

# **Spokane County Public Access Defibrillation**

**(RCW 70.54.310)**

**Spokane County EMS & Trauma Care Council  
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Attachment: Defibrillator Medical Authorization\*

\*Copy must be returned to: Spokane County EMS Council  
1618 N. Rebecca  
Spokane, WA 99217

# Spokane County Public Access Defibrillation

Thank you for your interest in Public Access Defibrillation. Cardiovascular disease is the single largest cause of death in the United States.

Every year more than 480,000 adult Americans die of a heart attack or its complications. About half of these deaths (250,000) result from sudden cardiac arrest, a complication of a heart attack.

Ventricular fibrillation, a disturbance in the electrical heart rhythm, is the most common cause of sudden cardiac arrest. Defibrillation is the only definitive treatment for ventricular fibrillation.

The success of defibrillation diminishes rapidly with each passing minute, decreasing the chance of successful return of normal heart rhythm by 10% for each passing minute.

## This is where you are so important!

Clinical studies confirm trained emergency responders can successfully perform early defibrillation using AEDs. Linking CPR with the use of AEDs by lay rescuers creates an even greater chance to improve survival from cardiac arrest. As well, a 1998 Washington State law protects lay responders in the use of Automatic External Defibrillators (AEDs).

Again, thank you for your interest.

# Spokane County Checklist

## Public Access Defibrillation (PAD)

- Review Copy of RCW 70.54.310, Community CPR-AED Program (enclosed)
- Call or visit with closest fire station to let them know you will be purchasing an AED
- Contact defibrillator distributors/manufacturers (recommend at least 2 contacts)
- Arrange for a training course. (The training course must include most current national guidelines for CPR and use of the AED (i.e. American Heart Association, American Red Cross, Medic First Aid, etc.)
- Maintain a copy of the class roster for the training course as well as a copy of all documents in this packet
- Schedule 2 year renewal training
- Fill out and return the Site Information Sheet (enclosed), the Disclaimer Statement (enclosed), and the Defibrillator Medical Authorization to:

Spokane County EMS Office  
1618 N. Rebecca  
Spokane, WA 99217

Spokane County  
Public Access Defibrillation (PAD)  
Site Information

Date \_\_\_\_\_ User name \_\_\_\_\_

Address location of AED \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Briefly describe type of business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe layout of location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exact Location of AED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special instructions/directions EMS should know in the event of their arrival? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Community Responder CPR-AED Program Appendix B – RCW 70.54.310

Semiautomatic external defibrillator—Duty of acquire—Immunity from civil liability.

(1) As used in this section, “defibrillator” means a semiautomatic external defibrillator as prescribed by a physician licensed under chapter 18.71 RCW or an osteopath licensed under chapter 18.57 RCW.

(2) A person or entity who acquires a defibrillator shall ensure that:

- (a) Expected defibrillator users receive a reasonable instruction in defibrillator use and cardiopulmonary resuscitation by a course approved by the department of health;
- (b) The defibrillator is maintained and tested by the acquirer according to the manufacturers operational guidelines;
- (c) Upon acquiring the defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation;
- (d) The person or entity who acquires a defibrillator shall notify the local emergency medical services organization about the existence and the location of the defibrillator; and
- (e) The defibrillator user shall call 911 or its local equivalent as soon as possible after the emergency use of the defibrillator and shall assure that the appropriate follow-up data is made available as requested by the emergency medical service or other health care providers.

(3) A person who uses a defibrillator at the scene of an emergency and all other persons and entities providing services under this section are immune from civil liability for any personal injury that results from any act or omission in the use of the defibrillator in an emergency setting.

(4) The immunity from civil liability does not apply if the acts or omissions amount to gross negligence of willful or wanton misconduct.

(5) The requirements of subsection (2) of this section shall not apply to any individual using a defibrillator in an emergency setting if that individual is acting as a good samaritan under RCW 4.24.300.

**DISCLAIMER STATEMENT**

To: James M. Nania, MD, FACEP

From: \_\_\_\_\_ (insert organization name here)

Subject: Disclaimer

Disclaimer Statement:

The agencies, employees or assignees of Spokane County, the City of Spokane, and the Spokane County EMS & Trauma Care Council hold no responsibility individually or collectively for the activities performed pursuant to this document, in relation to the public use of automated external defibrillators in Spokane County, or resulting from the Community Responder CPR-AED Program in Spokane County.

Medical direction is extended to the community Responder Site based on documentation supplied by the site that requirements established in RCW 70.54.310 have been met.

“I/We hereby affirm and declare that the information provided herein is true and correct, and I/We will:

- Assure that state-approved training for the Community Responder CPR-AED Program will be completed.
- Follow protocol related to the use, ownership, maintenance and other aspects of public use of automated external defibrillators as described in this document and via the above mentioned CPR-AED training.
- Provide event data to Spokane County EMS and Trauma Care Council per the format requested by them.
- Have read and understand and am/are in compliance with RCW 70.54.310 and will remain in compliance with that statute.
- Agree to maintain knowledge of and implement this program consistent with the current standard of care during the life of this program.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in Spokane, WA

User Organization \_\_\_\_\_

Organization Representative Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

## Spokane County Protocols for AED Use

- Assess unresponsiveness by attempting to rouse the person (i.e. shake, shout).
- Call 9-1-1 immediately.
- Get the AED and place by victim's left shoulder.
- Begin chest compressions (must have proper hand placement). Compress the chest at a rate of at least 100 times per minute. After 30 compressions at this rate, deliver 2 rescue breaths.
- POWER on the AED.
- Attach pads to the patient's bare chest in proper location.
- Clear victim before analysis and shock up to 3 times if advised to do so (avoid contact with victim).
- Check breathing and pulse after "no shock" message.
- Recheck for signs of circulation. If "no", perform CPR for 1 minute.
- Repeat shocks as needed until EMS arrives.
- Time from start to first shock is less than 90 seconds.



AED Manufacturers  
Updated August 2014

Freedom Sales and Supply, LLC

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