

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

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HOUSE BILL 914

Short Title: AEDs in State Buildings. (Public)

Sponsors: Representatives Carney, E. Warren, Hackney, and Brubaker (Primary Sponsors).
For a complete list of Sponsors, see Bill Information on the NCGA Web Site.

Referred to: Health and Human Services, if favorable, Appropriations.

May 5, 2011

A BILL TO BE ENTITLED

AN ACT TO PLACE AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) IN ALL BUILDINGS AND FACILITIES THAT HOUSE STATE SERVICES, AGENCIES, AND INSTITUTIONS AND PROVIDE TRAINING FOR STATE EMPLOYEES IN THOSE FACILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. The General Assembly finds the following:

- (1) According to the American Heart Association, an individual goes into cardiac arrest in the United States every two minutes. In North Carolina, twenty-three percent (23%) of all deaths are attributed to heart disease, 11,765 of which are as a result of cardiac arrest. Ventricular Fibrillation (VF) is a common rhythm for which cardiopulmonary resuscitation (CPR) and defibrillation are the only effective treatments. For victims with VF, survival rates are highest when immediate bystander CPR is provided and defibrillation occurs within three to five minutes of collapse. With every minute that passes, a victim's survival rate is reduced by seven percent (7%) to ten percent (10%) if no intervention measures are taken. An estimated ninety-five percent (95%) of cardiac arrest victims die before reaching the hospital. If intervention measures are taken, survival rates are much higher; when CPR and defibrillation are immediately performed, survival rates can double.
- (2) Eighty percent (80%) of all cardiac arrests occur in private or residential settings, and almost sixty percent (60%) are witnessed. Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as forty-one percent (41%) to seventy-four percent (74%).
- (3) Wider use of defibrillators could save as many as 40,000 lives nationally each year. Successful public access defibrillation programs ensure that cardiac arrest victims will have an immediate recognition of cardiac arrest and activation of 911 followed by early CPR with an emphasis on compressions, rapid Automatic External Defibrillator (AED) use, effective advanced care, and coordinated care afterward.

SECTION 2.(a) There is created a Chain of Survival Public-Private Task Force (Task Force) with members appointed as follows:

- (1) Two Senators appointed by the President Pro Tempore of the Senate.



- 1 (2) Two members of the House of Representatives appointed by the Speaker of
- 2 the House of Representatives.
- 3 (3) One representative of the Office of Emergency Medical Services designated
- 4 by the Secretary of Health and Human Services.
- 5 (4) One representative of a local Emergency Medical Service designated by the
- 6 Secretary of Health and Human Services.
- 7 (5) One representative of the Heart Disease and Stroke Prevention Branch
- 8 designated by the Secretary of Health and Human Services.
- 9 (6) The Secretary of Administration or the Secretary's designee, ex officio.
- 10 (7) A representative of the American Heart Association.
- 11 (8) A representative of The American Red Cross.
- 12 (9) A representative of the North Carolina Hospital Association.
- 13 (10) A representative of the American College of Cardiology.
- 14 (11) A representative of the College of Emergency Physicians.
- 15 (12) A cardiac arrest survivor designated by the Secretary of Health and Human
- 16 Services.

17 **SECTION 2.(b)** The Task Force shall identify, pursue, and achieve funding for the
18 placement of AEDs and training of State employees to recognize and initiate life-saving actions
19 to those experiencing an acute event (sudden cardiac arrest, heart attack, and strokes) in
20 buildings and facilities that house State agencies, services, and institutions.

21 **SECTION 2.(c)** Members of the Task Force serve at the pleasure of the appointing
22 authority. This section expires June 30, 2014.

23 **SECTION 3.(a)** Subject to the receipt of public-private funds for this purpose, the
24 Department of Administration shall, in consultation with OEMS, AHA, and a qualified
25 vendor/provider of AEDs and training services, develop and adopt policies and procedures
26 relative to the placement and use of automated external defibrillators in State-owned and
27 State-leased buildings. The Department of Administration shall also require that all State
28 buildings, facilities, and institutions shall develop a Medical Emergency Response Plan that
29 facilitates the following:

- 30 (1) Effective and efficient communication throughout the State-owned and
- 31 State-leased buildings.
- 32 (2) Coordinated and practiced response plans.
- 33 (3) Training and equipment for first aid and CPR.
- 34 (4) Implementation of a lay rescuer AED program.

35 **SECTION 3.(b)** In addition, for each State building, facility, or institution there
36 shall be developed and periodically updated a maintenance plan that takes the following into
37 account:

- 38 (1) Implementation of an appropriate training course in the use of AEDs,
- 39 including the role of CPR.
- 40 (2) Proper maintenance and testing of the devices.
- 41 (3) Ensuring coordination with appropriate licensed professionals in the
- 42 oversight of training of the devices.
- 43 (4) Ensuring coordination with local emergency medical systems regarding the
- 44 placement of AEDs in State buildings, facilities, or institutions where such
- 45 devices are to be used.

46 **SECTION 4.** This act becomes effective July 1, 2011.