

Article 5: Building Regulations

Division 39: Automated External Defibrillators

(Added 12-16-2008 by O-19820 N.S.; effective 2-14-2009.)

§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.

(Added 12-16-2008 by O-19820 N.S.; effective 2-14-2009.)

§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.

Alteration means a tenant improvement or renovation to an existing building. A change of occupancy shall not be considered an alteration for purposes of this Division.

(Added 12-16-2008 by O-19820 N.S.; effective 2-14-2009.)

(Amended 4-9-2020 by O-21181 N.S.; effective 5-9-2020.)

§145.3910 New Construction and Alterations 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) Prior to approval of final inspection, *AEDs* shall be placed in all existing buildings undergoing *alteration* when any of the following apply:
 - (1) The building undergoing *alteration* was constructed prior to January 1, 2017;
 - (2) The accumulated value of the *alterations* within the building within one calendar year is \$100,000 or more; or
 - (3) The *alterations* are within a public assembly occupancy use, including auditoriums and performing arts and movie theaters.
- (c) The requirements in Section 145.3910(b) shall not apply to the following:
 - (1) A general acute care hospital, acute psychiatric hospital, skilled nursing facility or special hospital licensed under Section 1250(a), (b), (c), or (f) of the California Health and Safety Code; and
 - (2) An existing *AED* that is located within a common area of the building described in subdivision (b) such as the main entry lobby or similar location.
- (d) *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 I “Institutional”	200
Group M “Mercantile”	200
Group R “Residential” ¹	200

¹ Excluding single-family and multi-family dwelling units

*(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)
(Retitled from “New Construction Requiring AEDs” to “New Construction and Alterations Requiring AEDs” and amended 4-9-2020 by O-21181 N.S.; effective 5-9-2020.)*

§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*.
 - (1) When required on every floor of a building pursuant to section 145.3910 and Table 145-3910, *AEDs* shall be located as follows:
 - (2) One *AED* shall be placed at the main entrance of every floor;
 - (3) *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
 - (4) *AEDs* shall be located on each floor such that the maximum length of travel between any two *AEDs* shall not exceed 600 feet.
- (b) 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 vertical travel between any two *AEDs* on any two floors with an *AED* shall not exceed 450 feet.

(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)

§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 *AED*s, and tenant notification of the location of all *AED*s 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 *AED*s, and notification of the location of all *AED*s 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.

(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)

§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.”

(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)

§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.

(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)

§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.

(Added 12-16-2008 by O-19820 N.S; effective 2-14-2009.)