

HOUSE BILL REPORT

SHB 2998

As Passed Legislature

Title: An act relating to limited immunity for use of semiautomatic external defibrillators.

Brief Description: Regulating privately owned semiautomatic external defibrillators.

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

Brief History:

Committee Activity:

Law & Justice: 2/5/98 [DPS].

Floor Activity:

Passed House: 2/10/98, 96-0.

Passed Legislature.

HOUSE COMMITTEE ON LAW & JUSTICE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Sheahan, Chairman; McDonald, Vice Chairman; Sterk, Vice Chairman; Costa, Ranking Minority Member; Constantine, Assistant Ranking Minority Member; Carrell; Cody; Kenney; Lambert; Lantz; Mulliken; Robertson and Sherstad.

Staff: Daniel Jablonsky (786-5793); Edie Adams (786-7180).

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 effectively pump blood 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. In order 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 the victim remains in ventricular fibrillation.

Early defibrillation is being stressed as the primary treatment modality in advanced cardiac life support training. It is being extended to 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.

Persons who render emergency medical care without compensation or the expectation of compensation are immune from civil liability unless their acts constituted gross negligence or willful or wanton misconduct.

Summary of Bill: 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 this bill 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.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The bill clarifies the issue of liability for entities procuring defibrillators, and thus provides greater public access. This greater public access will result in quicker emergency response times and an increase in the number of lives saved.

Testimony Against: None.

Testified: Sherri Pocock, Physio-Control (pro); Steve Romines, Thurston County Medic One (pro); Susie Tracy, Washington State Medical Association (pro); Paul A. Berlin, American Heart Association (pro); Alidene M. Doherty, University of Washington (pro); and Luke Magnotto, M.D., Kitsap County Emergency Medical Services (pro).