., all persons who use an AED shall have the required training.

2. Overall effectiveness of AEDs shall be improved as the number of trained personnel increases. Where possible, facility managers should establish in-house training programs on a routine basis.

3. Cardiopulmonary resuscitation and AED training can be obtained from a nationally recognized organization.

4. In addition to training on use of the AED, it is important for lay responders or rescuers to be trained on the maintenance and operation of the specific AED model in the facility.

5. Training is not a one-time event and formal refresher training should be conducted at least every 2 years. Computer-based programs and video teaching materials permit more frequent review. Facility management should make periodic contact with a training entity to assure that advances in techniques and care are incorporated into their program. In addition to formal annual recertification, mock drills and practice sessions are important to maintain current knowledge and a reasonable comfort level by lay responders or rescuers. The intervals for conducting these exercises should be established in consultation with the physician providing medical oversight.

(d) Demographics of the Facility's Workforce: Management should examine the make up of the resident workforce and consider the age profile of workers. Facilities hosting large numbers of visitors are more likely to experience an event, and an appraisal of the demographics of visitors should be included in an assessment. Facilities where strenuous work is conducted are more likely to experience an event. Specialty areas within facilities such as exercise and work out rooms should be considered to have a higher risk of an event than areas where there is minimal physical activity.

(e) Physical Layout of Facility: Response time should be calculated based upon how long it will take for a lay responder or rescuer with an AED and walking at a rapid pace to reach a victim. Large facilities and buildings with unusual designs, elevators, campuses with several separate buildings, and physical impediments all present unique challenges. In some larger facilities, it may be necessary to incorporate the use of properly equipped "golf cart" style conveyances to accommodate time and distance conditions.

(f) Suggestions for proper placement of AEDs:

1. A secure location that prevents or minimizes the potential for tampering, theft, and or misuse, and precludes access by unauthorized users.

2. An easily accessible position (e.g., placed at a height so those shorter individuals can reach and remove, unobstructed access).

3. A location that is well marked, publicized, and known among trained staff. Periodic "tours" of locations are recommended.

4. A nearby telephone that can be used to call backup, security, or 911.

5. Written protocols addressing procedures for activating the local emergency medical services system. These protocols should include notification of EMS personnel of the quantity, brands, and locations of AEDs within the facility.

6. Equipment stored in a manner whereby the removal of the AED automatically notifies security, EMS, or a central control center. If such automatic notification is not possible, emphasis should be placed on notification procedures and equipment placement in close proximity to a telephone.

(g) It is recommended that additional items necessary for a successful rescue be placed in a bag and be stored with the AED. Following are items that may be necessary for successful utilization of the AED:

1. Simplified directions for CPR and use of the AED
2. Non-latex protective gloves
3. Appropriate sizes of CPR face masks with detachable mouthpieces, plastic or silicone face shields, one-way valves, or other type of barrier device that can be used in mouth to mouth resuscitation.
4. Pair of medium sized bandages
5. Spare battery and electrode pads
6. Two biohazard or medical waste plastic bags
7. Pad of paper and pen for writing
8. Absorbent towel

Specific Authority Laws of Florida 2001-76, House Bill 1429. Law Implemented Laws of Florida 2001-76, House Bill 1429. History-New 11-3-02.