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Where the future takes flight

Health Services

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AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROCEDURE

Program Overview

❖ Scope

This document describes the policies and procedures of the Lubbock Independent School District (LISD) relating to its early defibrillation program. The document is intended to provide guidance to administrators and responders of the early defibrillation program in order to ensure a rapid response to victims of sudden cardiac arrest (SCA) on LISD campuses.

❖ Program Overview

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, not breathing normally, and showing no signs of life. Technological advances have now produced highly dependable, simple to use equipment that can be used safely by members of the lay public with appropriate training.

The AEDs for Lubbock ISD were secured by a Homeland Security grant through the Lubbock County Metropolitan Readiness System, in partnership with the City of Lubbock. Sites for AED placement are designated to be near campus areas designated as emergency shelters and vaccination sites for mass prophylaxis.

A primary goal of the Lubbock ISD is to promote the health and safety of all students. The AED program will provide an extra measure of care to students, staff and visitors to LISD through the provision of additional training and equipment in the event of a sudden cardiac arrest.

The procedures to be followed in the early defibrillation program include a course of action for the medical oversight, training of staff, application, location, maintenance, and designation of responsibility related to the use of the AEDs. The intent of these policies and procedures is to provide general guidance in response to an incident of sudden cardiac arrest; these strategies are not intended to cover all circumstances involved in such emergencies. All LISD employees are expected to operate within the parameters of this Early Defibrillation Program, with the responsibility for annual review, evaluation and modifications of this program under the approval of the Medical Consultant to the District and the Health Services Coordinator, subject to content and guideline adaptations according to national standards.

❖ Legal Issues

The Texas Department of State Health Services (TDSHS) monitors the laws and regulations which govern the use of AEDs as prescription medical devices used under the authority of a physician. Use of AEDs by lay persons is protected by the Texas Good Samaritan Act, provided policies and procedures are followed. High Schools participating in UIL activities are also required to have at least one AED available during athletic events, effective September 1, 2007.

Texas Statute 779.001-779.008

All incidents and reports related to the provision of care are confidential to the victim and LISD Administrative personnel. Victim confidentiality must be maintained in accordance with all state and federal regulations.

❖ Policy

- To insure uniformity in the quality of AEDs installed and used in LISD, all AEDs units purchased or donated to LISD must **first** be reviewed by the AED Program Coordinator to ensure units meet agency specifications
- AEDs will be placed at locations upon approval of AED Program Coordinator, based on national and manufacturer guidelines, and consideration of department and campus issues
 - Lubbock ISD has placed one AED on each middle school and two AEDs in each high school, and provided an additional AED for each certified high school trainer
- A minimum of six (6) persons per facility in which an AED is placed must be certified in CPR/First Aid/AED
- The district, through the Health Services Department, will provide annual training for the use of the AEDs to its employees at no cost
- Each athletic trainer will carry an AED to the athletic event to which he/she is scheduled
- AEDs located on campuses will be available for use by the general population, i.e. all students, staff and visitors within the buildings
- Each campus will have a designated emergency response team which will participate in mandated annual training related to AED use and emergency response
- Financial responsibility for maintenance of the AED will be assumed by the Health Services Department
- AED and first aid emergency kit will be brought to all major medical emergencies.
- AED will be used only after the following is determined:
 - Victim is unconscious
 - Victim is not breathing
 - Victim has no pulse and/or shows no signs of circulation, such as normal breathing, coughing or movement
- Each campus will be responsible for monitoring and documenting the scheduled AED battery checks, and ensuring the availability of the sets of defibrillation electrodes and service kits for the AEDs
- Each campus will comply with program protocols and designate the school nurse as lead member/campus coordinator of the emergency response team to serve as liaison with district administrators
- **All Incident Reports are confidential information to both the victim and all LISD Administrative and AED Response personnel**
 - Discussion is limited to personnel involved in debriefing, administrative roles and training sessions
 - Victim confidentiality must be maintained in accordance with all state and federal regulations

Program Protocol

❖ Roles and Responsibilities

- AED Program Coordinator
 - The Health Services Coordinator shall serve as the district AED Program Coordinator.
 - Communicate with District Medical Consultant, Central Office Administrative Personnel, Campus Administrators, Campus Emergency Response Team members, and school nurses regarding the early defibrillation program

- Communicate with local EMS on early defibrillation program issues and patient care
- Coordinate training for emergency responders
- Coordinate post incident debriefings and counseling if needed, for campus emergency response teams and other campus personnel who participate in an AED/CPR medical emergency incident
- Coordinate equipment and accessory maintenance, including purchasing of supplies and replacement equipment
- Participate in case reviews, responder training and retraining, data collection and other quality assurance activities
- Maintain records required for early defibrillation program, including lists of campus emergency response teams, training records, defibrillator maintenance checks, incident reports, and response critiques
- Annually review emergency response plan and early defibrillation guidelines and revise if needed
- Ensure compliance with state and local regulations and national standards regarding defibrillator use
- Provide annual report to the Superintendent related to early defibrillator program, including compliance with state and local regulations, district policies and procedures, and incident occurrence related to CPR and AED use.
- Medical Director
 - The LISD Medical Consultant will serve as the AED Medical Director.
 - Provides authorization for purchase and use of defibrillators
 - Provides medical direction for use of AEDs, including writing prescription for AEDs
 - Provides medical consultation and expertise, including participation in the development and approval of protocols for the use of the defibrillators and other medical equipment
 - Reviews all incidents involving use of the defibrillator, including evaluating post event review forms and files downloaded from AED
 - Participates in the annual review of guidelines, other emergency procedures, reports and records related to CPR and the use of AEDs
 - Acts as a liaison if needed, between the early defibrillation program and local EMS organization
- LISD Superintendent
 - The Assistant Superintendent for Secondary Operations and the Assistant Superintendent for Elementary Operations will serve as liaisons between the Superintendent and the AED Program Coordinator.
 - Review and support the policies and procedures related to early defibrillation program
 - Ensure that each campus with an AED designate an emergency response team and provide time for annual training of team and campus staff awareness of emergency procedures
 - Support funding for early defibrillation program training, supplies and equipment maintenance
- Campus AED Coordinator
 - The school nurse on each campus will be the AED coordinator for his/her campus.
 - Oversee the early defibrillation program for the campus
 - Communicate with the Health Services Coordinator and EMS as necessary
 - Develop an emergency communication plan with the building principal or designee

- Identify, with input from building principal or designee, campus Emergency Response Team members and provide list to Health Services Coordinator
- Coordinate and assure emergency response team annual training and retraining with building principal or designee
- Assure that at least six (6) staff members are always trained for the campus; if campus does not have the six staff members per team requirement, the information will be reported to Health Services Coordinator
- Maintain the defibrillator(s) and related response equipment according to designated schedules
- Immediately report any protocol or equipment irregularities to Health Services Coordinator for appropriate action
- Participate in case reviews, responder training and retraining, data collection and other quality assurance activities
- Provide documentation of and any follow-up for any device use, as well as official records for system training and maintenance, etc. including
 - Building principal
 - Develop an emergency AED response plan with input from the school nurse
 - Identify and assign staff members to campus emergency response team
 - The emergency response plan should include provisions to:
 - Ensure that someone is available at all times to receive calls for help during an emergency
 - Assure that EMS has been notified
 - Contact emergency response team members to respond to the emergency location with the defibrillator
 - Ensure that someone is positioned to meet EMS responders and lead them to the emergency location
 - Develop a plan for emergencies occurring after school hours
 - Provide support for campus awareness and training of response team
 - Participate in post event reviews
 - Ensure AED event information is provided to appropriate district personnel
 - Emergency Response Team
 - At least six members of each campus team must be CPR/AED certified
 - All team members will participate in annual training and skills evaluation
 - Shall identify team members who shall be designated as scene managers
 - Demonstrate understanding of policies and protocols for responding to medical emergencies
 - Participate in annual campus awareness and volunteer training activities related to emergency procedures and AED use
 - Respond to emergency calls and procedures according to the campus' AED response protocol
 - Provide medical response information to appropriate entities
 - Participate in post event review and report to campus and district administrators
 - Provide documentation of all accounts of any medical event and any victim care on AED Incident Report form for Campus AED Coordinator within one day of incident
 - Clean, decontaminate and replace all equipment following an event
 - Participate in annual review of campus medical emergency response procedures and early defibrillation program
 - Scene managers
 - Shall be a member of the campus emergency response team
 - Assess the emergency and determine the appropriate level of response
 - Initiate the call to request 911 response (EMS) if required
 - Manage the scene and assign duties to team members

- Assign team members to meet the responding EMS vehicle to direct EMS personnel to site of medical emergency
- High school trainers
 - Each high school trainer will possess a portable AED unit for use off-site at district athletic events
 - The AED will be kept in the training room of each high school under constant adult supervision, and locked up when no adult is present in the training room
 - The trainer will be responsible for the maintenance of his/her AED and develop a checkout system when the AED is taken from the training room for athletic activities
 - The lead trainer is responsible for
 - Assuring and overseeing the early defibrillation program for the adult and student athletic trainers
 - Communicate with the Health Services Coordinator and EMS as necessary
 - Develop an emergency communication plan with the building principal or designee and athletic department
 - Identify department Emergency Response Team members
 - Coordinate and assure emergency response team annual training and retraining
 - Maintain the defibrillator(s) and related response equipment according to designated schedules
 - Immediately report any protocol or equipment irregularities to Health Services Coordinator for appropriate action
 - Participate in case reviews, responder training and retraining, data collection and other quality assurance activities
 - Provide documentation of and any follow-up for any device use
- Volunteer responder
 - Any individual can, at his/her discretion, provide voluntary assistance to victims of medical emergencies
 - The extent to which these individuals shall respond shall be appropriate to their training and experience
 - Volunteers will be subject to the campus emergency response team and the campus administrator, unless their level of training exceeds basic life support

❖ Training Requirements

- Emergency response teams must complete an approved nationally recognized course that includes CPR, defibrillation, basic first aid, the use of barrier devices and universal precautions
- The course will be provided at no cost to the individual through the Health Services Department
- Emergency response team members must annually complete a review of CPR, defibrillation, universal precautions and the individual campus response plan
- Training records for the Emergency Response Teams will be maintained by the district AED Coordinator

❖ Equipment

- Description
 - The Philips HeartStart Onsite/FRx has been selected as the defibrillator for the LISD early defibrillation program

- This AED is also used by all Lubbock City EMS, fire and police staff and is located in public areas throughout city buildings
- This equipment is not to be used outside the parameters of the AED program and must be maintained according to manufacturer's directions
- When equipped with infant/child defibrillation key, the defibrillator may be used for victim's ages 1-8 years old or less than 55 pounds. The standard defibrillation pads may be used for all victims 8 years of age and older.
- Each AED location is an alarmed cabinet marked with an overhead sign
- Directional signs are placed throughout the building noting the location of the AED
- In addition to the stationery locations, additional defibrillators are maintained under constant adult supervision by the athletic training staff for use at events outside of LISD campuses
- Defibrillator kits
 - Kits are maintained in the stationery case for the AED and are to be taken with the AED to the medical emergency.
 - Kits contain accessories as CPR pocket mask, scissors, towel, razor, and gloves
- Maintenance
 - All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness.
 - The campus coordinator (school nurse) and lead trainer shall be responsible for the performance of monthly equipment maintenance checks
 - All maintenance tasks will be performed, at minimum, according to manufacturers' recommendations and documented on Periodic Maintenance Checklist (see Appendix)
 - Following use of emergency equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination contains body fluids, the equipment shall be disinfected according to procedure.
 - All disposable equipment shall be replaced immediately through the Health Services Department
- System Checks
 - Once each month during the school year, the nurse and athletic trainer shall conduct and document a system check
 - The accumulated records will be reviewed and maintained by the district Health Services Coordinator
 - The check will include a review of
 - Emergency kit supplies
 - AED status indicator
 - Expiration date on pads and batteries
 - The Health Services Coordinator will be notified one month prior to battery and pads expiration dates
 - At the end of the academic year, the district Health Services Coordinator shall conduct and document a system readiness review
 - this review shall include the following elements
 - training records
 - equipment operation and maintenance records
- Storage
 - The AED should be stored in its protective case at all times, with the storage free from water and dirt.
 - At each AED location, the following items shall be included:
 - AED with battery installed
 - Carrying case
 - Defibrillation pads: 1 set

- Infant/child key
- Accessories (one set)
 - Scissors
 - Towel
 - Razor
 - Pocket mask
 - Gloves
- Before returning the AED to service, the following post-event procedure will be conducted by the campus AED Coordinator:
 - Check AED visually for damage or missing parts
 - Replace all supplies used during the event (i.e. pads and ancillary supplies)
 - Run battery reinsertion test and replace battery if indicated
- Return AED to its designated location for future use
- Inspection
 - The AED should be inventoried and checked daily for visual indication that unit is operating
 - Documentation is required on a monthly basis
 - The unit self-checks daily. A "chirping beep" will sound if system detects failure of operating structure (self-diagnosis)
 - When unit indicates (chirping sound) that AED is not working properly, the school nurse or lead trainer will remove the unit from the cabinet, and conduct system check by depressing the "I" button for information.
 - The Health Services Coordinator will be notified of unit report and will take corrective action to return unit to service as soon as possible.
 - The individual responsible for the AED unit will document any service provided, as equipment repaired or exchanged.

District Medical Consultant

Date

Superintendent, Lubbock Independent School District

Date

AED Program Coordinator/Health Services Coordinator

Date

Athletic Director

Date

Appendix

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<div style="border: 1px solid black; padding: 5px; display: inline-block;"> AED TEAM ROSTER </div>

Campus: _____

AED Model # _____ **Serial #** _____

Location: _____

AED Model # _____ **Serial #** _____

Location: _____

Each location is an alarmed cabinet and is marked with an overhead sign. Directional signage is placed in nearby hallways to provide information to exact location.

In addition to the above stationery locations, a defibrillator is maintained by the high school athletic trainer for use at events away from campus facilities.

Defibrillators will be taken to any medical emergency in the facility along with other emergency care equipment. The AED should be used on any victim who is:

- Unresponsive
- Not breathing normally

AED Campus Coordinator: _____ **Phone:** _____

AED Team Members:

Name		Name	
Phone		Phone	
Pager		Pager	
Location		Location	
CPR exp.		CPR exp.	
Name		Name	
Phone		Phone	
Pager		Pager	
Location		Location	
CPR exp.		CPR exp.	
Name		Name	
Phone		Phone	
Pager		Pager	
Location		Location	
CPR exp.		CPR exp.	
Name		Name	
Phone		Phone	
Pager		Pager	
Location		Location	
CPR exp.		CPR exp.	

Early Defibrillation Response Protocol for All Staff

DURING SCHOOL HOURS:

- **Conduct initial assessment**
 - Assess for scene safety; use universal precautions
 - Assess for patient responsiveness
 - If unresponsive, activate EMS and the school emergency plan:
 - Call 911 if patient is NOT breathing AND unresponsive
 - Contact Emergency Response Team
 - If another person is present—
 - send him/her to get defibrillator and notify school office of the location of emergency—
 - stay with victim, begin care
 - If no other person is present, notify school office and ask for defibrillator
 - If alone, position victim, provide rescue breathes and initiate CPR if trained
 - After rescue breathing, notify office or EMS, then continue care

- **Assess breathing**
 - Open airway
 - Look, listen and feel for breathing
 - If breathing is absent, deliver two rescue breaths

- **Assess circulation**
 - If signs of circulation are absent, provide CPR if trained until defibrillator or emergency response team arrives

- **Begin defibrillation treatment**
 - As soon as defibrillator arrives, turn it on and follow prompts
 - Wipe chest if wet
 - Apply defibrillator pads, following diagrams
 - Peel one pad at a time, placing on chest according to illustration
 - Ensure pads are making contact with victim's chest
 - If needed, shave chest with disposable razor and discard razor safely
 - Jewelry may remain on victim, as long as it does not interfere with pad placement
 - For female victims, bras may need to be cut off, if straps or underwiring interfere with pad placement
 - Deliver shock to victim if advised by defibrillator, after first clearing area
 - Administer additional shocks if advised by defibrillator, until it advises no shock and prompts responder to check victim
 - When advised by defibrillator, check victim's airway, breathing, and signs of circulation, and initiate CPR if signs of circulation are absent.
 - Continue to perform CPR until otherwise prompted by defibrillator or until EMS personnel arrive

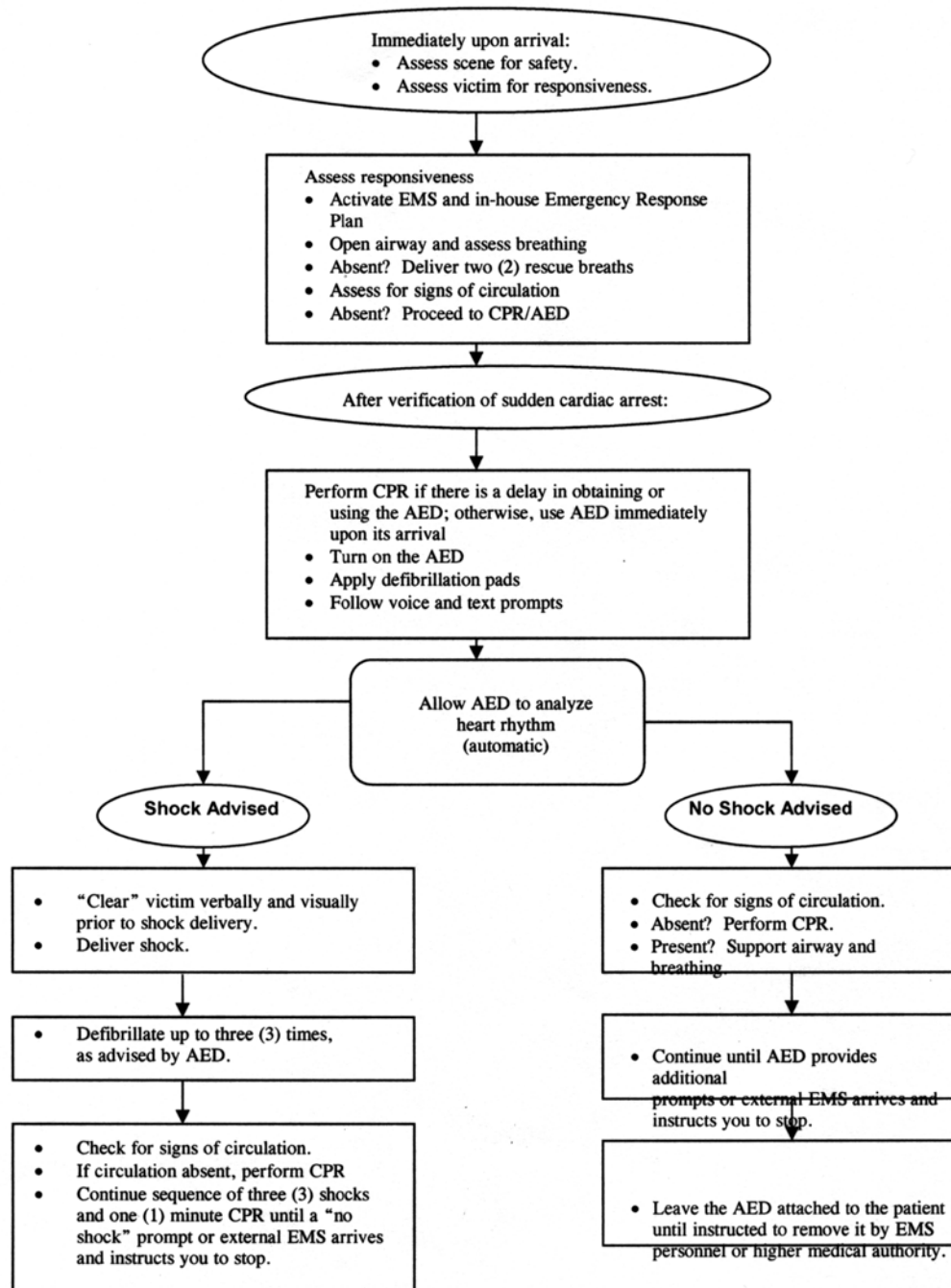
- **If breathing and other signs of circulation are present, leave defibrillator attached to and place victim in recovery position. Continue to monitor victim's airway, breathing and circulation and provide indicated care**

- **Continue to follow HeartStart Defibrillator prompts**

- **When EMS arrives**
 - Responders working on the victim should document and communicate important information to the EMS provider as:
 - Victim's name
 - Known medical problems, allergies, medical history
 - Time victim was found
 - Initial and current condition of victim
 - Information from defibrillator "i" (Information) storage
 - Number of shocks delivered
 - Length of time defibrillator has been on
 - Assist as requested by EMS

- **Post-use Procedure**
 - Complete Incident Report form within 24 hours
 - Copies to principal, district AED Program Coordinator
 - Participate in incident de-briefing with AED Program Coordinator
 - Post incident critique form should be submitted at time of incident de-briefing
 - Participate in any follow-up and evaluation procedures related to incident response
 - Notify AED Program Coordinator for replacement of electrodes, ancillary supplies, etc.
 - Complete defibrillator maintenance if assigned to emergency response team

HEARTSTREAM AED RESPONSE PROTOCOL FLOW CHART



PERIODIC MAINTENANCE CHECKLIST

AED Model # _____ **AED Serial #** _____

Campus: _____ **Location:** _____

Month							
Date							
Battery Install Date							
AED							
Placement visible and unobstructed							
Status indicator flashing							
Unit clean, no signs of damage to exterior							
Supplies							
One set sealed electrodes Expiration date:							
Infant/child key							
Ancillary supplies (towel, scissors, razor, gloves)							
Remarks, problems, corrective actions							
Inspection performed by: (initials)							

Signature/Initials: _____

Signature/Initials: _____

Signature/Initials: _____

**PROVIDE COPY TO DISTRICT AED PROGRAM COORDINATOR (Health Services Coordinator)
NO LATER THAN LAST DAY OF REGULAR SCHOOL YEAR.**

AED Maintenance Report

Note: Please attach this documentation, if applicable, to Periodic Maintenance Report and submit to Health Services Department at the end of the year.

Campus: _____

Date: _____ **Time Malfunction Noted:** _____

Unit Malfunction Noted by: _____ **Reported to:** _____

Service Representative Notified: _____ @ _____
Phone

Description of Problem: _____

Remediation/Problem Corrected: _____

Include above any equipment repaired or exchanged to correct the unit problem.

Comments or Follow-up: _____

Campus AED Coordinator

Date

AED INCIDENT REPORT

Incident Details:

Campus: _____ Time: _____
Location: _____ Date: _____
Shocks Delivered: _____ Amount of Time AED Monitored Victim: _____
AED Operator: _____ Position: _____
Device Serial #: _____ AED Model: **Philips FRx** _____

Victim Details:

Last Name: _____ First Name: _____
DOB: _____ Age: _____ Gender: _____ Grade: _____
Home Address: _____ City/Zip: _____
Parents: _____ Phone: _____
Family Physician: _____ Phone: _____

Description of Incident: _____

Responder: _____ Was CPR Performed?: ___ Y ___ N

EMS transported to (hospital) _____

Additional Comments: _____

Report Completed by: _____

Position: _____ Date: _____

- Note:
- Use back of this sheet for additional comments if needed.
 - Send copies of AED Incident Report **within 24 hours of incident** to:
 - LISD Health Services: AED Coordinator
 - Building principal

POST-INCIDENT CRITIQUE FORM

Campus: _____ Incident Date: _____

Victim Name: _____ DOB: _____ Age: _____

Call Notification/SCA (Sudden Cardiac Event) Report: *(include hour: minutes for times recorded)*

Collapse/Recognition: ___:___ by: _____ Position: _____

Victim unresponsive: ___Y ___ N **Rescue Breathing Started:** ___ Y ___ N Time: ___:___

Bystander CPR Started: ___ Y ___ N Time: ___:___

By: _____ Position: _____

How was team alerted? _____ Time: ___:___

How was team dispatched? _____ Time: ___:___

AED Arrival Time: ___:___ by: _____

Who initiated 911 call: _____ Time: ___:___

AED Applied: ___:___ **First shock advised:** ___:___ Additional Shocks ___ Y ___ N Total # _____

Return pulse: ___ Y ___ N Time: ___:___ **Return Respirations:** ___ Y ___ N Time: ___:___

EMS Scene Arrival Time: ___:___ **EMS Arrival at Victim:** ___:___

Victim Condition at EMS hand-off: _____

Care given by EMS: ___ ALS ___ BLS Victim Transported to: _____ Time: ___:___

Victim Condition at Hospital: _____

Report Completed by: _____ Date: _____

AED Servicing completed:

___ supplies ___ electrodes ___ vendor repair ___ self check completed ___ installed/date: _____

other: _____

by: _____ Position: _____

Note:

- Use back of this sheet for additional comments if needed.
- **Please attach copy of AED Incident Report** to this form
- Send copies of Post Incident Critique Report following incident debriefing to:
 - LISD Health Services: AED Coordinator
 - Building principal

AED Campus Training

Campus: _____ Date: _____

(PRINT) Name	Location/Assignment	Emergency Response Team Member (Y/N)	Campus Staff (Y/N)	CPR Certified (Y/N)	CPR Certification Date

FAQs Related to Philips HeartStart FRx Defibrillator

Q: The manual states that pads must be applied to bare chests—do we remove bras?

A: The main issue is the proper placement of the pads—so if the bra interferes with proper pad placement, it must be cut (to save time). Although one would like to ensure privacy, in an emergency situation as CPR, modesty and privacy place second to the procedures that may save a life.

Q: I have heard that you cannot operate a cell phone near an AED. Is this true?

A. Philips verified that there are no restrictions on cellular communications around AEDs.

Texas Administrative Code

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 157 EMERGENCY MEDICAL CARE

SUBCHAPTER C EMERGENCY MEDICAL SERVICES TRAINING AND COURSE

APPROVAL RULE §157.41 Automated External Defibrillators

(a) Purpose. The purpose of this rule is to establish minimum standards and requirements for training of persons using automated external defibrillators (AED).

(b) Exemption. This section shall not apply to persons who are licensed, certified or registered under the Texas Health and Safety Code, Chapter 773.

(c) Definitions.

(1) Automated External Defibrillator (AED)--An electronic medical device approved by the United States Food and Drug Administration which is capable of recognizing the presence or absence of cardioventricular fibrillation or rapid cardioventricular tachycardia; is capable of determining, without interpretation of cardiac rhythm by an operator, whether defibrillation should be performed and, on determining that defibrillation should be performed, automatically charges and requests the operator to deliver an electrical impulse to an individual's heart.

(2) .Cardiopulmonary Resuscitation (CPR)--A life saving procedure involving closed chest compressions and artificial resuscitation to an individual who is pulseless and apneic or who is experiencing agonal respiration.

(d) Training required. A person acquiring and/or using an AED shall successfully complete a training course in CPR and AED operation in accordance with the guidelines established by the device's manufacturer and as approved by the American Heart Association, the American Red Cross, other nationally recognized associations, or the medical director of the local emergency medical services provider. The person shall maintain that training in accordance with the guidelines established by the training association.

(e) Notification required. A person or entity that acquires an AED shall immediately notify all local emergency medical service providers of the existence, physical location and type of device.

(f) Guidelines and procedures for use. Use of an AED shall be in accordance with the guidelines established as nationally recognized standards and shall be in accordance with the manufacturer's operating procedures.

Source Note: The provisions of this §157.41 adopted to be effective September 1,2000,25 TexReg 3985; amended to be effective July 29,2004,29 TexReg 7103

80R1902 ESH-D

By: Van de Putte

S.B. No. 82

A BILL TO BE ENTITLED

AN ACT relating to safety regulations for certain public school extracurricular activities and the availability of automated external defibrillators at certain public school campuses and events.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 33, Education Code, is amended by adding Subchapter F to read as follows:

SUBCHAPTER F. SAFETY REGULATIONS FOR CERTAIN
EXTRACURRICULAR ACTIVITIES

Sec. 33.201. APPLICABILITY. This subchapter applies to each public school in this state and to any other school in this state subject to University Interscholastic League rules.

Sec. 33.202. SAFETY TRAINING REQUIRED. (a) The commissioner by rule shall develop and adopt an extracurricular activity safety training program as provided by this section. In developing the program, the commissioner may use materials available from the American Red Cross or another appropriate entity.

(b) The following persons must satisfactorily complete the safety training program:

- (1) a coach, trainer, or sponsor for an extracurricular athletic activity;

(2) except as provided by Subsection (f), a physician who is employed by a school or school district or who volunteers to assist with an extracurricular athletic activity; and

(3) a director responsible for a school marching band.

(c) The safety training program must include:

(1) certification of participants by the American Red Cross, the American Heart Association, or a similar organization or the University Interscholastic League, as determined by the commissioner;

(2) annual training in:

(A) emergency action planning;

(B) cardiopulmonary resuscitation if the person is not required to obtain certification under Section 33.086;

(C) communicating effectively with 9-1-1 emergency service operators and other emergency personnel; and

(D) recognizing symptoms of potentially catastrophic injuries, including head and neck injuries, concussions, injuries related to second impact syndrome, asthma attacks, heatstroke, cardiac arrest, and injuries requiring use of a defibrillator; and

(3) at least once each school year, a safety drill that incorporates the training described by Subdivision (2) and simulates various injuries described by Subdivision (2)(D).

(d) A student participating in an extracurricular athletic activity must receive training related to:

(1) recognizing the symptoms of injuries described by Subsection (c)(2)(D); and

(2) the risks of using dietary supplements designed or marketed to enhance athletic performance.

(e) The safety training program and the training under Subsection (d) may each be conducted by a school or school district or by an organization described by Subsection (c)(1).

(f) A physician who is employed by a school or school district or who volunteers to assist with an extracurricular athletic activity is not required to complete the safety training program if the physician attends a continuing medical education course that specifically addresses emergency medicine for athletic team physicians.

Sec. 33.203. COMPLETION OF UNIVERSITY INTERSCHOLASTIC LEAGUE MEDICAL HISTORY FORM. (a) Each student participating in an extracurricular athletic activity must complete the University Interscholastic League forms entitled "Preparticipation Physical Evaluation--Medical History" and "Acknowledgment of Rules." Each form must be signed by both the student and the student's parent or guardian.

(b) Each form specified by Subsection (a) must clearly state that failure to accurately and truthfully answer all questions on a form required by statute or by the University Interscholastic League as a condition for participation in an extracurricular athletic activity subjects a signer of the form to penalties determined by the University Interscholastic League.

(c) The "Preparticipation Physical Evaluation--Medical History" form must contain the following statement:

"An individual answering in the affirmative to any question relating to a possible cardiovascular health issue, as identified on the form, should be restricted from further participation until the individual is examined by the individual's primary care physician. Ultimately, the individual may need to be evaluated by a cardiologist and/or undergo cardiac testing (including an echocardiogram and/or other heart-related examination) based on the assessment by the primary care physician."

Sec. 33.204. CERTAIN UNSAFE ATHLETIC ACTIVITIES PROHIBITED. A coach, trainer, or sponsor for an extracurricular athletic activity may not encourage or permit a student participating in the activity to engage in any unreasonably dangerous athletic technique that unnecessarily endangers the health of a student, including using a helmet or any other sports equipment as a weapon.

Sec. 33.205. CERTAIN SAFETY PRECAUTIONS REQUIRED. (a) A coach, trainer, or sponsor for an extracurricular athletic activity shall at each athletic practice or competition ensure that:

- (1) each student participating in the activity is adequately hydrated;
- (2) any prescribed asthma medication for a student participating in the activity is readily available to the student;
- (3) emergency lanes providing access to the practice or competition area are open and clear; and
- (4) heatstroke prevention materials are readily available.

(b) If a student participating in an extracurricular athletic activity, including a practice or competition, becomes unconscious during the activity, the student may not:

(1) return to the practice or competition during which the student became unconscious; or

(2) participate in any extracurricular athletic activity until the student receives written authorization for such participation from a physician.

Sec. 33.206. COMPLIANCE; ENFORCEMENT. (a) On request, a school shall make available to the public proof of compliance for each person enrolled in, employed by, or volunteering for the school who is required to receive safety training described by Section 33.202.

(b) The superintendent of a school district or the director of a school subject to this subchapter shall maintain complete and accurate records of the district's or school's compliance with Section 33.202.

(c) A school campus that is determined by the school's superintendent or director to be out of compliance with Section 33.202, 33.204, or 33.205 shall discontinue all extracurricular athletic activities offered by the school campus, including all practices and competitions, until the superintendent or director determines that the school campus is in compliance.

Sec. 33.207. CONTACT INFORMATION. (a) The commissioner shall maintain an existing telephone number and an electronic mail address to allow a person to report a violation of this subchapter.

(b) Each school that offers an extracurricular athletic activity shall prominently display at the administrative offices of the school the telephone number and electronic mail address maintained under Subsection (a).

Sec. 33.208. NOTICE REQUIRED. (a) A school that offers an extracurricular athletic activity shall provide to each student participating in an extracurricular athletic

activity and to the student's parent or guardian a copy of the text of Sections 33.201-33.207 and a copy of the University Interscholastic League's parent information manual.

(b) A document required to be provided under this section may be provided in an electronic format unless otherwise requested by a student, parent, or guardian.

Sec. 33.209. INCORPORATION OF SAFETY REGULATIONS. The University Interscholastic League shall incorporate the provisions of Sections 33.203-33.207 into the league's constitution and contest rules.

Sec. 33.210. IMMUNITY FROM LIABILITY. An action taken under this subchapter is not considered to be a ministerial act for purposes of Section 22.0511.

SECTION 2. Subchapter D, Chapter 33, Education Code, is amended by adding Section 33.087 to read as follows:

Sec. 33.087. AVAILABILITY OF AUTOMATED EXTERNAL DEFIBRILLATOR. Each school district shall make available at each University Interscholastic League athletic practice or competition in the district an automated external defibrillator, as defined by Section 779.001, Health and Safety Code.

SECTION 3. Subchapter A, Chapter 38, Education Code, is amended by adding Section 38.017 to read as follows:

Sec. 38.017. AVAILABILITY OF AUTOMATED EXTERNAL DEFIBRILLATOR. Each school district shall make available at each campus in the district an automated external defibrillator, as defined by Section 779.001, Health and Safety Code.

SECTION 4. (a) Sections 33.087 and 38.017, Education Code, as added by this Act, apply beginning with the 2007-2008 school year.

(b) Subchapter F, Chapter 33, Education Code, as added by this Act, applies beginning with the 2008-2009 school year.

SECTION 5. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2007.

CHAPTER 779. AUTOMATED EXTERNAL DEFIBRILLATORS

§ 779.001. DEFINITION. In this chapter, "automated external defibrillator" means a heart monitor and defibrillator that:

(1) has received approval from the United States and Drug Administration of its premarket notification filed under 21 U.S.C. Section 360(k), as amended;

(2) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without interpretation of cardiac rhythm by an operator, whether defibrillation should be performed; and

(3) on determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999

§ 779.002. TRAINING. (a) A person or entity that acquires an automated external defibrillator shall ensure that

(1) each user of the automated external defibrillator receives training given or approved by the Texas Department of Health in:

- (A) cardiopulmonary resuscitation; and
- (B) use of the automated external defibrillator

and

(2) a licensed physician is involved in the training program to ensure compliance with the requirements of this chapter

(b) The Texas Department of Health shall adopt rules establishing the minimum requirements for the training required by this section. In adopting rules under this section, the Texas Department of Health shall consider the guidelines for automated external defibrillator training approved by the American Heart Association, the American Red Cross, or another nationally recognized association.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999

§ 779.003. MAINTENANCE OF AUTOMATED EXTERNAL DEFIBRILLATOR. A person or entity that owns or leases an automated external defibrillator shall maintain and test the automated external defibrillator according to the manufacturer's guidelines.

<http://www.capitol.state.tx.us/statutes/docs/HS/content/htm/hs.009.00.000779.00.htm>

§ 779.004. USING AN AUTOMATED EXTERNAL DEFIBRILLATOR. A person or entity that provides emergency care to a person in cardiac arrest by using an automated external defibrillator shall promptly notify the local emergency medical services provider.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999.

§ 779.005. NOTIFYING LOCAL EMERGENCY MEDICAL SERVICES PROVIDER. When a person or entity acquires an automated external defibrillator, the person or entity shall notify the local emergency medical services provider of the existence, location, and type of automated external defibrillator.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999.

§ 779.006. LIABILITY EXEMPTION. The prescribing physician who authorizes the acquisition of an automated external defibrillator in accordance with this chapter, a person or entity that provides approved training in the use of an automated external defibrillator in accordance with this chapter, and the person or entity that acquires the automated external defibrillator and meets the requirements of this chapter are not liable for civil damages for such prescription, training, or acquisition unless the conduct is wilfully or wantonly negligent. Any person or entity that acquires an automated external defibrillator and negligently fails to comply with the requirements of this chapter is liable for civil damages caused by such negligence.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999.

§ 779.007. POSSESSION OF AUTOMATED EXTERNAL DEFIBRILLATORS. Each person or entity, other than a licensed practitioner, that acquires an automated external defibrillator shall ensure that:

(1) the automated external defibrillator has been delivered to that person or entity by a licensed practitioner in the course of his professional practice or upon a prescription or other order lawfully issued in the course of his professional practice; or

(2) if the automated external defibrillator is acquired for the purpose of sale or lease, the person or entity shall be in conformance with the applicable requirements found in Section 483.041, Health and Safety Code.

Added by Acts 1999, 76th Leg., ch. 679, § 1, eff. Sept. 1, 1999.

§ 779.008. HOSPITAL EXEMPTION. This chapter shall not apply to hospitals licensed under Chapter 241, Health and Safety Code.

<http://www.capitol.state.tx.us/statutes/docs/HS/content/htm/hs.009.00.000779.00.htm>



**American
Red Cross**

Good Samaritan Law

State of Texas

We have received many requests for a copy of the Texas Good Samaritan Law. The following is a statement of the law. (Remember, every state has a different law)

ART. 1A. EMERGENCY CARE; RELIEF FROM LIABILITY FOR CIVIL DAMAGES.

*** Amended by Acts 1977, 65 Leg., p. 2054, ch. 817, 21.02 eff. Aug. 29**

No person shall be liable for civil damages who administers emergency care in good faith:

- (1) at the scene of an emergency or in hospital for acts performed during the emergency unless such acts are willfully or wantonly negligent; provided that nothing herein shall apply to the administering of such care where the same is rendered for remuneration or with the expectation remuneration or is rendered by a person or agent of a principal who was at the scene of an accident or emergency because he or his principal was soliciting business or seeking to perform some services for remuneration; and further provided that this action shall not apply to a person who regularly administers care in a hospital emergency room or to an admitting physician, or to a treating physician associated by the admitting physician of the patient bringing a health care liability claim:
- (2) as emergency medical service personnel not licensed in the healing arts unless the emergency care is willfully or wantonly negligent or no remuneration is expected as a result of the rendition of the service.

House Bill No. 580

Section 2. Section 74.001 (a), Civil Practice and Remedies Code, is amended to read as follows:

- (a) A person who in good faith administers emergency care, including using an automated external defibrillator, at the scene of an emergency but not in a hospital or other health care facility or means of medical transport is not liable in civil damages for an act performed during the emergency unless the act is wilfully or wantonly negligent.

SECTION 3: This Act takes effect September 1, 1999, and applies to a person or entity that possesses an automated external defibrillator on the effective date of this Act or acquires an automated external defibrillator on or after that date.

TexasGoodSamaritan



Together, we can save a life