

**UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Oregon State Office  
P.O. Box 2965  
Portland, OR 97208**

**In Reply Refer to:**  
1112 (OR-950) P

March 2, 2004

EMS TRANSMISSION 03/04/2004  
Instruction Memorandum No. OR-2004-046  
Expires: 9/30/2005

To: DMs, DSDs, Staff & Branch Chiefs  
From: State Director  
Subject: Automated External Defibrillator Use in BLM Facilities

**Program Area:** Safety & Occupational Health

**Purpose:** To establish State policy for Automated External Defibrillator use in Bureau of Land Management (BLM) facilities

**General Information:** Sixty-one million Americans have cardiovascular disease, resulting in approximately 1 million deaths per year. One-third of these deaths (300,000-400,000) are due to cardiac arrest, the sudden and unexpected loss of heart function. Survival rates for out-of-hospital cardiac arrest are only 1 to 5 percent. Most often cardiac arrest is due to chaotic beating of the heart (ventricular fibrillation), which can be restored to a normal rhythm if treated early with electric shock (defibrillation). This treatment can result in greater than 90 percent survival rate for victims if defibrillation is started immediately.

In 1999 and 2000, 815 out of 6,339 (13 percent) workplace fatalities reported to Occupational Safety and Health Administration (OSHA) were due to sudden cardiac arrest. Studies from OSHA indicate work factors that may aggravate or contribute to cardiovascular disease are carbon monoxide, carbon disulfide, halogenated hydrocarbons, smoking, extreme heat or cold, stress, and shift work. Electrical hazards may produce cardiac arrest. Exposure to noise, lead or arsenic may produce high blood pressure, increasing the risk for heart disease.

Three federal initiatives support the Public Access Defibrillation (PAD) program. Legislative intent, in general, is that an "AED may be used by any person for the purpose of saving the life of another person in cardiac arrest."

- On November 13, 2000, the President signed into law **H.R. 2498**, *the Cardiac Arrest Survival Act (CASA)*, designed to expand the availability of automated external defibrillators (AEDs) in public settings. This legislation required the Secretary of the

- The Department (HHS) and the General Service Administration (GSA) published guidelines for public access defibrillation program in Federal facilities following passage of Public Law 106-505 on November 13, 2000, the *Public Health Improvement Act*. The Act authorized placement of AEDs in federal buildings and provided immunity from civil liability for anyone using an AED in a federal building. Several states have adopted legislation that allows a layperson to use an AED and provides legal immunity for proper use.
- On April 21, 2001, the Department of Transportation (DOT), Federal Aviation Administration (FAA) issued *Emergency Medical Equipment, Final Rule* which requires an AED and other associated first-aid supplies for all passenger-carrying aircraft with at least one flight attendant.

All legislation enacted in the last three years includes one or more provisions to:

- Establish legislative intent that an “automatic external defibrillator may be used by any person for the purpose of saving the life of another person in cardiac arrest.”
- Encourage or require training in the use of AED devices by potential users.
- Require AED devices to be maintained and tested to manufacturer’s standards.
- Create a registry of the location of all such defibrillators, or notification of a local emergency medical authority.
- Allow a “Good Samaritan” exemption from liability for any individual who renders emergency treatment with a defibrillator.
- Authorize a state agency to establish more detailed requirements for training and registration.

In May 2002, Congress incorporated the *Community Access to Emergency Devices Act* into **H.R. 3448** (sections 159, 312 and 313) of the *Public Health Security and Bioterrorism Response Act*. The President signed the bill on June 12, 2002 as Public Law 107-188.

The states of Washington and Oregon have passed legislation relating to the use of AEDs. Links are provided on the attachment.

OSHA does not have standards specific to automated external defibrillators (AEDs). However, exposures to first-aid hazards are addressed in specific standards for general industry. Links to standards as well as references related to OSHA enforcement policy such as directives and interpretation letters have been provided in Attachment 1. Additional links are also provided.

**Policy/Action:** Each BLM office is to establish site-specific guidelines for the use of AEDs in workplace settings and purchase one or more devices as required to ensure all employees have immediate access to an AED. <sup>[1]</sup> Development of programs to utilize AEDs is a reasonable and appropriate aspect of overall emergency response programs to manage sudden cardiac arrest, an important cause of morbidity and mortality among working age adults. Implementation of an

---

<sup>[1]</sup> The efficacy of defibrillation is directly tied to how quickly it is administered. Although the outside limit of the ‘window of opportunity’ is which to respond to a victim and take rescue actions is approximately 10 minutes, the sooner the AED is utilized within the time period the more likely it is that it will be effective and that a patient will have a normal heart beat restored and fully recover. In general, for every minute that passes between the event and defibrillation, the probability of survival decreases by 7 to 10 percent.

---

AED program, which should be a component of a more general worksite emergency response plan, requires clearly defined medical direction and medical control.

It is recommended that all BLM-sponsored programs for the use of AEDs in the workplace include all of the following elements:

- Establishment of a centralized management system for the AED program
- Medical direction and control of the workplace AED program
- Awareness of and compliance with federal and state regulations  
(As federal and state AED legislation requires that every person expected to use an AED be properly trained, it is recommended that training be standardized and sponsored by the agency.)
- Development of a written AED program description for each location
- Coordination with local emergency medical services
- Integration with an overall emergency response plan for the worksite
- Selection and technical considerations of AEDs
- Ancillary medical equipment and supplies for the workplace AED program  
(E.g., Bloodborne pathogens responder and clean-up kits; CPR barrier masks, etc)
- Assessment of the proper number and placement of AEDs and supplies <sup>[2]</sup>
- Scheduled maintenance and replacement of AED and ancillary equipment
- Establishment of an AED quality assurance program (E.g., medical review, record keeping, and program evaluation)
- Periodic review and modification of the workplace AED program protocols as required

**Timeframe:** This policy is effective immediately.

**Budget Impact:** Various types of AEDs are available on GSA contract. AED costs generally begin around \$2500, dependent upon brand and options for purchase of additional units. Accessory and maintenance costs vary according to the type of device.

**Background:** This policy provides information and guidance to assist BLM offices in the establishment of programs to use AEDs to manage sudden cardiac arrest incidents in workplace settings.

**Manual/Handbook Sections Affected:** None

**Coordination:** Safety and Health

**Contact:** Contact the State Safety Office at (503) 808-6202 or (503) 808-6249.

---

<sup>[2]</sup> Two studies, recently published in the *New England Journal of Medicine*, lend support to the value of training and equipping non-medical personnel with automated external defibrillators (AEDs). In both studies, personnel were trained to use AEDs and the devices were placed in locations designed to enable a three-minute interval from collapse to first shock. Of the victims in the treatable rhythm of ventricular fibrillation, 53% survived to hospital discharge. The survival rate was 74% for victims who received the first shock within three minutes of collapse.

**Districts with Unions** are reminded to notify their unions of this Instruction Memorandum and satisfy any bargaining obligations before implementation. Your servicing Human Resources Office or Labor Relations Specialist can provide you assistance in this matter.

Signed by  
A. Barron Bail  
Associate State Director

Authenticated by  
Mary O'Leary  
Management Assistant

1 Attachment

1 - [Automated External Defibrillation Informational Links](#) (2 pp)

Distribution  
WO-740

## **Automated External Defibrillation**

### **Information Links**

---

**The Public Health Improvement Act** Public Law 106-505. November 13, 2000

[http://www.integratesafety.com/printable\\_fedgoodsam.pdf](http://www.integratesafety.com/printable_fedgoodsam.pdf)

Department of Health and Human Services and General Services Administration

**Guidelines for Public Access Defibrillation Programs in Federal Facilities** May 23, 2001

<http://www.fda.gov/oc/bioterrorism/PL107-188.pdf>

Federal Occupational Health – Automated External Defibrillator Program

<http://www.foh.dhhs.gov/public/whatwedo/aed/aed.asp>

Public Access Defibrillation Guidelines <http://www.foh.dhhs.gov/public/whatwedo/aed/hhsaed.asp>

National Conference of State Legislatures - State Laws on Heart Attacks & Defibrillators

<http://www.ncsl.org/programs/health/aed.htm>

CFR 1910.1030 Bloodborne Pathogens

<http://www.osha.gov/SLTC/bloodborne/pathogens/index.html>

ORWA Bloodborne Pathogens Protection Policy and Exposure Control Plan

<http://web.or.blm.gov/safety/FY2003%20Blood%20Borne%20Pathogens%20Policy.pdf>

OR WA Protocol for Medical or Trauma Emergency Response

<http://web.or.blm.gov/safety/PROTOCOL%20FOR%20MEDICAL%20OR%20TRAUMA%20EMERGENCY%20RESPONSE.pdf>

OSHA AED Fact Card

<http://www.osha.gov/SLTC/aed/solutions.html>

The American College of Occupational and Environmental Medicine (ACOEM)

(Provides guidelines for automated external defibrillation)

[http://www.acoem.org/position/statements.asp?cata\\_id=41](http://www.acoem.org/position/statements.asp?cata_id=41)

The American Heart Association

<http://www.americanheart.org>

[http://www.cpr-ecc.org/cpr\\_aed/cpr\\_aed\\_menu.htm](http://www.cpr-ecc.org/cpr_aed/cpr_aed_menu.htm)

The American Red Cross

<http://www.redcross.org/>

---

The National Center for Early Defibrillation (NCED)

<http://www.early-defib.org>

-

70<sup>th</sup> Oregon Legislative Assembly Senate Bill 313

States that use of AED is “medical care”/Allows lay-persons to use AED/provides limited immunity for trained personnel

<http://www.leg.state.or.us/99reg/measures/sb0300.dir/sb0313.en.html>

71<sup>st</sup> Oregon Legislative Assembly Senate Joint Resolution 32

Urges agencies to place AEDs in state buildings, public places, and local government sites

<http://www.leg.state.or.us/01reg/measures/sjr1.dir/sjr0032.en.html>

55<sup>th</sup> Washington Legislature – House Bill 2998

States that owners shall ensure “expected users” complete a training course/Allows lay persons to use AED/provides limited immunity for trained personnel

[http://www.leg.wa.gov/pub/billinfo/1997-98/house/2975-2999/2998\\_012798.txt](http://www.leg.wa.gov/pub/billinfo/1997-98/house/2975-2999/2998_012798.txt)

-



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OREGON STATE OFFICE  
MANUAL TRANSMITTAL SHEET

Release 1-332

Date

January 25, 2005

Form 1221-2  
(June 1969)

Subject

1112-1 – Safety and Health Management (Chapter 1) Automated External Defibrillator Use  
In Oregon/Washington Bureau of Land Management Facilities

1. Explanation of Material Transmitted:  
This Manual Release Supplement Transmits a new supplement to the BLM Safety and Health Management Handbook.
2. Reports Required: None
3. Materials Superseded: None
4. Filing Instructions: File as directed below.

REMOVE:  
None

INSERT:  
Insert at end of Chapter  
With Illustrations

Signed by  
Paula T. Burgess  
Acting Associate State Director

Authenticated by  
Clare Brucker  
Secretary (OA)

**H-1112-1 SAFETY AND HEALTH MANAGEMENT**

**Safety and Health Program  
Automated External Defibrillator Use  
In Oregon/Washington Bureau of Land Management Facilities**

**United States Department of the Interior  
BUREAU OF LAND MANAGEMENT  
OREGON STATE OFFICE**

**Robert Duncan Plaza Building  
333 SW 1<sup>st</sup> Avenue  
Portland, Oregon 97204**



**SAFETY AND HEALTH PROGRAM  
AUTOMATED EXTERNAL DEFIBRILLATOR USE  
IN OREGON/WASHINGTON  
BUREAU OF LAND MANAGEMENT FACILITIES**

OR/WA Supplement to BLM Manual Handbook H-1112-1  
Safety and Health Management

**JANUARY 2005  
Oregon State Office**

## H-1112-1 SAFETY AND HEALTH MANAGEMENT

### 1.6.1 Policy Statement and Purpose

The Bureau of Land Management manages over 15 million acres of public lands in Oregon and nearly 400,000 areas in the state of Washington. In order to accomplish our mission, the agency has a workforce of approximately 1800 permanent employees. The agency is committed to providing a safe and healthful work environment for all employees. Caring for the health and well being of each employee is our first priority.

Cardiac arrest takes over 1000 lives each day. Most of these lives are lost before the victim can reach a hospital. In fact, most cardiac deaths occur outside of the hospital where the survival rate is rarely more than 1 to 5 percent. Many of these deaths happen at work and affect the family of the individual as well as co-workers. Cardiac arrest is a fatal malfunction of the electrical system of the heart. Cardiac arrest has *no* warning signs.

In many cases, cardiac arrest can be reversed with early defibrillation – the use of a defibrillator to shock the heart back into normal rhythm by means of an electric current. To be most effective, defibrillation must occur as soon as possible after the onset of the arrest. The average response time nationally for emergency medical personnel equipped with defibrillators is 10 minutes, making access to defibrillators on-site extremely important.

*The Cardiac Arrest Survival Act* (CASA) was part of the Public Health Improvement Act signed into law in November 2000. The law directs placing automated external defibrillators (AEDs) in federal buildings and provides nationwide Good Samaritan protection that exempts from liability anyone who renders emergency treatment with a defibrillator to save a life.

AEDs are easy to use and can make the critical difference in reviving individuals who suffer a cardiac crisis. Administered within three minutes, the electric shock (defibrillation) restores the normal rhythm to the victim's heart and can increase survival rates to nearly 75 percent. Immediate defibrillation can revive more than 90 percent of victims.

The Bureau of Land Management State office will ensure that AEDs are available in all Oregon and Washington facilities.

### 1.6.2 General Information

Sixty-one million Americans have cardiovascular disease, resulting in approximately 1 million deaths per year. One-third of these deaths (300,000 – 400,000) are due to cardiac arrest, the sudden and unexpected loss of heart function.<sup>1</sup> Survival rates for out-of-hospital cardiac arrest are very low. Most often cardiac arrest is due to the chaotic beating of the heart (ventricular fibrillation), which can be restored to a

---

<sup>1</sup> Most sudden cardiac arrests are due to abnormal heart rhythms called arrhythmias. The most common arrhythmia is ventricular fibrillation (VF) in which the electrical impulses of the heart suddenly become chaotic and ineffective.

## H-1112-1 SAFETY AND HEALTH MANAGEMENT

normal rhythm if treated early with electric shock (defibrillation). This treatment can result in greater than 90 percent survival rate for victims if it is started immediately.

In 1999 and 2000, 815 out of 6,339 (13 percent) workplace fatalities reported to OSHA were due to sudden cardiac arrest. Studies from OSHA indicate work factors that may aggravate or contribute to cardiovascular disease are exposure to carbon monoxide, carbon disulfide, or halogenated hydrocarbons; smoking, electrical hazards, extreme heat or cold, high stress situations, and shift work. Additionally, excessive exposure to noise, lead or arsenic may produce high blood pressure, increasing the risk for heart disease and a possible cardiac crisis.

Three Federal initiatives support the Public Access Defibrillation (PAD) program. In general, legislative intent is that an “*AED may be used by any person for the purpose of saving the life of another person in cardiac arrest.*”

- On November 13, 2000, the President signed into law **H.R. 2498**, the *Cardiac Arrest Survival Act* (CASA), designed to expand the availability of automated external defibrillators (AEDs) in public settings. This legislation required the Secretary of the Department of Health and Human Services (HHS) to establish guidelines for the placement of AEDs in buildings owned or leased by the federal government.
- The Department (HHS) and the General Service Administration (GSA) published guidelines for public access defibrillation program in Federal facilities following passage of Public Law 106-505 on November 13, 2000, the *Public Health Improvement Act*. The Act authorized placement of AEDs in federal buildings and provided immunity from civil liability for anyone using an AED in a federal building. Several states have adopted legislation that allows a layperson to use an AED and provides legal immunity for proper use.
- On April 21, 2001, the Department of Transportation (DOT), Federal Aviation Administration (FAA) issued *Emergency Medical Equipment, Final Rule* which requires an AED and other associated first-aid supplies for all passenger-carrying aircraft with at least one flight attendant.

All legislation enacted in the last three years includes one or more provisions to:

- Establish legislative intent that an “automatic external defibrillator may be used by any person for the purpose of saving the life of another person in cardiac arrest.”
- Encourage or require training in the use of AED devices by potential users
- Require AED devices to be maintained and tested to manufacturer’s standards
- Create a registry of the location of all such defibrillators, or notification of a local emergency medical authority
- Allow a “Good Samaritan” exemption from liability for any individual who renders emergency treatment with a defibrillator
- Authorize a state agency to establish more detailed requirements for training and registration

## H-1112-1 SAFETY AND HEALTH MANAGEMENT

In May 2002, Congress incorporated the *Community Access to Emergency Devices Act* into **H.R. 3448** (sections 159, 312 and 313) of the *Public Health Security and Bioterrorism Response Act*. The President signed the bill on June 12, 2002 as Public Law 107-188.

The states of Washington and Oregon have passed legislation related to the use of AEDs. Information and links are provided in Reference 1-1.

OSHA does not have standards *specific* to automated external defibrillators (AEDs). However, exposures to first-aid hazards are addressed in specific standards for general industry.

Section 5(a)(1) of the OSH Act, often referred to as the *General Duty Clause*, requires employers to “furnish to each of the employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to the employees.”

Section 5(a)(2) requires employers to “comply with occupational safety and health standards promulgated under this Act.” Links to standards as well as references related to OSHA enforcement policy such as directives and interpretation letters have been provided in Reference 1-1.

### 1.6.3 Scope, Responsibilities, and Procedures

Each BLM office is to establish site-specific guidelines for the use of AEDs in workplace settings and purchase one or more devices as required to ensure all employees have immediate access to this device.<sup>2</sup> Development of a program to utilize AEDs is a reasonable and appropriate aspect of overall emergency response programs to manage sudden cardiac arrest, an important cause of morbidity and mortality among working age adults. Implementation of an AED program [which should be a component of a more general worksite emergency response plan] requires clearly defined medical direction and medical control.

It is recommended that all BLM-sponsored programs for the use of AEDs in the workplace include all of the following elements:

- Establishment of a centralized management system for the AED program
- Medical direction and control of the workplace AED program
- Awareness of and compliance with federal and state regulations  
(As federal and state AED legislation requires that every person expected to use an AED be properly trained, it is recommended that training be standardized and sponsored by the agency.)
- Development of a written AED program description for each location

---

<sup>2</sup> The efficacy of defibrillation is directly tied to how quickly it is administered. Although the outside limit of the ‘window of opportunity’ in which to respond to a victim and take rescue action is approximately 10 minutes, the sooner the AED is utilized within the time period, the more likely it is that it will be effective and that a patient will have a normal heart beat restored and fully recover. In general, for every minute that passes between the event and defibrillation, the probability of survival decreases by 7 to 10 percent.

## H-1112-1 SAFETY AND HEALTH MANAGEMENT

- Coordination with local emergency medical services
- Integration with an overall emergency response plan for the worksite
- Selection and technical considerations of AEDs
- Ancillary medical equipment and supplies for the workplace AED program (E.g., Bloodborne pathogens responder and clean-up kits; CPR barrier masks, etc.)
- Assessment of the proper number and placement of AEDs and supplies<sup>3</sup>
- Scheduled maintenance and replacement of AED and ancillary equipment
- Establishment of an AED quality assurance program (E.g., medical review, record keeping, and program evaluation)
- Periodic review and modification of the workplace AED program protocols as required

### 1.6.4 Training Requirements

The Oregon/Washington BLM does not require [as a job requirement] that employees respond in emergency situations. The decision to assist in providing medical attention is always voluntary. This includes employees who receive emergency medical or first aid instruction and certification for their personal benefit, whether funded at their own expense or by the BLM.<sup>4</sup> Management fully supports the AED workplace program and encourages all employees to avail themselves of this important training.

Several resources are available to provide employees with 1<sup>st</sup> Aid, CPR and AED training. The American Red Cross courses combine CPR training with instruction in automated external defibrillation: the two skills needed to save the life of a sudden cardiac arrest victim. Currently, AED training is an integral part of the Adult CPR/AED and Standard First Aid courses. AED Essentials, a module that can be added to any Red Cross adult CPR course, is also available. In addition, general AED information is provided in CPR courses that do not teach AED skills.

AED training curricula vary, but generally emphasize the following:

- A working knowledge of CPR
- Safety for both victims and rescuers
- Proper placement of electrodes
- Delivering the first shock as quickly as possible, ideally within 60 seconds from time of arrival

---

<sup>3</sup> Two studies, recently published in the *New England Journal of Medicine*, lend support to the value of training and equipping non-medical personnel with automated external defibrillators (AEDs). In both studies, personnel were trained to use AEDs and the devices were placed in locations designed to enable a three-minute interval from collapse to first shock. Of the victims in the treatable rhythm of ventricular fibrillation, 53% survived to hospital discharge. The survival rate was 74% for victims who received the first shock within *three* minutes of collapse.

<sup>4</sup> Some occupations do require training in Standard 1<sup>st</sup> Aid, dependent upon requirements and location of work assignments. Employees who provide first aid response as an official duty [expected to render aid: e.g., employees whose work assignments in the field place them beyond responsible accessibility to a medical facility in terms of time and distance] must be trained to render first aid or be accompanied by someone who has a valid certificate in First Aid and CPR. Reference the *OR/WA Blood Borne Pathogens Protection and Control Plan* for additional information.

## H-1112-1 SAFETY AND HEALTH MANAGEMENT

- Plenty of hands-on practice, with one instructor and one AED or AED trainer for every two or three students.

The Red Cross offers half-day courses that include CPR and AED skills and comprehensive, daylong sessions that also include first aid. These interactive courses are taught by certified Red Cross instructors and use hands-on practice scenarios and videos that reflect a variety of situations. Each participant receives a skills card for use during in-class practice sessions. The skills cards can also aid in retaining skills after completing the course and serves as a quick reference tool in an emergency.

The National Safety Council is another good resource for AED training. This course focuses on scene control, patient assessment, CPR integration, AED application and protocol adherence. Instructor classes are also available.

Additional AED training and related resources are offered through the American Heart Association, Medic First Aid/EMP America, The American Health and Safety Institute and others. AED manufacturers also offer training resources.

An AED device is very easy to use. However, training *is* necessary in order to understand the role of defibrillation in the broader context of the *Cardiac Chain of Survival*<sup>5</sup> and ensures that certain classroom performance standards have been met. Training in CPR and AED skills will enable the rescuer to use all the steps in the cardiac chain of survival, thereby significantly increasing the victim's chance of survival. In most cases, EMTs and first responders (police and firefighters) are required to know how to use an AED as part of their job responsibilities. Furthermore, all 50 states now have AED Good Samaritan provisions that help protect laypersons.

---

<sup>5</sup> Most people survive sudden cardiac arrest when a certain sequence of events happens as quickly as possible. This series of steps is called the 'Chain of Survival.' [*\*Early Access \*Early CPR \*Early Defibrillation \*Early Advanced Care*]

**H-1112-1 SAFETY AND HEALTH MANAGEMENT  
REFERENCES**

---

**The Public Health Improvement Act** – Public law 106-505 November 13 2000

[http://www.integratesafety.com/printable\\_fedgoodsam.pdf](http://www.integratesafety.com/printable_fedgoodsam.pdf)

Department of Health and Human Services and General Services Administration

**Guidelines for Public Access Defibrillation Programs in Federal Facilities** May 23, 2001

<http://www.fda.gov/oc/bioterrorism/PL107-188.pdf>

(PL 107-188, HR 3448-41 - Section 159 – Scroll to Page 41)

Federal Occupational Health – Automated External Defibrillator Program

<http://www.foh.dhhs.gov/public/whatwedo/aed/aed.asp>

Public Access Defibrillation Guidelines <http://www.foh.dhhs.gov/public/whatwedo/aed/hhsaed.asp>

National Conference of State Legislatures - State Laws on Heart Attacks & Defibrillators

<http://www.ncsl.org/programs/health/aed.htm>

CFR 1910.1030 Bloodborne Pathogens

<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

ORWA Bloodborne Pathogens Protection Policy and Exposure Control Plan

<http://web.or.blm.gov/records/im/2003/im-or-2003-086.htm>

OR WA Protocol for Medical or Trauma Emergency Response

<http://web.or.blm.gov/safety/PROTOCOL%20FOR%20MEDICAL%20OR%20TRAUMA%20EMERGENCY%20RESPONSE.pdf>

OSHA AED Solutions and Information

<http://www.osha.gov/SLTC/aed/solutions.html>

The American College of Occupational and Environmental Medicine (ACOEM)

(Provides guidelines for automated external defibrillation)

[http://www.acoem.org/position/statements.asp?cata\\_id=41](http://www.acoem.org/position/statements.asp?cata_id=41)

The American Heart Association

<http://www.americanheart.org>

<http://www.americanheart.org/presenter.jhtml?identifier=3011764>

The American Red Cross

<http://www.redcross.org/>

## References 1-2

### H-1112-1 SAFETY AND HEALTH MANAGEMENT REFERENCES

---

The National Center for Early Defibrillation (NCED)

<http://www.early-defib.org>

70<sup>th</sup> Oregon Legislative Assembly Senate Bill 313

States that use of AED is “medical care”/Allows lay-persons to use AED/provides limited immunity for trained personnel

<http://www.leg.state.or.us/99reg/measures/sb0300.dir/sb0313.en.html>

71<sup>st</sup> Oregon Legislative Assembly Senate Joint Resolution 32

Urges agencies to place AEDs in state buildings, public places, and local government sites

<http://www.leg.state.or.us/01reg/measures/sjr1.dir/sjr0032.en.html>

55<sup>th</sup> Washington Legislature – House Bill 2998

States that owners shall ensure “expected users” complete a training course/Allows lay persons to use AED/provides limited immunity for trained personnel

[http://www.leg.wa.gov/pub/billinfo/1997-98/house/2975-2999/2998\\_012798.txt](http://www.leg.wa.gov/pub/billinfo/1997-98/house/2975-2999/2998_012798.txt)

---

Federal Register Notice – Vol. 66, No. 100 May 23 2001 – *Guidelines for Public Access Defibrillation Programs in Federal Facilities*

Department of Health and Human Services/General Services Administration (GSA) GSA Custody and Control – 41CFR 101-20.103-4, *Occupancy Emergency Program – Physical Protection and Building Security* [Emergency definition here includes medical emergencies. See 41CFR 101-20.003(i)]