

YOUR AED PROGRAM IMPLEMENTATION CHECKLIST:
Contact Collier County AED Coordinator 239-252-3740 (main) or
239-252-3779 (direct) for informational packet & ask questions regarding
placement and registration with the National AED Registry
Set up appointment with AED Coordinator for the AED site visit to develop an
Emergency Response Plan
Contact AED vendors and decide on an AED brand and model
If a prescription is needed to purchase the AED, contact Collier County's AED
Coordinator for a free AED prescription
Contact a CPR instructor and set up a CPR/AED class with an independent
instructor
When the AED is received, you must:
✓ Have staff trained in CPR and AED
✓ Registered your AED on www.NationalAEDRegistry.com
✓ Have requested / received a Collier County tag attached to the AED
which lists the serial number and location of AED
If the AED is used, contact the Collier County AED Coordinator
IMMEDIATELY for data download and staff debriefing at 239-252-3740 or
239-252-3779
If the AED is moved, update this information immediately on the
www.NationalAEDRegistry.com





### **CPR / AED Training Information**

- American Heart Association: www.heart.org
- American Red Cross: 239-596-6868 <u>www.redcross.org</u>
- Collier CPR & Safety Training: 239-537-0495 <u>www.CollierCPR.com</u>
- Elite Medical Training: 239-272-7222
- Lessons for Life: 239-250-5433 email: contact@lessons-for-life.net
- Local Fire Departments (depending on your location)
- SAS Training: 239-353-2487
- Straight to the Heart CPR Training: 239-287-0508
- SW Florida CPR Training Center: 239-250-5163



## **AED Defibrillators**





# Automated External Defibrillator (AED) Companies November 11, 2004

The following companies have received FDA Pre-Market Approval – 510(k) for an AED (or multiple AEDs). The American Heart Association does not endorse or recommend one device over another.

#### **Cardiac Science**

Corporate Headquarters 1900 Main Street, Suite 700 Irvine, CA 92614 (888) 274-3342 www.cardiacscience.com

#### Defibtech

753 Boston Post Road Guilford, CT 06437 (866) 333-4248 www.defibtech.com

### **HEARTSINE Technologies**

940 Calle Amanecer, Suite E San Clemente, CA 92673 (866) 478-7463 www.heartsine.com

#### **Medtronic Physio-Control**

11811 Willows Road NE PO Box 97006 Redmond, WA 98073-9706 (800) 442-1142 or (425) 867-4000 www.medtronicphysiocontrol.com

#### **Philips Medical Systems/Heartstream**

3000 Minuteman Road Andover, MA 01810-1099 (800) 263-3342 or (978) 687-1501 www.medical.philips.com

Welch Allyn (Formally Medical Research Laboratories, Inc.)
1000 Asbury Drive
Buffalo Grove, IL 60089
(800) 462-0777
www.welchallyn.com/medical

#### **ZOLL Medical Corporation**

Worldwide Headquarters 269 Mill Road Chelmsford, MA 01824-4105 (800) 348-9011 www.zoll.com



Thank you for your interest in the Collier County Community AED Program. Listed below is additional contact information on local AED vendors. Please feel free to contact our office should you have any questions on the AEDs and to make your appointment for your emergency response site plan.

#### Cardiac Science

- -American Red Cross: Karen J Prohaska 239-841-9657
- -Cardiac Science Customer Service 800-991-5465
- -Rob Williams 407-467-6016

#### Defibtech

- -Collier CPR & Safety Training: 239-537-0495
- -Straight To The Heart Training 239-287-0508

#### Physio-Control

-Collier CPR & Safety Training: 239-537-0495

#### **Philips**

- -Altra Medical Corp. Leslie Roberts 727-391-6574
- -American Red Cross: Karen J Prohaska 239-841-9657
- -Collier CPR & Safety Training: 239-537-0495
- -Straight To The Heart Training 239-287-0508

#### Samaritan Defibs

- -Collier CPR & Safety Training: 239-537-0495
- -David L. Smith 239-353-2487, cell: 239-564-0592
- -Straight To The Heart Training 239-287-0508

### Welch Allyn

-Now taken over by Zoll Medical

#### Zoll Medical

- -American Red Cross: Karen J Prohaska 239-841-9657
- -Collier CPR & Safety Training: 239-537-0495
- -Straight To The Heart Training 239-287-0508

Thank you,

Noemi Fraguela

Noemi Fraguela

Training Captain / AED Coordinator



#### COMMUNITY AUTOMATED EXTERNAL DEFRIBRILLATOR PROGRAM

Sec. 50-101. - Title.

This article shall be known and may be cited as the "Community Automatic External Defibrillator Program Ordinance" for Collier County.

(Ord. No. 98-36, § 1)

#### Sec. 50-102. - Findings and purpose.

Pursuant to section 125.01(1)(e), Florida Statutes, the Board of County Commissioners of Collier County, Florida finds that it is empowered to provide ambulance and emergency medical services. Pursuant to article VIII of the Constitution of the State of Florida, the Board of County Commissioners of Collier County, Florida further finds it has the authority to exercise broad home rules powers and as such finds that it is in the best interest of the citizens of Collier County to enact this article.

It is the purpose of this article to create the Community Automatic External Defibrillator Program which will establish guidelines for use, training, data collection and data recovery requirements and procedures for Automatic External Defibrillators (hereinafter known as AEDs).

(Ord. No. 98-36, § 2)

#### Sec. 50-103. - Applicability.

Notwithstanding any provisions of any other county zoning or other ordinance to the contrary, this article shall apply to, and be enforced in, the incorporated as well as the unincorporated areas of the county.

Hospitals, as defined in section 395.002(12), Florida Statutes, are exempt from the provisions of this article.

(Ord. No. 98-36, § 3)

### Sec. 50-104. - Requirements and procedures.

The following shall be the requirements and procedures for use, training, data collection and data recovery of the AED program:

- (1) No AED shall be used in the incorporated or unincorporated area of Collier County without first complying with the requirements and procedures set forth in this section, except as hereinafter provided in subsection (10). It shall be the responsibility of the owner of the AED to ensure that only trained individuals operate, or have access to, the AED.
- (2) The purchase of AED's will be done only after a written request is made to the Collier County Emergency Medical Services Department by the individual, organization or company requesting the purchase of an AED. The written request must contain the name, location, number of units, number of people to service and type and manufacturer of the AED.

- (3) Upon receipt of the written request to purchase, the EMS department will coordinate a training class for the requesting party, and all intended users of the AED, on the proper operation of AEDs. Training will consist of a required class which will include:
  - I. History of sudden death.
  - II. Signs and symptoms of cardiac arrest.
  - III. Adult cardio-pulmonary resuscitation.
  - IV. Proper use, maintenance and periodic inspection of the AED.
- (4) Upon proof of successful completion of the above required training, the Collier County EMS medical director will then issue a prescription for the purchase of an AED which has been approved, and authorized for purchase, by the Food and Drug Administration.
- (5) Users of the AED will follow the policies and procedures developed and authorized by the Collier County Emergency Medical Services Department Medical Director. These policies and procedures will be provided to the individual, organization or company requesting the purchase of an AED upon the successful completion of the training required by this section.
- (6) Re-certification of users and inspection of the AED will be done on bi-annual basis by the Collier County Emergency Medical Services Department.
- (7) The Collier County Emergency Medical Services Department will conduct quality assurance testing after use of the AED. The quality assurance testing will be on the proper use, placement and maintenance of the AED. An additional use of such testing will be to gather statistical information on the benefits AED availability provides to the community.
- (8) Any person who uses an AED is required to contact the EMS department as soon as reasonably possible upon use of the AED.
- (9) Upon notification of the use of an AED, the EMS department will be responsible for the collection and recovery of data generated by the AED. The owner of the AED will not unreasonably withhold consent to the retrieval of such data or to any quality assurance testing. The manner in which data is recovered will be dictated by the capability of the particular AED unit, since the method of data collection differs depending upon the type of AED. All data, once recovered by the EMS department, will be stored at a centralized database to be located and operated by the Collier County EMS Department.
- (10) In the event an individual not trained in the use of an AED is the only person available to operate the AED, and emergency medical services has been activated, an AED-emergency medical dispatch certified 911 operator shall be authorized to instruct that individual on the proper operation and use of the AED. All other provisions of this section which are not inconsistent with subsection (10) remain in full force and effect.

(Ord. No. 98-36, § 4; Ord. No. 99-43, § 1, 6-8-99; Ord. No. 03-22, § 1, 5-13-03)

# Florida Statute – Good Samaritan Act



Title XLV Torts Chapter 768 Negligence

768.13 Good Samaritan Act; immunity from civil liability .--

(1) This act shall be known and cited as the "Good Samaritan Act."

- (2)(a) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a state of emergency which has been declared pursuant to s. 252.36 or at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.
- (b)1. Any hospital licensed under chapter 395, any employee of such hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.
- 2. The immunity provided by this paragraph does not apply to damages as a result of any act or omission of providing medical care or treatment:
- a. Which occurs after the patient is stabilized and is capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is stabilized, in which case the immunity provided by this paragraph applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery; or
- b. Unrelated to the original medical emergency.
- 3. For purposes of this paragraph, "reckless disregard" as it applies to a given health care provider rendering emergency medical services shall be such conduct which a health care provider knew or should have known, at the time such services were rendered, would be



likely to result in injury so as to affect the life or health of another, taking into account the following to the extent they may be present;

- a. The extent or serious nature of the circumstances prevailing.
- b. The lack of time or ability to obtain appropriate consultation.
- c. The lack of a prior patient-physician relationship.
- d. The inability to obtain an appropriate medical history of the patient.
- e. The time constraints imposed by coexisting emergencies.
- 4. Every emergency care facility granted immunity under this paragraph shall accept and treat all emergency care patients within the operational capacity of such facility without regard to ability to pay, including patients transferred from another emergency care facility or other health care provider pursuant to Pub. L. No. 99-272, s. 9121. The failure of an emergency care facility to comply with this subparagraph constitutes grounds for the department to initiate disciplinary action against the facility pursuant to chapter 395.
- (c) Any person who is licensed to practice medicine, while acting as a staff member or with professional clinical privileges at a nonprofit medical facility, other than a hospital licensed under chapter 395, or while performing health screening services, shall not be held liable for any civil damages as a result of care or treatment provided gratuitously in such capacity as a result of any act or failure to act in such capacity in providing or arranging further medical treatment, if such person acts as a reasonably prudent person licensed to practice medicine would have acted under the same or similar circumstances.
- (3) Any person, including those licensed to practice veterinary medicine, who gratuitously and in good faith renders emergency care or treatment to an injured animal at the scene of an emergency on or adjacent to a roadway shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

**History.**--ss. 1, 2, ch. 65-313; s. 1, ch. 78-334; s. 62, ch. 86-160; s. 46, ch. 88-1; s. 4, ch. 88-173; s. 42, ch. 88-277; s. 1, ch. 89-71; s. 37, ch. 91-110; s. 33, ch. 93-211; s. 3, ch. 97-34; s. 1164, ch. 97-102; s. 2, ch. 2001-76.

# Florida Statute – Cardiac Arrest Survival Act



Title XLV

Chapter 768

Torts

Negligence

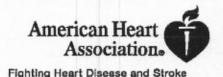
<sup>1</sup>768.1325 Cardiac Arrest Survival Act; immunity from civil liability.--

- (1) This section may be cited as the "Cardiac Arrest Survival Act."
- (2) As used in this section:
- (a) "Perceived medical emergency" means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a lifethreatening medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual.
- (b) "Automated external defibrillator device" means a defibrillator device that:
- 1. Is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act.
- 2. Is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed.
- Upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual.
- (c) "Harm" means damage or loss of any and all types, including, but not limited to, physical, nonphysical, economic, noneconomic, actual, compensatory, consequential, incidental, and punitive damages or losses.
- (3) Notwithstanding any other provision of law to the contrary, and except as provided in subsection (4), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device. In addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:
- (a) Notify the local emergency medical services medical director of the most recent placement of the device within a reasonable period of time after the device was placed;
- (b) Properly maintain and test the device; or

- (c) Provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if:
- 1. The employee or agent was not an employee or agent who would have been reasonably expected to use the device; or
- 2. The period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm, or between the acquisition of the device and the occurrence of the harm in any case in which the device was acquired after engagement of the employee or agent, was not a reasonably sufficient period in which to provide the training.
- (4) Immunity under subsection (3) does not apply to a person if:
- (a) The harm involved was caused by that person's willful or criminal misconduct, gross negligence, reckless disregard or misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed;
- (b) The person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional;
- (c) The person is a hospital, clinic, or other entity whose primary purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent;
- (d) The person is an acquirer of the device who leased the device to a health care entity, or who otherwise provided the device to such entity for compensation without selling the device to the entity, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or
- (e) The person is the manufacturer of the device.
- (5) This section does not establish any cause of action. This section does not require that an automated external defibrillator device be placed at any building or other location or require an acquirer to make available on its premises one or more employees or agents trained in the use of the device.

History .-- s. 1, ch. 2001-76.

<sup>1</sup>Note.--Section 4, ch. 2001-76, provides that:



"No later than January 1, 2003, the Secretary of the Department of Health shall adopt rules to establish guidelines on the appropriate placement of automated external defibrillator devices in buildings or portions of buildings owned or leased by the state, and shall establish, by rule, recommendations on procedures for the deployment of automated external defibrillator devices in such buildings in accordance with the guidelines. The Secretary of the Department of Management Services shall assist the Secretary of the Department of Health in the development of the guidelines. The guidelines for the placement of the automated external defibrillators shall take into account the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, special circumstances in buildings or portions of buildings such as high electrical voltages or extreme heat or cold, and such other factors as the Secretaries determine to be appropriate. The Secretary of the Department of Health's recommendations for deployment of automated external defibrillators in buildings or portions of buildings owned or leased by the state shall include:

- "(a) A reference list of appropriate training courses in the use of such devices, including the role of cardiopulmonary resuscitation;
- "(b) The extent to which such devices may be used by laypersons;
- "(c) Manufacturer recommended maintenance and testing of the devices; and
- "(d) Coordination with local emergency medical services systems regarding the incidents of use of the devices.
- "In formulating these guidelines and recommendations, the Secretary may consult with all appropriate public and private entities, including national and local public health organizations that seek to improve the survival rates of individuals who experience cardiac arrest."

#### 32-306A-04

A bill to be entitled 1 2 An act relating to community associations; amending s. 718.111, F.S.; providing immunity 3 4 from liability for certain information provided 5 by associations to prospective purchasers or lienholders under certain circumstances; 6 7 amending s. 720.303, F.S.; requiring specific notice to be given to association members 8 9 before certain assessments or rule changes may 10 be considered at a meeting; amending s. 768.1325, F.S.; providing immunity from civil 11 12 liability for community associations that provide automated defibrillator devices under 13 certain circumstances; prohibiting insurers 14 from requiring associations to purchase medical 15 malpractice coverage as a condition of issuing 16 17 other coverage; providing an effective date. 18 19 Be It Enacted by the Legislature of the State of Florida: 20 21 Section 1. Paragraph (e) of subsection (12) of section 22 718.111, Florida Statutes, is amended to read: 23 718.111 The association.--(1) CORPORATE ENTITY. --24 25 (12) OFFICIAL RECORDS.--26 (e)1. The association or its authorized agent is shall 27 not be required to provide a prospective purchaser or lienholder with information about the condominium or the 28 association other than information or documents required by 29 30 this chapter to be made available or disclosed. The association or its authorized agent may shall be entitled to

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charge a reasonable fee to the prospective purchaser, lienholder, or the current unit owner for its time in providing good faith responses to requests for information by or on behalf of a prospective purchaser or lienholder, other than that required by law, if the provided that such fee does shall not exceed \$150 plus the reasonable cost of photocopying and any attorney's fees incurred by the association in connection with the association's response.

2. An association and its authorized agent are not liable for providing such information in good faith pursuant to a written request if the person providing the information includes a written statement in substantially the following form: "The responses herein are made in good faith and to the best of my ability as to their accuracy."

Section 2. Subsection (2) of section 720.303, Florida Statutes, is amended to read:

720.303 Association powers and duties; meetings of board; official records; budgets; financial reporting .--

(2) BOARD MEETINGS. -- A meeting of the board of directors of an association occurs whenever a quorum of the board gathers to conduct association business. All meetings of the board must be open to all members except for meetings between the board and its attorney with respect to proposed or pending litigation where the contents of the discussion would otherwise be governed by the attorney-client privilege. Notices of all board meetings must be posted in a conspicuous place in the community at least 48 hours in advance of a meeting, except in an emergency. In the alternative, if notice is not posted in a conspicuous place in the community, notice of each board meeting must be mailed or delivered to 31 each member at least 7 days before the meeting, except in an

emergency. Notwithstanding this general notice requirement, 2 for communities with more than 100 members, the bylaws may 3 provide for a reasonable alternative to posting or mailing of 4 notice for each board meeting, including publication of 5 notice, provision of a schedule of board meetings, or the 6 conspicuous posting and repeated broadcasting of the notice on 7 a closed-circuit cable television system serving the 8 homeowners' association. However, if broadcast notice is used 9 in lieu of a notice posted physically in the community, the 10 notice must be broadcast at least four times every broadcast 11 hour of each day that a posted notice is otherwise required. When broadcast notice is provided, the notice and agenda must 12 be broadcast in a manner and for a sufficient continuous 13 length of time so as to allow an average reader to observe the 14 notice and read and comprehend the entire content of the 15 notice and the agenda. The bylaws or amended bylaws may 16 17 provide for giving notice by electronic transmission in a 18 manner authorized by law for meetings of the board of 19 directors, committee meetings requiring notice under this 20 section, and annual and special meetings of the members; however, a member must consent in writing to receiving notice 21 by electronic transmission. An assessment may not be levied at 22 a board meeting unless a written the notice of the meeting is 23 24 provided to all members at least 14 days before the meeting, 25 which notice includes a statement that assessments will be considered at the meeting and the nature of the assessments. 26 27 Rules that regulate the use of parcels in the community may 28 not be adopted, amended, or revoked at a board meeting unless 29 a written meeting notice is provided to all members at least 14 days before the meeting, which notice includes a statement 30 31 that changes to the rules regarding the use of parcels will be

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considered at the meeting. Directors may not vote by proxy or by secret ballot at board meetings, except that secret ballots may be used in the election of officers. This subsection also applies to the meetings of any committee or other similar body, when a final decision will be made regarding the expenditure of association funds, and to any body vested with the power to approve or disapprove architectural decisions with respect to a specific parcel of residential property owned by a member of the community.

Section 3. Present subsection (5) of section 768.1325, Florida Statutes, is redesignated as subsection (6), and a new subsection (5) is added to that section to read:

768.1325 Cardiac Arrest Survival Act; immunity from civil liability.--

- (5)(a) A community association organized under chapter 617, chapter 718, chapter 719, chapter 720, chapter 721, or chapter 723, Florida Statutes, which provides an automated defibrillator device primarily for the use of its members, guests, or invitees is immune from civil liability, pursuant to this section, for any damages that result from the use of such device if the association offers periodic training in the use of such device. The failure of any person who uses the device to take such training does not constitute a basis for liability against the association.
- (b) An insurer may not require a community association to purchase medical malpractice liability coverage as a condition of issuing any other coverage carried by the association, and an insurer may not exclude damages resulting from the use of an automated defibrillator device from coverage under a general liability policy issued to an association.

Section 4. This act shall take effect July 1, 2004. SENATE SUMMARY Revises provisions relating to community associations. Provides immunity from liability for certain information provided by associations to prospective purchasers or lienholders under certain circumstances. Requires that a specific meeting notice be given to members before certain matters may be considered at a meeting. Provides immunity from civil liability for associations that provide automated defibrillator devices under certain circumstances. Prohibits insures from requiring associations to purchase medical malpractice insurance.