

The Vermont Public Access Defibrillation Statute
September 17, 2009

The Vermont Statute relating to public use of automated defibrillators was amended by the 2009 Legislature to provide for use of an AED by untrained persons and without physician oversight. The revisions in the VT statutes have not yet been published. The language below is a summary of the action taken by the legislature

Act No. 7

(H.34) relating to Sec. 2. 18 V.S.A. § 907

Automated external defibrillators

This act provides Good Samaritan limited immunity to any person, except a health care provider or emergency medical provider acting in the normal course of his or her duties, who provides emergency care by the use of an automated external defibrillator (AED), owns a premises on which an AED is located, or provides a training course in the operation of an AED. Current law provides such immunity only if the person has complied with certain education and training requirements related to AEDs. The act also removes the prohibition in current law on using an AED before the education and training requirements are completed, and removes the requirement that any person who owns or leases an AED maintain a relationship with a physician to provide technical assistance and consultation regarding its use.

Date Signed by the Governor: May 1, 2009

Effective Date: On passage (May 1, 2009, the date on which the governor signed the bill)

The language below is the original version of Vermont's public access defibrillation statute as it was enacted in 2000. This language does not reflect the changes described above.

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. LEGISLATIVE INTENT

(a) The use of automated external defibrillators (AEDs) addresses an important public health problem in Vermont. It is the intent of the legislature to allow and encourage availability and training in the use of AEDs for purposes of saving victims of cardiac arrest. The legislature encourages access to AEDs and the dissemination of relevant educational information to businesses, fire and police departments, and other public and private organizations throughout the state.

(b) It is the intent of the legislature that response to medical emergencies by fire and police departments be a secondary responsibility, and only for the purpose of providing timely emergency care for which they are trained, until the arrival of the rescue squad or first responder.

Sec. 2. 18 V.S.A. § 907 is added to read:

§ 907. AUTOMATED EXTERNAL DEFIBRILLATORS

(a) "Automated external defibrillator (AED)" means a medical device approved by the United States Food and Drug Administration, that:

(1) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia;

(2) is capable of determining whether defibrillation should be performed on an individual;

(3) upon determination that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart; and

(4) then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.

(b) No person may operate an AED unless the person has successfully completed a training course in the operation of the AED approved by the American Red Cross, the American Heart Association, or by the department, in cardiopulmonary resuscitation and use of a defibrillator. The department of health may provide periodic training bulletins and other information to persons owning and using the AED. The training course in cardiopulmonary resuscitation (CPR) and in the use of an AED shall be either a course offered by the American Heart Association or the American Red Cross. A person using an AED shall be certain that emergency personnel have been summoned by calling 911. This prohibition and training requirement shall not apply to a health care provider, as defined in section 9432(8) of this title, if the person has received appropriate training in the use of the AED as part of his or her education or training.

(c) Any person who owns or leases an AED shall:

(1) maintain a relationship with a physician to provide technical assistance and consultation regarding the selection and location of an AED, training of potential operators, protocols for use, and individual case review;

(2) notify the department of the existence, location, and type of device it possesses; and

(3) maintain and test the device in accordance with the applicable standards of the manufacturer and any rule adopted by the department.

(d)(1) Any person, other than a person defined as a health care provider by section 9432(8) of this title, who acts in good faith and has complied in all material respects with the requirements of subsections (b) and (c) of this section and who renders emergency care by the use of an AED, acquires an AED, or is a licensed physician providing technical assistance to a person acquiring an AED, shall not be liable for civil damages for that person's acts or omissions unless those acts or omissions were grossly negligent or willful and wanton.

(2) This subsection shall not relieve an AED manufacturer, designer, developer, distributor, installer, or supplier of any liability under any applicable statute or rule of law.

Approved: May 17, 2000