

## WASBO Risk Management Committee

### *Guidelines for Implementing an AED Program*

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#### Acknowledgements

##### **WASBO Risk Management AED Sub Committee**

Nancy Bernard, WA State DOH

Dr. Jon Drezner, University Washington

Scott Emry, Lake Washington SD

Paul Harrison, Canfield & Assoc.

Sara Hoover, WSRMP

Nancy Johnson, Lake Washington School District

Mary Sue Linville, WSRMP

Richard Staudt, Seattle SD

Gayle Thronson, OSPI

## I. INTRODUCTION:

### Purpose

The Washington Association of School Business Officials (WASBO) Risk Management Committee meets regularly to discuss issues related to public school health and safety. Following is the committee's mission statement:

*"To promote a safe and healthy environment and to limit liability within school districts through educational and networking activities which enhance sound risk control and risk financing techniques".*

In the fall of 2008, the WASBO Risk Management Committee appointed a sub-committee for the purpose of developing a guidance document for Washington State Public Schools addressing the implementation of an AED program. This document is the result of the sub-committee's work.

This document is not intended to endorse nor discourage an AED program in schools, but rather to provide:

- Overview of potential liabilities and regulations associated with an AED program
- Resources required to support such a program
- Sample documents

This is a guidance document and in no way infers a standard of care by which school districts are to be judged. Materials contained herein are a collaborative effort of the sub-committee and include reference materials from public sources, state regulations and documents developed by various committee members. This is not an all-inclusive manual and we encourage you to seek additional guidance from other sources before you implement a program.

## **II. CURRENT RELEVANT WASHINGTON STATE REGULATION**

Washington State does not currently have regulations requiring public entities to own or provide Automatic External Defibrillators (AED's). There are two rules that provide some guidance and direction for schools as well as provide some element of immunity from liabilities associated with the use of AED's.

RCW 70.54.310 was enacted on June 11, 1998. This law outlines the rules associated with the acquisition, training, requirement of medical direction from a licensed physician, maintenance, notification of emergency medical service of the ownership of such equipment and notification of 911 after the use of this equipment. The law also provides a limited immunity for civil liability associated with the user of the equipment, but specifically restricts immunity based on gross negligence.

It is very important to note that the immunity provided by this regulation is conditional on compliance with all provisions outlined in the legislation. It is for this reason that prior to acquiring an AED, school districts know and understand this regulation and follow guidance provided in each section of the law.

Legal liability is based on negligence and can be established through acts of omission (failure to do) or commission (doing something wrong). The owner of an AED may be found legally liable if the AED is not properly implored, should the need arise. Current laws do not provide immunity to the owner of the AED equipment for failure to train staff, failure to maintain the equipment, failure to include a licensed physician and emergency medical service providers in the decision making process.

RCW 4.24.300 is better known as "The Good Samaritan Act". This regulation provides limited immunity for volunteers rendering emergency first aid. The law does not apply to those who are paid or expect to be paid for providing medical services (i.e., school nurses). This law, as in RCW 70.54.310 does not provide for immunity in cases of gross negligence.

**RCW 70.54.310**

**Semiautomatic external defibrillator — Duty of acquirer — Immunity from civil liability.**

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

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

(a) Expected defibrillator users receive reasonable instruction in defibrillator use and cardiopulmonary resuscitation by a course approved by the department of health;

(b) The defibrillator is maintained and tested by the acquirer according to the manufacturer's operational guidelines;

(c) Upon acquiring a defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation;

(d) The person or entity who acquires a defibrillator shall notify the local emergency medical services organization about the existence and the location of the defibrillator; and

(e) The defibrillator user shall call 911 or its local equivalent as soon as possible after the emergency use of the defibrillator and shall assure that appropriate follow-up data is made available as requested by emergency medical service or other health care providers.

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

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

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

[1998 c 150 § 1.]

RCW [4.24.300](#)

Immunity from liability for certain types of medical care.

(1) Any person, including but not limited to a volunteer provider of emergency or medical services, who without compensation or the expectation of compensation renders emergency care at the scene of an emergency or who participates in transporting, not for compensation, there from an injured person or persons for emergency medical treatment shall not be liable for civil damages resulting from any act or omission in the rendering of such emergency care or in transporting such persons, other than acts or omissions constituting gross negligence or willful or wanton misconduct. Any person rendering emergency care during the course of regular employment and receiving compensation or expecting to receive compensation for rendering such care is excluded from the protection of this subsection.

(2) Any licensed health care provider regulated by a disciplining authority under RCW [18.130.040](#) in the state of Washington who, without compensation or the expectation of compensation, provides health care services at a community health care setting is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(3) For purposes of subsection (2) of this section, "community health care setting" means an entity that provides health care services and:

(a) Is a clinic operated by a public entity or private tax exempt corporation, except a clinic that is owned, operated, or controlled by a hospital licensed under chapter [70.41](#) RCW unless the hospital-based clinic either:

(i) Maintains and holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public to the extent that care is provided without compensation or expectation of compensation during those established hours; or

(ii) Is participating, through a written agreement, in a community-based program to provide access to health care services for uninsured persons, to the extent that:

(A) Care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program; and

(B) The health care provider's participation in the community-based program is conditioned upon his or her agreement to provide health services without expectation of compensation;

(b) Is a for-profit corporation that maintains and holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public to the extent that care is provided without compensation or expectation of compensation during those established hours; or

(c) Is a for-profit corporation that is participating, through a written agreement, in a community-based program to provide access to health care services for uninsured persons, to the extent that:

(i) Care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program; and

(ii) The health care provider's participation in the community-based program is conditioned upon his or her agreement to provide health services without expectation of compensation. [2004 c 87 § 1; 2003 c 256 § 1; 1985 c 443 § 19; 1975 c 58 § 1.]

NOTES:

**Severability -- Effective date -- 1985 c 443:** See notes following RCW [7.69.010](#).

Citizen's immunity if aiding police officer: RCW [9.01.055](#).

Infectious disease testing availability: RCW [70.05.180](#).

### III. Equipment and Purchasing Considerations

Before your district moves forward with the purchasing of AED equipment and services, it is important that you carefully review all of the various decisions related to a comprehensive program and the options that are available. You need to develop criteria by which your decisions will be made, consistently, across the district and document these decisions. Having a pre-established plan of action helps to provide protection for your district against claims of disparate treatment and supports your decisions. This pre-planning will help to eliminate many questions and concerns as you go through the process. Once the plan is developed, it should be distributed to all building locations. The buildings should refer to this pre-established “plan” before they consider acquiring equipment.

Some of the issues that should be addressed in the approval criteria include:

- Does your district have approval for an AED program in your buildings?
- What are the minimum criteria required to consider purchasing an AED for a building or program?
  - We recommend your district develop a check-list
- Who, in the district is authorized to formally authorize the purchases?
  - Will your district require Board Approval
- What type of equipment is acceptable?
  - Refer to information below and develop a check-list
- Should the AED be secured or unsecured?
- Will the AED have a notification system?
- What funds will be used to purchase of all equipment, training and maintenance programs?
- How will your district address the issue of “donated equipment”?
- How will your district keep document the training received by authorized employees?
- How will you “sign” your facilities to direct individuals to the AED?
- Who in your district will be assigned over-site of the district-wide program (program coordinator)?
- Who at the building level will be assigned over-site (building coordinator)?

#### **Equipment types and accessories:**

Purchasing an AED involves more than just the hardware. AEDs require periodic staff training, accessories, supplies, security, replacement supplies, replacement batteries and more. A

sample cost analysis is provided further on in this section. These expenses need to be considered when budgeting for an AED.

### **What to Look for When Purchasing an AED?**

AEDs are not all alike. The following are some of the major considerations school districts must address BEFORE purchasing an AED:

- **Compatibility with Local EMS Equipment:** Before you make the decision to purchase an AED for your building, we recommend you consult with your local EMS and consider purchasing a unit that has leads compatible with the paramedics equipment. The Local EMS will also want to collect information after an event, and take this information with the patient to the hospital. Many machines come with removable data cards or USB storage devices that assist in this important step. Again, ask your local EMS to provide advice when making the decision on what type of equipment to purchase.
- **Pediatric vs. Adult units:** There are models made for adults (ages 8 and older) as well as pediatric units. The age of the victims treated needs to be considered when purchasing an AED. Some AED units designed for adult use have variable energy settings which allow you to set the equipment at a lower level for use with children under the age of 8.
- **Automatic vs. Semi-automatic:** Fully automatic versions will deliver the shock without any commands from the user. Semi-automatic versions, on the other hand, will tell the operator that shock is needed; however, with the semi-automatic version, the user must actively tell the defibrillator when to deliver the shock, usually by pushing a button.
- **Escalating Energy vs Non-Escalating Energy:** Escalating energy units will automatically adjust and output (shock patient) with incremental strength of energies if needed. These types of AEDs are more efficient. Non-Escalating Energy units are not capable of escalating energy shocks and it outputs only one strength of energy. It lacks the ability to output incremental strength of energies if needed.
- **Audible vs. Visual Queues:** Because some AED users may be hearing impaired, many units now include visual instructions as well as voice prompts.
- **Diagnostic Testing of Equipment:** It is important that you can rely on the equipment to be ready for use at any time. For this reason the equipment needs to be tested on a regular basis. More advanced AED units come with internal circuitry and software that allows the machine to conduct a daily self-test and prepare a report to advise the equipment owner if there is a problem. The most sophisticated equipment is directly wired from the storage unit to a central station that receives reports of malfunction and notifies the equipment user.

- **Should the AED be Secured or Unsecured?** The answer to this question lies in your district's overall plan for the use of AED's. If your district decides to locate the AED units in areas of mass assembly (such as the cafeteria, theatre, sports venues); then you are best served to install the AED in a security case and use proper signs to clearly designate the presence of the AED unit. If, however, your district decides to initiate an AED program specific to student athletics, then the AED should be in a portable case assigned to the athletic staff (with a check-out system) and taken to events and practices (refer to sample Emergency Action Plan "Checklist" attached).
- **Warranty:** It is important to specify the AED will be used in public buildings and is not for personal use by a pre-assigned individual. Many AED's are warranted for home use only and are not for professional or business use. If you purchase a "home unit" and install it in a public building, the warranty becomes null and void. There is a separate warranty for the AED and for the AED battery.
- **Recalls:** The Federal Food and Drug Administration consistently publish information on recalls of AED equipment. Prior to deciding on a specific manufacturer of equipment, it is important that your district ask the manufacturer to report any recalls received in the preceding 36 months. This is a good indicator of the reliability of the manufacturer's product.
- **Insurance:** Prior to purchasing equipment, require the manufacturer to provide your district with a Certificate of Insurance for Commercial Liability Insurance with a minimum limit of \$1,000,000 combined single limit bodily injury and property damage, written on an occurrence basis. The coverage must include products and completed operations. Require the manufacturer's insurance carrier to name your district as an additional insured as respects the equipment.
- **Accessories:** Every AED requires accessories that must be purchased at an additional cost. These accessories include carrying cases for portable units or wall mount cases, alarm systems (audible, direct wired or local sound alarms), leads, USB IrDA Adapters, Data Cards (to down-load report after use and give to EMS to take with them), Wall signs, Wall Posters, Adult Smart Pads, Pediatric Smart Pads, AED Responder Kit, on-site battery, etc. In addition to purchasing the start-up kit, you need to consider keeping a small supply of back-up pads and a back-up battery available. The pads and batteries each have a pre-determined expiration date and must be replaced prior to that date. It is also recommended the district keep an emergency response kit that includes a barrier mask, gloves, spill kit, dry towels and razor (the leads must be placed on dry skin in order for the equipment to properly function).
- **Service Plans:** Each AED comes with a manufacturer's list of recommendations for testing and record keeping. Failure to comply with these recommendations voids any warranty. Some units also require bi-annual servicing by the manufacturer. Many AED

manufacturers sell service-plans with the equipment. These service plans pass on the liability and responsibility of maintenance and inspection to the manufacturer’s representative; but this comes at a financial cost to the district.

- **Donated Equipment:** In some instances equipment manufacturers, local businesses, civic organizations and individuals wish to donate AEDs to the district. While this is a generous offer, it can come with unexpected costs and problems, both from a potential liability impact and from a public relations perspective. It is for this reason, we recommend you advise all individuals and entities who wish to provide resources, to make a financial donation to the School Board for the expressed purpose of funding the district’s approved AED program. Do not accept any donation of new equipment that does not meet your pre-established criteria (above) and never accept used equipment.

### Estimated Costs Related to Owning an AED

| FIXED COSTS   | Low     | Hi      |
|---|---------|---------|
| AED Unit  | \$1,500 | \$4,000 |
| Wall cabinet with alarm   | \$250   | \$400   |
| Wall cabinet with emergency phone                                 | \$800   | \$1,100 |
| Carrying case   | \$40    | \$80    |
| Wall Signs - each   | \$15    | \$25    |
| Outdoor Cabinet   | \$400   | \$700   |
| Supply kit  | \$75    | \$150   |
| <hr/>   |         |         |
| ANNUAL COSTS  | Low     | Hi      |
| AHA Certified Training (4 hrs , good for 2 yrs) @ \$60 per person | \$600   | \$600   |
| Pay for 10 employees, 8 hrs including travel @ \$30/hour          | \$2,400 | \$2,400 |
| 2 batteries every 2 years @ \$200 each                            | \$400   | \$400   |
| Electrodes every 2 years  | \$30    | \$60    |
| Electrode pads  | \$35    | \$95    |
| Monthly check (30 minutes) for 2 years @ \$30/hr                  | \$360   | \$360   |
| Service by manufacturer's rep. (For some units) Cost/yr           | \$300   | \$300   |
| Oversight by MD cost/yr   | \$500   | \$500   |

#### IV. AED Program Development

|                       |  |
|-----------------------|--|
| POLICIES & PROCEDURES | Identify a program coordinator responsible for coordinating with local EMS providers and licensed physician in the developing and implementation of a written plan for addressing medical emergencies which includes the use of AEDs.  |
| MEDICAL CONTROL       | Have a licensed physician review and approve your district's AED plan.   |
| TRAINING              | Ensure that each occupied location has personnel who are trained in first aid/CPR and AED use. Communicate the names of these individuals to all staff and include this information in your building's emergency plans   |
| LOCATION OF UNITS     | Identify locations based on concentration of the public, IHPs, workplace ADA, sports venues, and concentration of employees. Make sure stationary units are accessible to public access (e.g., hallway) or providing portable units with security, athletic trainer or facilities personnel. Properly sign venues to indicate AED's are on premises and how to locate them |
| SECURITY              | Store Public access units in a cabinet or case with an alarm that sounds when removed. Alarm may be tied into 911 notification system. Establish a system to track portable units when they are taken from central storage area (and department responsible for them) .  |
| EQUIPMENT MAINTENANCE | Inspect units in accordance with manufacturer recommendations and document inspection, using a pre-established standardized checklist.   |
| POST EVENT ACTIONS    | After an on-site medical emergency, evaluate medical response plan and adjust as needed. Document all actions and report to proper authorities. Replace any used supplies from the AED kit.  |

### **Quantity and Placement of AED:**

The quantity and placement of AEDs is subject to many variables. Districts need to seriously weigh these factors before arbitrarily purchasing and placing AEDs throughout its facilities.

*Make it part of the budget*

In many cases, AEDs are purchased in haste after a tragedy or out of fear of a potential event. It is not until later that the district then deals with the costs and the procedures for managing their AEDs. If a district chooses to implement an AED program it needs to establish the financial means to purchase, maintain and train.

*Prioritize based on the areas of need*

Determine in advance where AEDs are needed throughout the district. It is likely that your implementation plan will need to be done in phases so establish the areas where AEDs are needed based on risk of incidents, public gatherings, at-risk students, overall student population, etc.

### **Physician Approval:**

RCW 70.54.310(1)(c) Semiautomatic external defibrillator — Duty of acquirer — Immunity from civil liability states, “Upon acquiring a defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation.”

This law was written to address the fact that an AED is a piece of medical equipment and as such must be under the direction of a licensed physician. Contact your local EMS for referrals to physicians who work cooperatively with the EMS in establishing AED programs in public buildings.

AEDs must be prescribed by a physician or osteopath licensed in the State of Washington. A district wanting to purchase an AED must present this prescription to the manufacturer prior to completion of the sale.

The medical director of the AED program must be knowledgeable in CPR and AED use. As a medical therapy device, a district must enlist a physician to establish medical direction for its use. The medical director will provide specific protocols for the use of the AED. These protocols may also provide guidance for response to other cardiac emergencies. Instruction on the medical director’s protocols must be included in the training course. In addition, the medical director can assist the district in identifying training resources, monitoring AED user readiness, and performing post-defibrillation patient follow up.

The placement and quantity of units is a decision that is best made with the district, physician and EMT’s. The AHA recommends you use the 3 minute response time as a guideline to help determine how many AED’s you need and where to place them.

Consider where the risk of SCA is highest at your school. If at an elementary school, you know of students or staff who are diagnosed with a serious heart condition you may consider placing the AED in close proximity to the nurses office or the centrally located cafeteria; if however, your building is a high school facility you may be better served to place the unit (or units) in areas of general assembly such as the theatre or sports stadiums.

**Written Program:**

As advised previously, your district needs to develop a written document that outlines all elements of your AED program. The document is to include, at a minimum your district's AED policies and procedures and include pre-established district decisions relating to the location of AED's, quantities, funding, types of approved equipment, coordinator's responsibilities, physicians over-site, medical control, staff training requirements, AED usage and medical response, post event procedures, equipment maintenance and records keeping. A sample plan is attached in the Appendices for your review and use.

**Training:**

Persons using an AED must receive instruction in CPR and the use of the defibrillator following a curriculum approved by the State Department of Health. The Washington State Department of Health has regulatory oversight for approving AED training programs and instructors. Consult the Department of Health for a list of approved trainers in your area. In addition to the initial training, required of all employees assigned to assist with the AED program, employees are required to be retrained every two years.

**Documentation:**

Specific documents need to be retained related to your AEDs. These documents include but are not limited to:

- Your district's AED plan and policies
- Purchase records
- Maintenance logs
- Inspection checklists
- Incident reports
- Post incident reports

Washington State Archives records retention schedule requires certain information related to your AEDs be retained for six years or more. Consult with your records management personnel and the Washington State Archives Local Government Common Records Retention Schedule (CORE) guidelines for specifics.

**Maintenance:**

Conduct scheduled and preventive maintenance checks according to the manufacturer's recommendations. The program coordinator or another designated person can do the

maintenance checks. This person develops a written checklist to assess the readiness of AEDs and their supplies. This checklist supplements regularly scheduled, more detailed maintenance checks recommended by the manufacturer. At a minimum, the checklist should include the following:

- Verify placement of AEDs (are they where they are supposed to be?)
- Verify battery installation and expiration
- Check the status/service indicator light
- Inspect exterior components and sockets for cracks or other damage
- Check supplies (razor, towel, barrier device, scissors, extra battery, disposable gloves, and an extra set of electro pads)
- Verify the pads have not exceeded their expiration date

**Security:**

AEDs are a life-saving tool, if parts are missing or the equipment is vandalized or missing, the results could be devastating. In addition to life safety, this equipment is an expensive asset that should be protected from theft and abuse. AEDs can be made available for public access in a secure manner. This can be done by installing them in alarmed wall cabinets. The manufacturers of AED's offer various types of cabinets with several alarm options. In addition to installing the equipment in a secure alarmed cabinet, keep a daily inspection sheet to verify someone from your building has checked to see the AED and its equipment are stored and safe.

*If you initiate a portable AED program, the AED must be in a portable bag that protects the equipment from damage. Initiate a "check-out" sheet where authorized users check out the portable AED bag and equipment from a secure storage area. The "check-out" sheet should clearly designate where the equipment is to be taken and left in a pre-designated place so that individuals who need the AED in an emergency situation know where to locate it.*

## Appendix I

### **SAMPLE Emergency Action Plan for Sudden Cardiac Arrest**

School name:

The on-site coordinator of this EAP is (i.e., school nurse or athletic trainer):

We have -- number of AEDs on schools grounds.

The AEDs are located in:

We have registered the AED(s) into the local EMS system: --

The following individuals have been trained in CPR and AED use (i.e., administrators, coaches, physical education teachers, athletic trainers, nurses, and safety & security personnel):

During school hours, the following individuals are identified as our school emergency response team to a possible sudden cardiac arrest:

In case of an emergency during school hours, the central office is notified and the response team is alerted of the emergency and the location via: -- The central office will also activate the EMS system by calling 9-1-1.

The AED will be brought to the location of the emergency by: --

For athletic or school events occurring after school hours, access to the AED is maintained

through (i.e., unlocked office and cabinet, portable AED brought to event):

In case of an emergency after school hours, the AED will be retrieved and used by trained or voluntary responders closest to the emergency. If a local response team is also available, they are notified by -- The EMS system will also be activated by calling 9-1-1.

The transportation route for ambulances to enter and exit the school to each sporting facility and places of assembly has been determined and are posted: --

We practice and review our EAP and response to a possible SCA -- annually. The following

personnel are included in this rehearsal:

If a sudden cardiac arrest or AED use occurs, the following individuals (with phone numbers) will be notified (i.e., administrators, EAP Program Coordinator, crisis counselors, and Risk

Manager):

Emergency Action Plan for Sudden Cardiac Arrest

School building or sporting facility:

Street address:

Directions for EMS:

**Call 9-1-1** from cell phone or campus phone. The dispatcher will ask for the following information:

Name and phone number of caller

Condition of injured person – i.e., suspected cardiac arrest

Treatment initiated – i.e., CPR

Directions (see above)

Alert school emergency response team: Call

The **closest AED** to this venue is located at:

If possible, have someone meet the arriving EMS at:

**Appendix II**

**AED INCIDENT REPORT**

Complete this form with every incident necessitating AED use, submitting within 24 hours of use.

PATIENT'S NAME: \_\_\_\_\_

STUDENT'S ID NUMBER (If applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: F M PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PERTINENT MEDICAL HISTORY: \_\_\_\_\_

DATE & TIME OF AED USE: \_\_\_\_\_ AED SERIAL NUMBER: \_\_\_\_\_

EXACT LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
WITNESSES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF AED OPERATOR: \_\_\_\_\_

OTHER ASSISTING RESPONDERS: \_\_\_\_\_

EMS UNIT RECEIVING PERSON: \_\_\_\_\_

TIME AND LOCATION OF TRANSPORT: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEDICAL DIRECTOR'S COMMENTS: \_\_\_\_\_

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Copy Distribution

White: Medical Director

Yellow: Risk Management

Pink: AED Coordinator

### **Appendix III**

#### **Resource Links**

American Heart Association – AED Implementation Guide

<http://www.americanheart.org/presenter.jhtml?identifier=3027225>

American Heart Association – Circulation Journal “Cardiac Arrest in Schools” September 18, 2007

<http://circ.ahajournals.org/cgi/content/full/116/12/1374>

Washington State Department of Health “Public Access Defibrillation Guide”

<http://www.doh.wa.gov/hsqa/emstrauma/download/padguide.pdf>

Sudden Cardiac Arrest Association “Saving Lives in Schools and Sports” publication

[http://www.theheart.org/documents/satellite\\_programs/arrhythmia-ep/925629/pdf/SCAA\\_Saving\\_Lives.pdf](http://www.theheart.org/documents/satellite_programs/arrhythmia-ep/925629/pdf/SCAA_Saving_Lives.pdf)