

COUNCIL DOCKET OF Nov 18, 2008

Supplemental Adoption Consent Unanimous Consent Rules Committee Consultant Review

R -

O -

Mandatory Automated External Defibrillators in Certain New Construction

Reviewed Initiated By Rules On 10/22/08 Item No. 2

RECOMMENDATION TO:

Send this item forward to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance.

VOTED YEA: Madaffer, Frye, Young, Hueso, Peters

VOTED NAY:

NOT PRESENT:

CITY CLERK: Please reference the following reports on the City Council Docket:

REPORT TO THE CITY COUNCIL NO.

INDEPENDENT BUDGET ANALYST NO.

COUNCIL COMMITTEE CONSULTANT ANALYSIS NO.

OTHER:

Maureen O'Conner's October 16, 2008, memorandum regarding Statistical Information; Maureen O'Conner's October 16, 2008, memorandum regarding Expected Costs; San Diego Project Heart Beat's Pricing Rates; City Attorney's Draft Ordinance; AED Scope/Applicability

COUNCIL COMMITTEE CONSULTANT *Elyse Love*

001851

**SAN DIEGO PROJECT HEART BEAT
M E M O R A N D U M**

DATE: October 16, 2008

TO: Councilmember Jim Madaffer, City of San Diego District 7

FROM: Maureen O'Connor, PAD Program Manager SDMSE

SUBJECT: Statistical Information on Sudden Cardiac Arrest (SCA) and the use of Automated External Defibrillators (AEDs) within San Diego County

San Diego Project Heart Beat (SDPHB) is a Public Access Defibrillation (PAD) program created in 2001 to increase the survival rates of Sudden Cardiac Arrest (SCA) victims within the City and County of San Diego. SCA is the leading cause of death within the county and throughout the nation. Since the program's inception, tremendous success has been experienced in the validity of PAD programs and their initiation into communities to save lives. SDPHB is the only known source for statistical information on Automatic External Defibrillation (AED) use within a large city and county for SCA. SDPHB has helped to deploy more than 4000 AEDs throughout San Diego County municipalities in a multitude of mixed public arenas. To date the program has helped to save 52 lives of SCA victims among SDPHB managed PAD program participants.

Listed below is statistical information that will help to identify the need and value of implementing PAD programs into all public and private venues making AEDs as accessible as fire extinguishers throughout the communities.

The information gathered below is from AED deployments (use) that have occurred from 2002 - 2008 for SDPHB managed participants. The chart demonstrates AED deployments that have occurred throughout the City and County of San Diego annually.

Year	City	County
2002	6	1
2003	8	3
2004	18	2
2005	16	2
2006	19	4
2007	12	1
2008 to 10/14	27	2
Total	106	16

There have been 122 AED deployments (use) through SDPHB managed program participants documented to date. These AED deployments count for both true SCA events and non-SCA events as they occurred. Out of the 122 AED deployments, 73 of these incidents were true SCA events and 49 were "non-SCA" events. Therefore, 52 lives

001853

**SAN DIEGO PROJECT HEART BEAT
M E M O R A N D U M**

DATE: October 16, 2008

TO: Councilmember Jim Madaffer, City of San Diego District 7

FROM: Maureen O'Connor, PAD Program Manager SDMSE

SUBJECT: Expected Costs for Automated External Defibrillation (AED) Placement

The following is an average estimated cost to implement Automated External Defibrillators (AEDs) into public and private venues throughout the City of San Diego. It is important for the entity procuring the AEDs to address a package cost (what is included in the price of the AED), as well as quality of the AED unit itself.

Average cost per AED: \$1600.00 includes shipping and tax.

Average cost of Wall Mounted AED Storage Cabinet with Alarm: \$250.00 includes shipping and tax.

Average cost of Required Certification Training: \$35.00 to \$65.00 per student. Minimal requirements for certification training are addressed in CA State Health & Safety Code 1797.196. Certification training is offered as an annual or bi-annual certification.

Required Program Management Services:

- 1 AED annual cost: \$75.00 to \$125.00
 - Additional AED cost annually after first AED in program, \$25.00 each.
 - 1 – 5 AEDs, annual cost, \$175.00 to \$225.00
 - 6 – 10 AEDs, annual cost \$300.00 to \$350.00
 - Every AED added to program after the initial 10 AEDs, \$10.00 each annually.
- The figures listed above come from San Diego Project Heart Beat's current Program Management price list of services.

San Diego Project Heart Beat is a City and County of San Diego Public Access Defibrillation (PAD) program that offers complete Program Management services to all public and private arenas in the region.

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saved out of 73 actual Cardiac Arrest events where an AED was deployed, sums an impressive percentage of lives saved through this program within our region of 71%! This amazing statistic compares to a 4% county survival rate without PAD programs.

- San Diego City Medical Sudden Cardiac Arrests Identified by Calendar Year.

Year	#
2004	851
2005	942
2006	1015
2007	1027
2008 to 10/14	831

- During the 1st year (1/16/07 to 1/15/08) of San Diego County's Cardiovascular STEMI Receiving Center System 699 prehospital patients were identified as experiencing a STEMI and were transported by ambulance to a STEMI Receiving Center.
- San Diego County Prehospital CPR-Medical Chief Complaints

Number of San Diego County Prehospital Identified Chief Complaints of CPR- Medical by Fiscal Year (FY)

FY	#
FY0304	1511
FY0405	1567
FY0506	1525
FY0607	1533
FY0708	1519
FY0809 to 10/14/08	418

Source: County of San Diego EMS QCS

MICN database, FYs 0304 to FY 0809 (to 10/14/08)

Note: Fiscal Year = July 1st - June 30th

STEMI is a countywide study that has been initiated to track specific information of SCA victims throughout our region.



A COMMUNITY EFFORT TO SAVE LIVES!!

PRICING RATES FOR PAD PROGRAM TRAINING AND MANAGEMENT SERVICES

PHASE I

HEARTSAVER CPR/AED COURSE (4 hours) Two year certification. Minimum of eight students per course scheduled. **\$50.00 per student**

Course includes:

- ♥ Training and Certification
- ♥ Required books and cards
- ♥ Instruction in Basic Life Support
- ♥ Record keeping for Certification and Recertification notification

RE-CERTIFICATION TRAINING (4 hours) Two year certification. Minimum of eight students per class scheduled. **\$50.00 per student**

REFRESHER TRAINING (1-2 hours) Recommended annually. Minimum of eight students per class.
Eight to twelve students: \$20.00 each **Thirteen students or more: \$15.00 each**

FIRST AID/CPR/AED COURSE (8 hours) Minimum of eight students. **\$65.00 per student**
 All materials, books, certification cards are included.

PHASE II

PAD PROGRAM MANAGEMENT Initiated annually through a Service Level Agreement (SLA).

First year of service: \$125.00 for first AED. \$25.00 for each additional AED added to SLA up to ten. \$10.00 for each additional AED added to SLA after the initial ten.

Annual reinstatement of service: Provides a discounted rate of \$75.00 for first AED on the SLA.

Service includes:

- ♥ Physician Medical Oversight
- ♥ Service Level Agreement
- ♥ 24hr. AED Emergency Contact Service
- ♥ Record keeping for Program Management
- ♥ Orientation session on "Your AED Program"

PHASE III

PAD PROGRAM "INCIDENT" MANAGEMENT Ask a program representative for

Includes:

- ♥ On-site Downloading of Data
- ♥ Replacement of Electrodes (additional fee)
- ♥ Processing and Filing of Required Reports (4)
- ♥ CISD (Critical Incident Stress Debriefing)

SAN DIEGO PROJECT HEART BEAT ♥ PUBLIC ACCESS DEFIBRILLATION PROGRAMS

10405 San Diego Mission Road Suite 100 ♥ San Diego, California 92108 ♥ Phone (866) 4HEARTU

001857

(O-2009-DRAFT)

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATIC EXTERNAL DEFIBRILLATORS, REQUIRING AUTOMATIC EXTERNAL DEFIBRILLATORS IN CERTAIN BUILDINGS, PROVIDING FOR INSTALLATION AND OPERATION, AND BY ADDING SECTIONS 145.3901, 145.3902, 145.3903, 145.3904, 145.3905, 145.3906, 145.3907 AND 145.3908 ALL RELATED TO REQUIREMENTS FOR AUTOMATIC EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

WHEREAS, 465,000 people in the United States die each year from sudden cardiac arrest, also known as ventricular fibrillation; and

WHEREAS, defibrillation or shock using an automatic external defibrillator [AED] is the only effective therapy for sudden cardiac arrest; and

WHEREAS, for each minute that passes without cardiopulmonary resuscitation [CPR] and defibrillation, the chance of survival from sudden cardiac arrest *decreases* 7% to 10%; and

WHEREAS, the survival rate from sudden cardiac arrest in places where no CPR and defibrillation program is in place is only about 5%; and

WHEREAS, where AED programs provide immediate CPR and AED shock within the first minute of collapse, the survival rate from cardiac arrest is as high as 74%; and

WHEREAS, requiring AEDs in certain buildings will reduce response time of emergency care, increase the chances of survival, and safeguard the lives of persons who experience sudden cardiac arrest; and

WHEREAS, California has enacted a Good Samaritan Law that, subject to certain requirements, may limit the liability of one who renders emergency care via an AED; NOW, THEREFORE,

BE IT ORDAINED, by the Council of the City of San Diego, as follows:

Section 1. That Chapter 14, Article 05, of the San Diego Municipal Code is amended by adding a new Division 39, titled "Automatic External Defibrillators," and adding new Sections 145.3901, 145.3902, 145.3903, 145.3904, 145.3905, 145.3906, 145.3907 and 145.3908 to read as follows:

**DIVISION 39
AUTOMATIC EXTERNAL DEFIBRILLATORS**

§145.3901 Purpose

The purpose of this division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons.

§145.3902 Definitions

Except as otherwise provided, for the purposes of this division:

Automatic External Defibrillator or *AED* means "Automatic External Defibrillator" or "AED" as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.8., Section 100033, which states "Automatic External Defibrillator" or "AED" means an external defibrillator that after user activation

is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

§145.3903 New Construction Requiring AEDs

- (a) Prior to issuance of certificate of occupancy, or approval of final inspection, AED's shall be placed in all newly constructed buildings having an occupant load more than that shown in Table 145-3903. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy group shall be determined based on Chapter 3 of the California Building Code.
- (b) AED's shall be conspicuously placed and shall be readily accessible in the event of an emergency. AED's shall be mounted such that the top of the AED shall not be more than five (5) feet above floor level.
- (c) The following occupancies are exempt from complying with this division.
- (1) The requirements in this division shall not apply to one and two family dwellings classified as Group R Division 3 occupancies, or to Group U occupancies.
 - (2) The requirements of this division shall not apply to parking garages.

Table 145-3903

Occupancy Group	Occupant load
Group A "Assembly"	300
Group B "Business"	200
Group E "Educational"	200
Group F "Factory"	200
Group H "High-Hazard"	200
Group I "Institutional"	200
Group M "Mercantile"	200
Group R "Residential"	200
Group S "Storage"	200

§145.3904 Location of AEDs

When required pursuant to this division, *AEDs* shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the *AED* and shall be located as follows:

- (a) *AEDs* shall be placed at the main entrance to a space or floor required to include an *AED*.
- (b) *AEDs* shall be so located such that the maximum length of travel measured from the most remote point within a building to any *AED* shall not exceed 300 ft.

- (c) *AEDs* shall be so located on each floor level such that the maximum length of travel between any two *AEDs* shall not exceed 600 ft,
- (d) When not provided at every floor level, *AEDs* shall be located on the first floor and on other floors such that the maximum length of travel between any two *AEDs* shall not exceed 450 ft.

§145.3905 AED Placement, Installation, Repair, and Training Requirements

For all newly constructed buildings that require *AEDs* pursuant to section 145.3903 and Table 145-3903, the building owner or principal (if in a K-12 school) shall ensure the following:

- (a) Registration of the *AED* at the time it is acquired with the City of San Diego Emergency Medical Services Enterprise including the existence, location, and type of *AED*;
- (b) Written validation and prescription for use of the *AED(s)* is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) No less than one employee per every *AED* for the first five acquired and no less than one employee for every five more *AEDs* acquired thereafter completes training in cardiopulmonary resuscitation and *AED* use that complies with the City of San Diego Emergency Medical Services Enterprise requirements, the California Code of Regulations, and the American Heart Association or the American Red Cross standards, and that trained employees are available to respond to an emergency during normal operating hours;

- (d) Installation, maintenance, repair, testing, and readiness checks of each *AED* are conducted in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (e) The records of employee training, installation, maintenance, repair, testing, and checking required for the *AED* are maintained on the premises for a minimum of one year and readily available upon request by the Fire Department, Building Official, or other enforcement designee or agency;
- (f) Any person who renders emergency care using the *AED* activates the City of San Diego Emergency Medical Services Enterprise system as soon as possible and reports any use of the *AED* to the prescribing physician, the City of San Diego Emergency Medical Services Enterprise, and the City's Fire Chief not later than 24 hours after use;
- (g) All tenants annually receive an American Heart Association or American Red Cross approved brochure on the proper use of an *AED*, that similar information is posted next to all *AEDs*, and that tenants are notified of the location of all *AEDs* in the building;
- (h) All school staff and administrators annually receive an American Heart Association or American Red Cross approved brochure on the proper use

of an *AED*, that similar information is posted next to any *AED*, and that employees are notified of the location of *AEDs* on campus;

- (i) The building owner or principal develops a written internal emergency response system and plan with a California licensed physician and surgeon that describes the procedures to be followed in the event of an emergency that may involve the use of an *AED*, including but not limited to, immediate notification of City of San Diego Emergency Medical Services Enterprise and trained personnel at the start of *AED* procedures; and
- (j) Annual written certification of the *AED* is provided to the City of San Diego Fire Chief verifying any *AED* required pursuant to this division is in good working condition and has received necessary maintenance.

§145.3906 Exemption for AEDs Used Solely for Demonstration Purposes

Any *AED* used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this division. Any *AED* used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3907 Sunset Provision for AED Requirements

The provisions of this division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this division shall be automatically repealed and removed from the Code. However, if the State Legislature extends the

applicability of the Good Samaritan Law, the provisions of this division shall be extended and remain in effect for as long as State immunity is provided.

§145.3908 Alternate Materials, Designs, and Methods of Construction.

- (a) Alternate materials, designs, or methods of construction to the requirements in this division may be approved and their use authorized by the Building Official in accordance with Section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this division and be, for the use intended, at least the equivalent of that prescribed in this division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of an alternate.

Section 5. That a full reading of this ordinance is dispensed with prior to passage, since a written copy was made available to the City Council and the public prior to the day of its passage.

Section 6. This ordinance shall take effect and be in force on the thirtieth day from and after its final passage.

APPROVED: MICHAEL J. AGUIRRE, City Attorney

By _____
Deputy City Attorney

NMF:mm
10/17/08
Or.Dept: Rules Committee
O-2009-DRAFT
MMS#6706

DRAFT

001867

2007 California Building Code
 AED Scope/Applicability
 by Occupancy

Group "A" occupancy Public Assembly	Assembly Group A. Assembly Group A occupancy includes, among others, the use of a building or structure, or a portion thereof, for the gathering for purposes such as civic, social or religious functions; recreation, food or drink consumption; or awaiting transportation or motion picture and television production studio sound stages, approved production facilities and production locations.			
	Example of uses	Occupant load trigger	Example floor area size	Example of triggered establishments
	House of worship	> 300	5,000 sq ft	Church, mosque, synagogue
	Restaurant	> 300	5,000 sq ft restaurant	PF Changs, Cheesecake Factory, etc..
	Library	> 300	15,000 sq ft	
	Health studios		SAB 1507	Common area swimming pools, gymnasiums, racquet clubs, health clubs, YMCA, etc.
	Cinemas and theaters	> 300	5,000 sq ft	

Group "M" Mercantile	Mercantile Group M occupancy includes, among others, buildings and structures or a portion thereof used for the display and sale of merchandise, and involves stocks of goods, wares or merchandise incidental to such purposes and accessible to the public.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
		> 200	6,000 sq ft	Pottery Barn, the GAP, Target, etc.
	> 200	6,000 sq ft	Shopping centers and malls	

**2007 California Building Code
AED Scope/Applicability
by Occupancy**

Group "B" Business Occupancy	Business Group B. Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service-type transactions, including storage of records and accounts.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Office	> 200	20,000 sq ft	Baseline
	Adult Education	> 200	10,000 sq ft	National University
	Health care facilities	> 200	20,000 sq ft	Not a hospital. Medical offices for Kaiser, Sharp, Scripps etc..

Group "E" Educational	Educational Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by more than six persons at anyone time for educational purposes through the 12th grade. May include religious educational rooms and religious auditoriums. Includes day care where the use of a building or structure, or portion thereof, for educational, supervision or personal care services for more than six children older than 2 1/2 years of age.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Schools	> 200	5,000 sq ft	Private schools Montessori, La Jolla Country Day, etc.
	Preschool	> 200	5,000 sq ft	
	Daycare	> 200	5,000 sq ft	

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**2007 California Building Code
AED Scope/Applicability
by Occupancy**

Group "F" Factory Industrial	Factory Industrial Group F. Factory Industrial Group F occupancy includes, among others, the use of a building or structure, or a portion thereof, for assembling, disassembling, fabricating, finishing, manufacturing, packaging, repair or processing operations that are not classified as a Group H hazardous or Group S storage occupancy.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Manufacturing,	> 200	20,000 sq ft	Kyocera, Qualcomm, Cubic
	Labs	> 200	20,000 sq ft	Scripps, Salk Institute, Ligand, etc..

Group "H" Hazardous	High-hazard Group H occupancy includes, among others, the use of a building or structure, or a portion thereof, that involves the manufacturing, processing, generation or storage of materials that constitute a physical or health hazard in quantities in excess of those allowed in control areas.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Hazardous material storage	> 200	100,000 sq ft	Warehouse, storage
	Hazardous material manufacturing	> 200	20,000 sq ft	Labs, manufacturing

**2007 California Building Code
AED Scope/Applicability
by Occupancy**

Group "I" Institutional	Institutional Group I. Institutional Group I occupancy includes, among others, the use of a building or structure, or a portion thereof, in which people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment or other care or treatment, or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Prisons, hospitals, skilled nursing homes	County and State jurisdiction	Not regulated	Labs, manufacturing
	Outpatient surgical	> 200	20,000 sq ft	State regulated
	Detention facilities	> 200	20,000 sq ft	Police stations, INS, FBI, Petco Park
	24 hour child care	> 200	5,000 sq ft	State regulated

Group "S" Storage	Storage Group S; Storage Group S occupancy includes, among others, the use of a building or structure, or a portion thereof, for storage that is not classified as a hazardous occupancy.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Warehouse	> 200	100,000 sq ft	
Parking Garages	Not required	Not required		

001871

**2007 California Building Code
AED Scope/Applicability
by Occupancy**

Group "R" Residential	Residential Group R. Residential Group R includes, among others, the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an Institutional Group 1.			
	Example of uses	Occupant load trigger	Example size	Example of triggered establishments
	Transient lodging	>200	40,000 sq ft	Hotels and motels
	Condo Apartment	>200	40,000 sq ft	Condo/Apartment
	Single Family	Not regulated		Single Family

001873

Sudden Cardiac Arrest Facts

Sudden Cardiac Arrest is a leading cause of death in this country, taking the lives of more than 250,000 people each year — more than breast cancer, lung cancer, stroke, or AIDS. It occurs abruptly and without warning, and two-thirds of SCA deaths occur without any prior indications of heart disease. According to the SCA foundation, over 46,000 people have died this year due to SCA in California alone.

SCA occurs abruptly and without warning: The heart suddenly stops beating, so no blood can be pumped to the rest of the body. In essence, the heart's electrical system stops working. Contrary to widespread belief – SCA is NOT the same as a heart attack. A heart attack, also called a myocardial infarction, is when a blockage in a blood vessel interrupts the flow of oxygen-rich blood to the heart, causing the heart muscle to die. If you think of your heart as a house – SCA would be a problem with the electricity; a heart attack would be a problem with the plumbing.⁵

SCA is extremely deadly, with a mortality rate of approximately 95 percent.⁶

To have a chance of surviving, victims of SCA must receive a life-saving defibrillation within the first 4 – 6 minutes of an attack, when brain and permanent death start to occur.⁷

Certain segments of the population are particularly at risk:

- Medical studies have shown that women have less chance of recovering from SCA than men, and in fact, SCA deaths among women ages 35 – 44 have increased over the past several years but not for men.⁸
- African Americans are more likely to have a SCA than Caucasians and have less than a 1 percent chance of surviving, versus a 5 percent chance in the general population.⁹
- Two-thirds of SCA deaths occur in people without any prior indications of heart disease.¹⁰

Life-saving treatments for SCA are effective if they can be administered:

- Implantable Cardioverter Defibrillators (ICDs) are 98 percent effective at protecting those at risk for SCA, but only 35 percent of patients who could be helped by one, have them.¹¹
- Automatic External Defibrillators (AEDs) can increase the survival rate for SCA up to 90 percent by delivering a life-saving shock within the first few minutes of an attack, but they are still not widely available and people often do not know how to use them.¹²

<http://www.stopcardiacarrest.org/policymakers/fast-facts.html>

- ¹ Heart Rhythm Society, www.hrsonline.org
- ² Heart Rhythm Society, www.hrsonline.org
- ³ American College of Cardiology, www.acc.org
- ⁴ American Heart Association, www.americanheart.org
- ⁵ Heart Rhythm Society, www.hrsonline.org
- ⁶ National Heart Lung and Blood Institute, www.nhlbi.nih.gov
- ⁷ American Heart Association, www.americanheart.org
- ⁸ Yale-New Haven Hospital, www.ynhh.org
- ⁹ New England Journal of Medicine, content.nejm.org
- ¹⁰ National Heart Lung and Blood Institute, www.nhlbi.nih.gov
- ¹¹ Zipes DP, Camm AJ, Borggrefe M, et al. ACC/AHA/ESC 2006 Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death -- Executive Summary. A Report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Develop Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death). *J Am Coll Cardiol*. September 5, 2006;48(5):1064-1108.
- ¹² Occupational Health and Safety Administration, <http://www.osha.gov>

RECEIVED
08 NOV -6 AM 12:02
CITY CLERKS OFFICE
SAN DIEGO, CA

REQUEST FOR COUNCIL ACTION <small>CITY OF SAN DIEGO</small>						1. CERTIFICATE NUMBER: 330	
TO: CITY ATTORNEY		2. FROM: (ORIGINATING DEPARTMENT) Council President Pro Tem Madaffer				3. DATE November 3, 2008	
4. SUBJECT: In the matter of requiring Automated External Defibrillators in specified newly constructed buildings							
5. FOR INFORMATION, CONTACT: (NAME & MAIL STA.) Elyse Lowe, MS10A				6. TELEPHONE NO. 619-533-5897		7. CHECK HERE IF 1472A, "DOCKET SUPPORTING INFORMATION," HAS BEEN COMPLETED ON PAGE 2: <input checked="" type="checkbox"/>	
8. COMPLETE FOR ACCOUNTING PURPOSES							
9. ADDITIONAL INFORMATION/ESTIMATED COST: None							
FUND							
DEPT.							
ORGANIZATION							
OBJECT ACCOUNT							
JOB ORDER							
C.I.P. NO.							
AMOUNT							
10. ROUTING AND APPROVALS							
ROUTE (#)	APPROVING AUTHORITY	APPROVAL SIGNATURE	DATE SIGNED	ROUTE (#)	APPROVING AUTHORITY	APPROVAL SIGNATURE	DATE SIGNED
1	Jim Madaffer	<i>Jim Madaffer</i>	11/3/08	6			
2	DSD	<i>Colleen Kelly di</i>	11/4/08	7			
3	Fire	<i>Mary Janner</i>	11/6/08	8			
4	Council Liaison	<i>SO</i>	11/5/08	9			
5	City Attorney	<i>7-7</i>	11/5/08	T			
				MGR. DOCKET COORD. _____		COUNCIL REP. _____	
				RULES COMMITTEE		<input type="checkbox"/> CONSENT <input checked="" type="checkbox"/> ADOPTION <input type="checkbox"/> Refer to <input type="checkbox"/> Date	
				<i>ns</i>		11/18/08	
11. PREPARATION OF:							
		<input type="checkbox"/> RESOLUTION(S)		<input checked="" type="checkbox"/> ORDINANCE(S)		<input type="checkbox"/> AGREEMENT(S)	
						<input type="checkbox"/> DEED(S)	
An ordinance of the Council of the City of San Diego amending Ch. 14, Art. 5 of the San Diego Municipal Code by adding Div. 39, titled Automated External Defibrillators, and by adding Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 and 145.3935 all related to requirements for Automated External Defibrillators in certain newly constructed buildings.							
11a. MANAGER'S RECOMMENDATIONS: Adopt the ordinance							
12. SPECIAL CONDITIONS (REFER TO A.R. 3.20 FOR INFORMATION ON COMPLETING THIS SECTION.)							
Council District: 1-8							
City Clerk Instructions:							
Environmental Impact: This activity is not a "project" and therefore exempt from CEQA pursuant to State CEQA guidelines Sect. 15060 (C)(3).							
Attachments: Executive Summary							

001877

EXECUTIVE SUMMARY SHEET
CITY OF SAN DIEGO

DATE ISSUED: November 4, 2008 REPORT NO:
ATTENTION: Council President and City Council
ORIGINATING DEPARTMENT: Council President Pro Tem Jim Madaffer
SUBJECT: Requiring Automated External Defibrillators (AED's) in
Certain New Buildings
COUNCIL DISTRICT(S): All
CONTACT/PHONE NUMBER: Elyse Lowe, Council President Pro Tem Madaffer x35897
Nina Fain, Deputy City Attorney x35818
Ali Fattah, Development Services x65092

REQUESTED ACTION: Approve an ordinance of the Council of the City of San Diego amending Ch. 14, Art. 5 of the San Diego Municipal Code by adding Div. 39, titled Automated External Defibrillators, and by adding Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 and 145.3935 all related to requirements for Automated External Defibrillators in certain newly constructed buildings.

STAFF RECOMMENDATION: Adopt the ordinance

EXECUTIVE SUMMARY: Sudden Cardiac Arrest (SCA) is leading cause of death in this country with nearly 325,000 victims each year nationwide with two thirds of those deaths occurring without any prior indications of heart disease. SCA is an electrical problem, whereby arrhythmia prevents the heart from pumping blood to the brain and vital organs. Victims need to receive defibrillation from Automated External Defibrillators (AED's) within five minutes for best chance of survival. The San Diego region currently has 4,000 AED units placed in private and public facilities with 52 victim's lives saved to date.

The purpose of this ordinance is to expand the presence of AED's and decrease medical response time to victims of SCA to make a significant lifesaving difference. AED devices have been demonstrated to be safe and effective, even when used by laypeople, since the devices are designed not to allow a user to administer a shock until after the device has analyzed the victim's heart rhythm and determined that an electric shock is required.

Certain newly constructed buildings would be required to have an AED installed based on occupancy load levels to optimally achieve a three minute response time to travel to person in need. Occupancy load threshold was determined by load factors in California Building Code. Development Services staff would issue the Certificate of Occupancy once inspection shows the AED requirement has been met.

This ordinance complies with current state law which dictates the requirements of AED use including a training component, annual maintenance, and user liability immunity. The State of California required AED training and maintenance is a self certification process after installation.

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If the state Good Samaritan Law is extended or made permanent, the ordinance will remain in effect as long as the state law provides limits on liability.

FISCAL CONSIDERATIONS: None

PREVIOUS COUNCIL and/or COMMITTEE ACTION:

On July 16, 2008: Rules Committee held a workshop on the proposal to require AED's in certain new construction.

ACTION: Motion by Councilmember Frye, second by Council President Pro Tem Madaffer, to direct the City Attorney and the Development Services Department to work together to draft the ordinance, address the comments and concerns of the Committee, and return to the Rules Committee on September 17, 2008.

VOTE: 4-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-not Present

September 17, 2008: Rules Committee heard an informational update from the Development Services Department and City Attorney regarding the Ordinance Proposed by Council President Pro Tem Madaffer requiring AED's in certain new construction.

VOTE: Info only. No vote was taken.

On October 22, 2008: Rules Committee heard a report from the Development Services Department and the City Attorney the regarding the Proposed Ordinance for mandatory AEDs in certain new construction.

ACTION: Motion by Council President Peters, second by Council President Pro Tem Madaffer, to send the item to the full City Council with no recommendation, and to ask the City Attorney to incorporate the comments of the committee members into the ordinance.

VOTE: 5-0; Madaffer-yea, Peters-yea, Frye-yea, Hueso-yea, Young-yea

COMMUNITY PARTICIPATION AND PUBLIC OUTREACH EFFORTS: Workshop for stakeholders held by City on September 30, 2008.

KEY STAKEHOLDERS AND PROJECTED IMPACTS:

Building Owners and Managers, National Association of Industrial and Office Properties. Fiscal Impacts are considered to be approximately \$2,000 per AED including training and annual maintenance.



Originating Department

CITY ATTORNEY DIGEST

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

CITY CLERKS OFFICE
SAN DIEGO, CA

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This ordinance changes the San Diego Municipal Code by adding requirements to place automated external defibrillators [AEDs] in certain buildings based on occupancy group (use) and occupant load. Specifically, the ordinance requires that AEDs be placed in all newly constructed buildings categorized as Assembly Group A occupancies with an occupant load in excess of 300 persons as well as Business Group B, Education Group E, Factory Group F, High-Hazard Group H, Institutional Group I, Mercantile Group M, Residential Group R, and Storage Group S occupancies with occupant loads in excess of 200 persons. The ordinance does not require AEDs to be placed in single-family or multi-family residential buildings, parking garages, or any Utility Group U occupancies. The placement of the AEDs is such to optimally achieve a 3-minute response time from the collapse of a patient to on-scene arrival by a trained AED lay rescuer. This ordinance also specifies that there are requirements under state law for training, notification, installation, maintenance, repair, testing, and checking of the AEDs and that there are state law conditions to limits on civil liability under the Good Samaritan Law.

Finally, this ordinance contains a sunset provision that will automatically repeal the AED requirements upon the sunset of the state Good Samaritan law that provides immunity from civil liability if certain requirements are met. Alternatively, if the state Good Samaritan Law is extended or made permanent, the ordinance will remain in effect as long as the state law provides limits on liability.

This ordinance contains a notice that a full reading of this ordinance is dispensed with prior to its passage, since a written copy will be available to the City Council and the public prior to the day of its passage.

This ordinance shall take effect and be in force on the sixtieth day from and after its final passage.

A complete copy of the Ordinance is available for inspection in the Office of the City Clerk of the City of San Diego, 2nd Floor, City Administration Building, 202 C Street, San Diego, CA 92101.

NMF:mm
08/27/08
08/14/08 COR.COPY
Or.Dept: Rules Committee
O-2009-28
MMS No. 6706

ORDINANCE NUMBER O-_____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

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SAN DIEGO, CA

WHEREAS, 465,000 people in the United States die each year from sudden cardiac arrest, also known as ventricular fibrillation; and

WHEREAS, defibrillation or shock using an automated external defibrillator [AED] is the only effective therapy for sudden cardiac arrest; and

WHEREAS, for each minute that passes without cardiopulmonary resuscitation [CPR] and defibrillation, the chance of survival from sudden cardiac arrest *decreases* 7% to 10%; and

WHEREAS, the survival rate from sudden cardiac arrest in places where no CPR and defibrillation program is in place is only about 5%; and

WHEREAS, when AED programs provide immediate CPR and AED shock within the first minute of collapse, the survival rate from cardiac arrest is as high as 74%; and

WHEREAS, requiring AEDs in certain buildings will reduce emergency care response times, increase the chances of survival, and safeguard the lives of persons who experience sudden cardiac arrest; and

WHEREAS, California has enacted a Good Samaritan Law that, subject to certain requirements, may limit the liability of one who renders emergency care via an AED; NOW, THEREFORE,

BE IT ORDAINED, by the Council of the City of San Diego, as follows:

Section 1. That Chapter 14, Article 05, of the San Diego Municipal Code is amended by adding a new Division 39, titled "Automated External Defibrillators," and adding new Sections 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930, and 145.3935, to read as follows:

DIVISION 39

AUTOMATED EXTERNAL DEFIBRILLATORS

§145.3901 Purpose

The purpose of this Division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this Division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons. This Division is not intended to create a new standard of care.

§145.3905 Definitions

Except as otherwise provided, for the purposes of this Division:

Automated External Defibrillator or *AED* means "Automated External Defibrillator" or "AED" as defined in the California Code of Regulations, Title

22, Division 9, Chapter 1.8., Section 100033, which states “Automated External Defibrillator” or “AED” means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. *AED* shall also have the same meaning as “Automatic External Defibrillator” pursuant to Health and Safety Code section 1797.196.

§145.3910 New Construction Requiring AEDs

- (a) Prior to issuance of a certificate of occupancy or approval of final inspection, *AEDs* shall be placed in all newly constructed buildings in the occupancy groups and with occupant loads in excess of that shown in Table 145-3910. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy groups shall be determined based on Chapter 3 of the California Building Code.
- (b) *AEDs* shall be conspicuously placed and readily accessible in the event of an emergency. *AEDs* shall be mounted such that the top of the *AED* is no more than five (5) feet above floor level.

Table 145-3910

Occupancy Group	Occupant Load
Group A "Assembly"	300
Group B "Business"	200
Group E "Educational"	200
Group F "Factory"	200
Group H "High Hazard"	200
Group I "Institutional"	200
Group M "Mercantile"	200
Group R "Residential" ¹	200
Group S "Storage" ²	200

¹ Excluding single-family and multi-family dwelling units

² Excluding parking garages

§145.3915 Location of AEDs

- (a) When required pursuant to this Division, *AEDs* shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the *AED*.
- (b) When required on every floor of a building pursuant to section 145.3910 and Table 145-3910, *AEDs* shall be located as follows:

- (1) One *AED* shall be placed at the main entrance of every floor;
 - (2) *AEDs* shall be located on each floor such that the maximum length of travel measured from the most remote point on a floor to any *AED*, shall not exceed 300 feet; and
 - (3) *AEDs* shall be located on each floor such that the maximum length of travel between any two *AEDs* shall not exceed 600 feet.
- (c) When not required on every floor of a building pursuant to section 145.3910 and Table 145-3910, *AEDs* shall be located as follows:
- (1) One *AED* shall be placed at the main entrance of every floor required to have one or more *AEDs*; and
 - (2) *AEDs* shall be located such that the maximum length of travel between any two *AEDs* shall not exceed 450 feet.

§145.3920 AED Installation, Repair, and Training Requirements

For all newly constructed buildings that require *AEDs* pursuant to section 145.3910 and Table 145-3910, the building owner or principal (if in a K-12 school) shall ensure annual written certification of the *AED* is provided to the Fire-Rescue Department verifying any *AED* required pursuant to this Division is in good working condition and has received necessary maintenance. The building owner or principal shall also ensure compliance with all requirements under state and federal law relating to *AEDs* and may ensure that the conditions for limits on liability under state law are met. Such requirements and conditions may include, but may not be limited to, the following:

- (a) Registration of the *AED*, at the time it is acquired, with the City of San Diego Fire-Rescue Department including the existence, location, and type of *AED*;
- (b) Written validation and prescription for use of the *AED*(s) is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) Training of at least one employee per every *AED* for the first five acquired and one employee for every five more *AED*s acquired thereafter in cardiopulmonary resuscitation and *AED* use that complies with the California Code of Regulations and the American Heart Association or the American Red Cross standards;
- (d) Trained employees made available to respond to an emergency during normal operating hours;
- (e) Installation, maintenance, repair, testing, and readiness checks of each *AED* in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (f) Maintenance of records of employee training, installation, maintenance, repair, testing, and checking of the *AED* on the premises for a minimum of one year and readily available upon request by the Fire-Rescue Department, Building Official, or other enforcement designee or agency;

- (g) Upon rendering emergency care using the *AED*, activation of the Fire-Rescue Department emergency 911 system as soon as possible and report of any use of the *AED* to the prescribing physician;
- (h) Tenants annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an *AED* also posted next to all *AEDs*, and tenant notification of the location of all *AEDs* in the building;
- (i) School staff and administrators annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an *AED* also posted next to all *AEDs*, and notification of the location of all *AEDs* on campus; and
- (j) Development of a written internal emergency response system and plan in coordination with a California licensed physician and surgeon describing the procedures to be followed in the event of an emergency that may involve the use of an *AED*, including but not limited to, immediate notification of the Fire-Rescue Department and trained personnel at the start of *AED* procedures.

§145.3925 Exemption for AEDs Used Solely for Demonstration Purposes

Any *AED* used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this Division. Any *AED* used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3930 Immunity and Sunset Provision for AED Requirements

The provisions of this Division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this Division shall be automatically repealed and removed from the Code. However, if the State Legislature extends or makes permanent the applicability of the Good Samaritan Law, the provisions of this Division shall be extended and remain in effect for as long as State immunity is provided.

§145.3935 Alternate Materials, Designs and Methods of Construction

- (a) Alternate materials, designs, or methods of construction to the requirements of this Division may be approved and their use authorized by the Building Official in accordance with section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this Division and be, for the use intended, at least the equivalent of that prescribed in this Division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of alternate materials, designs, or methods.

Section 2. That a full reading of this ordinance is dispensed with prior to passage, since a written copy was made available to the City Council and the public prior to the day of its passage.

STRIKE OUT ORDINANCE

OLD LANGUAGE: ~~Struck Out~~
NEW LANGUAGE: Underline

ORDINANCE NUMBER O- _____ (NEW SERIES)

DATE OF FINAL PASSAGE _____

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CITY CLERKS OFFICE
SAN DIEGO, CA

AN ORDINANCE OF THE COUNCIL OF THE CITY OF SAN DIEGO AMENDING CHAPTER 14, ARTICLE 05, OF THE SAN DIEGO MUNICIPAL CODE BY ADDING DIVISION 39, TITLED AUTOMATED EXTERNAL DEFIBRILLATORS, AND BY ADDING SECTIONS 145.3901, 145.3905, 145.3910, 145.3915, 145.3920, 145.3925, 145.3930 AND 145.3935 ALL RELATED TO REQUIREMENTS FOR AUTOMATED EXTERNAL DEFIBRILLATORS IN CERTAIN NEWLY CONSTRUCTED BUILDINGS.

DIVISION 39

AUTOMATED EXTERNAL DEFIBRILLATORS

§145.3901 Purpose

The purpose of this Division is to promote public health, safety, and welfare by improving emergency care response times to those suffering from sudden cardiac arrest, thereby improving chances of survival. The requirements of this Division are intended to provide for faster emergency response in large buildings, multi-story buildings, and/or buildings with large numbers of occupants where first responder access may be impeded due to building use, occupancy, location, layout, construction, or other reasons. This Division is not intended to create a new standard of care.

§145.3905 **Definitions**

Except as otherwise provided, for the purposes of this Division:

Automated External Defibrillator or AED means “Automated External Defibrillator” or “AED” as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.8., Section 100033, which states “Automated External Defibrillator” or “AED” means an external defibrillator that after user activation is capable of cardiac rhythm analysis and will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. AED shall also have the same meaning as “Automatic External Defibrillator” pursuant to Health and Safety Code section 1797.196.

§145.3910 **New Construction Requiring AEDs**

- (a) Prior to issuance of a certificate of occupancy or approval of final inspection, AEDs shall be placed in all newly constructed buildings in the occupancy groups and with occupant loads in excess of that shown in Table 145-3910. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy groups shall be determined based on Chapter 3 of the California Building Code.
- (b) AEDs shall be conspicuously placed and readily accessible in the event of an emergency. AEDs shall be mounted such that the top of the AED is no more than five (5) feet above floor level.

Table 145-3910

<u>Occupancy Group</u>	<u>Occupant Load</u>
<u>Group A "Assembly"</u>	<u>300</u>
<u>Group B "Business"</u>	<u>200</u>
<u>Group E "Educational"</u>	<u>200</u>
<u>Group F "Factory"</u>	<u>200</u>
<u>Group H "High Hazard"</u>	<u>200</u>
<u>Group I "Institutional"</u>	<u>200</u>
<u>Group M "Mercantile"</u>	<u>200</u>
<u>Group R "Residential"¹</u>	<u>200</u>
<u>Group S "Storage"²</u>	<u>200</u>

¹ Excluding single-family and multi-family dwelling units

² Excluding parking garages

§145.3915 **Location of AEDs**

- (a) When required pursuant to this Division, AEDs shall be located in buildings to optimally achieve a three minute response time to the person in need of emergency care using the AED.

- (b) When required on every floor of a building pursuant to section 145.3910 and Table 145-3910, AEDs shall be located as follows:
 - a. One AED shall be placed at the main entrance of every floor;

- b. AEDs shall be located on each floor such that the maximum length of travel measured from the most remote point on a floor to any AED, shall not exceed 300 feet; and
 - c. AEDs shall be located on each floor such that the maximum length of travel between any two AEDs shall not exceed 600 feet.
- (c) When not required on every floor of a building pursuant to section 145.3910 and Table 145-3910, AEDs shall be located as follows:
- a. One AED shall be placed at the main entrance of every floor required to have one or more AEDs; and
 - b. AEDs shall be located such that the maximum length of travel between any two AEDs shall not exceed 450 feet.

§145.3920 AED Installation, Repair, and Training Requirements

For all newly constructed buildings that require AEDs pursuant to section 145.3910 and Table 145-3910, the building owner or principal (if in a K-12 school) shall ensure annual written certification of the AED is provided to the Fire-Rescue Department verifying any AED required pursuant to this Division is in good working condition and has received necessary maintenance. The building owner or principal shall also ensure compliance with all requirements under state and federal law relating to AEDs and may ensure that the conditions for limits on liability under state law are met. Such requirements and conditions may include, but may not be limited to, the following:

- (a) Registration of the AED, at the time it is acquired, with the City of San Diego Fire-Rescue Department including the existence, location, and type of AED;
- (b) Written validation and prescription for use of the AED(s) is secured by trained individuals from a prescribing physician, which may be arranged through the American Heart Association;
- (c) Training of at least one employee per every AED for the first five acquired and one employee for every five more AEDs acquired thereafter in cardiopulmonary resuscitation and AED use that complies with the California Code of Regulations and the American Heart Association or the American Red Cross standards;
- (d) Trained employees made available to respond to an emergency during normal operating hours;
- (e) Installation, maintenance, repair, testing, and readiness checks of each AED in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations, including but not limited to, all regulations promulgated by the federal Food and Drug Administration;
- (f) Maintenance of records of employee training, installation, maintenance, repair, testing, and checking of the AED on the premises for a minimum of one year and readily available upon request by the Fire-Rescue Department, Building Official, or other enforcement designee or agency;

- (g) Upon rendering emergency care using the AED, activation of the Fire-Rescue Department emergency 911 system as soon as possible and report of any use of the AED to the prescribing physician;
- (h) Tenants annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an AED also posted next to all AEDs, and tenant notification of the location of all AEDs in the building;
- (i) School staff and administrators annual receipt of an American Heart Association or American Red Cross approved brochure on the proper use of an AED also posted next to all AEDs, and notification of the location of all AEDs on campus; and
- (j) Development of a written internal emergency response system and plan in coordination with a California licensed physician and surgeon describing the procedures to be followed in the event of an emergency that may involve the use of an AED, including but not limited to, immediate notification of the Fire-Rescue Department and trained personnel at the start of AED procedures.

§145.3925 Exemption for AEDs Used Solely for Demonstration Purposes

Any AED used solely for demonstration or training purposes, which is not operational for emergency use, shall be exempt from the provisions of this Division. Any AED used solely for demonstration purposes shall be clearly marked on the exterior that it is for "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY CARE."

§145.3930 Immunity and Sunset Provision for AED Requirements

The provisions of this Division shall remain in effect until the sunset of Health and Safety Code section 1797.196 [Good Samaritan Law], which is currently set to expire January 1, 2013, at which time this Division shall be automatically repealed and removed from the Code. However, if the State Legislature extends or makes permanent the applicability of the Good Samaritan Law, the provisions of this Division shall be extended and remain in effect for as long as State immunity is provided.

§145.3935 Alternate Materials, Designs and Methods of Construction

- (a) Alternate materials, designs, or methods of construction to the requirements of this Division may be approved and their use authorized by the Building Official in accordance with section 129.0109.
- (b) The proposed materials, designs, or methods of construction must comply with the purposes of this Division and be, for the use intended, at least the equivalent of that prescribed in this Division in suitability, strength, effectiveness, fire resistance, durability, safety, and sanitation.
- (c) The Building Official may require that sufficient evidence or proof be submitted to substantiate any claims that may be made regarding the use of alternate materials, designs, or methods.

NMF:mm
11/03/08
11/14/08 COR.COPY
Or.Dept: Rules Committee
O-2009-28
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