



UNIVERSITY OF FLORIDA


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MEMORANDUM

TO: Gerald Schaffer
Vice President for Administrative Affairs
Tigert Hall

FROM: William S. Properzio, Ph.D.
Director, Environmental
Health and Safety 

SUBJECT: September 29, 1999 Meeting of
The University of Florida Safety Committee

The Safety Committee met to review the question of Automatic External Defibrillator (AED) use on campus. The devices have been the subject of considerable publicity over the past year. Sudden cardiac arrest, a medical condition caused by ventricular fibrillation, results in approximately 350,000 death per year in the US. Effective utilization of AEDs could result in a considerable reduction in this fatality rate.

The use of AEDs is considered a standard practice for emergency services providers. Gainesville Fire Rescue and the Alachua County ambulance service are equipped with the devices. On the University of Florida campus, the UPD has purchased two units and deployed them in the two shift supervisor police vehicles. The University Athletic Association has obtained AEDs for use by team physicians and trainers. Health and Human Performance has purchased units for use at the Florida Pool, the O'Connell Center pool, Lake Wauburg and the Living Well fitness complex. The College of Veterinary Medicine's Safety Committee is showing interest in the purchase and use of AED's. The Veterinary Medicine Safety Committee has proposed the purchase of seven units to be used by trained faculty and staff.

While the use of AEDs by trained medical providers is fully sanctioned, Florida Statute 401.291 established specific criteria for their utilization by the general public. The statute requires that a physician be appointed who will serve as medical director for the AED program. The medical director is then required to establish, or review and approve appropriate written procedures and establish specific training requirements for the users.

The committee reviewed the following issues related to AED use at the University of Florida:

Should this technology be pushed for adoption by The University of Florida or left to a natural evolution in interest and use?

There was general agreement that the use of AEDs on the UF campus might assist in saving lives. There is no database to establish the frequency of emergency cardiac incidents that occur at UF in which an AED might be utilized.

Concern was expressed regarding the cost of the devices that range from \$3,000 to \$5,000. It was noted that no earmarked funding program for the purchase of AEDs presently exists and that their purchase and maintenance would have to become a departmental funding priority. It was noted that as in many electronic technologies, the cost would likely undergo a significant cost reduction in the future. Estimates have been made that within five years the cost may be in the \$1,000 range.

Where should the primary UF focus for deployment of this technology be based?

The committee was in general agreement that the primary focus for the deployment of AEDs should be with the emergency medical providers and the UPD. Questions were raised regarding the campus-wide response time if AED access was available through the UPD.

It was pointed out that Health Center access to trained medical emergency staff with proper equipment was superior to most other campus locations. Non Health Center locations may benefit through the establishment of departmental based AED training and utilization. It was also noted that if the interest and funding were left to individual departmental initiative, the establishment of non-emergency staff use of AEDs would not be uniformly implemented.

It was recommended that EH&S work with the medical and emergency providers to assure that this first-line resource is effectively deployed. Colleges and/or

departments should be allowed to make individual decisions regarding the possible enhancement of existing emergency services through the purchase and deployment of AEDs.

Where should AEDs be deployed; general access areas or in an area that is accessible only to trained users?

Concern was expressed for the potential theft of AED units if deployed in a general building location similar to fire extinguishers. There was agreement that access to the devices should be limited to authorized users. The procedure for deployment should be made on a department specific basis and referenced in the protocol developed by the Emergency Medical Services' medical director.

What number of trained support staffing will be sufficient to provide effective use of AEDs?

The committee was unable to provide any specific guidance regarding the staffing needs. This is likely a question that the medical director will need to consider.

Should departments pay for user training and will the state comptroller allow this as a business expense?

Past experience with payment for employee training in CPR and First Aid has been disapproved by the State Comptroller if not included in the individual's job description. Bob Willits indicated that if departmental payment for training was desired, the position descriptions for those individuals could be changed to validate this situation.

Are all of the current owner/users of AEDs in compliance with Florida Statute?

The purchase and use of the AEDs by medical and emergency service providers is approved by virtue of their professional training and mission. Campus units that come under this designation include the UPD and the medical staff associated with the UAA.

It appears that trainers at Living Well and life guards and staff working at the Florida pool, O'Connell pool and Lake Wauburg come under the criteria in Florida Statute 401.291. This statute requires a designated medical director's approval of all activities associated with the use of these devices. This applies to any department that elects to purchase and utilize AEDs .

It was agreed that EH&S would contact Dr. Berry, Student Health Care Center to pursue the appointment of a emergency medical services medical director.

Recommended changes in the University Police Department deployment of AEDs.

Subsequent to the committee meeting I spoke with Tony Dunn at UPD to review actions that might improve the AED program at UPD.

- Number of units deployed: UPD is currently able to respond to any campus location with a police vehicle in two minutes. A normal shift includes two supervisor units and five basic units. The deployment of the two only AEDs located in the supervisor vehicles will often result in availability of a defibrillator well in excess of the two-minute primary response. It is recommended that five additional units be obtained. This will provide an AED in all police vehicles deployed in a normal shift.
- Notification: Improvements in the delivery of AED assistance can be achieved if the UPD is informed of all medical emergencies called into the county (911) number. Currently all UF fire emergency calls reported to the county are forwarded to UPD but requests for medical assistance may not be forwarded. UPD should meet with the county (911) officials and assure that all medical emergency calls related to the university are forwarded to UPD so that an appropriate response can be implemented.
- Publicity of AED availability: A public information campaign should be initiated to alert the university community of the benefits of AEDs and their availability through UPD. If an individual observing a potential cardiac arrest knows that UPD can provide assistance, the individual would then call (911) and relay this information. In turn, this will reduce the time necessary to get the appropriate assistance to the victim.

Please let me know if I can answer any questions associated with committee review and recommendation.

Enclosures: EH&S Committee meeting participant list
Florida Statute 401.291

cc: Safety Committee members and guests

Attachment A: Participation at September 29, 1999 UF Environmental Health and Safety Committee meeting.

Name	Committee Member	Affiliation
William S. Properzio	Yes	Committee Chair
David O'Brien	Yes	Physical Plant
Robert Willitts	Yes	University Personnel
David Stopka	Yes	Div. of Rec. Sports
Karen Spencer	No	College of Vet. Med.
Paula Crowley	Yes	Oral Biology & Dentistry
Natalie Hanan	Yes	Student
Amit Mathur	Yes	Student
Denis Mercier	Yes	College of Engineering
Carolyn Hanson	Yes	Dept. of Occ. Therapy
Carol Bates	Yes	College of Dentistry
Maggie Tucker	No	Student Health Care Ctr.
Ayleen Alexander	No	EH&S

Attachment B: Florida Statute addressing Automatic External Defibrillators

401.291 Automatic External Defibrillators.

(1) The Legislature finds that the provision of timely emergency attention will save many lives. The Legislature further finds that the use of automatic and semiautomatic defibrillators may save the lives of many residents of the state and recognizes that the incorrect or inappropriate use of a defibrillator shock could cause injury or death. It is the intent of the Legislature to set minimum standards for use, training, and medical control of automatic and semiautomatic defibrillators and the use of these medical devices in a coordinated emergency medical response environment.

(2) An automatic or semiautomatic defibrillator may be used by any individual who meets the requirements of this section, who is a member of a locally coordinated response team that is authorized to respond to a request for emergency assistance for the purpose of providing an assessment of the need for and appropriate use of an automatic or semiautomatic defibrillator, and who has successfully completed an appropriate training course as approved by the local emergency medical services medical director. This requirement consists of certification in cardiopulmonary resuscitation or successful completion of an 8-hour basic first aid course that includes cardiopulmonary resuscitation training. Demonstrates proficiency in the use of an automatic or semiautomatic defibrillator and successful completion of at least 6 hours of training in at least two session, to include instruction in:

- (a) The proper use, maintenance, and periodic inspection of the automatic or semiautomatic defibrillator.
- (b) Defibrillator safety precautions to enable the user to administer a shock without jeopardizing the safety of the patient, the user, or the public.
- (c) Assessment of an unconscious person to determine if cardiac arrest has occurred and the appropriateness of applying an automatic or semiautomatic defibrillator.
- (d) Recognizing that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- (e) Rapid, accurate assessment of the patient's post shock status to determine if further activation of the automatic or semiautomatic defibrillator is necessary.

- (f) The operations of the local emergency medical service system, including methods of access to the emergency response system, and interaction with emergency medical service personnel.
- (g) The role of the user and coordination with other emergency medical service providers in the provision of cardiopulmonary resuscitation, defibrillation, basic life support, and advanced life support.
- (h) The responsibility of the user to continue care until the arrival of medically qualified personnel.

(3) It is the responsibility of each emergency medical services medical director to:

- (a) Directly authorize the use of an automatic or semiautomatic defibrillator by an individual who meets the requirements and criteria of subsection (2); or
- (b) Approve and designate another physician to authorize the use of an automatic or semiautomatic defibrillator by an individual who meets the requirements and criteria of subsection (2).

However, the medical director must first have established, or reviewed and approved appropriate written procedures and protocols that meet the requirements of subsection (4) for the user of an automatic or semiautomatic defibrillator.

(4) Before directly authorizing the use of an automatic or semiautomatic defibrillator or approving and designating another physician to authorize the use of an automatic or semiautomatic defibrillator, an emergency medical service medical director must establish written policies, procedures, and protocols, or review and approve written policies, procedures, and protocols to be established by an approved and designated physician which include, at a minimum:

- (a) An explanation of the use of the automatic or semiautomatic defibrillator.
- (b) Written medical protocols regarding the use of automatic or semiautomatic defibrillators.