



WVU Standard Operating Procedures
For the
West Virginia Early Defibrillation Program
West Virginia State Code-Chapter 16, Article 4D

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1. Purpose

West Virginia University (WVU) is dedicated to providing safe and healthful facilities for all employees and students and complying with Federal and State occupational health and safety standards. An Automated External Defibrillator (AED) in the workplace can greatly increase the person's chance of survival in the event of sudden cardiac arrest. This Standard Operating Procedure (SOP) is designed to identify and designate responsibilities for the implementation of the West Virginia Early Defibrillation Program as outlined in the West Virginia State Code, Chapter 16, Article 4D.

2. Scope

This program covers University employees and areas where AEDs are located and made available.

3. Definitions

AED Program Coordinator-the building or department on-site designated person responsible for overseeing the day-to-day activities of the program; assigned by the building supervisor or their designee.

Anticipated operator-any person trained in accordance with Section 5 of this document who utilizes an automated external defibrillator which was placed through the early defibrillation program.

Automated external defibrillator (AED)-a medical device heart monitor and defibrillator that (1) has undergone the premarket approval process pursuant to the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §360, as amended; (2) is capable of recognizing the presence or absence of ventricular fibrillation; (3) is capable of determining, without intervention by the operator, whether defibrillation should be performed; and (4) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

WV Early Defibrillation Program-a coordinated program that meets the requirements of the West Virginia State Code, Chapter 16, Article 4D and provides early public access to defibrillation for individuals experiencing sudden cardiac arrest through the use of an automated external defibrillator.

Emergency medical services (EMS)-all services established by the Emergency Services Act of 1973 in the West Virginia State Code, Chapter 16, Article 4C, including, but not limited to, the emergency medical services plan of the Department of Health and Human Resources who provides a response to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury.

Medical director-a duly licensed physician who serves as the designated medical coordinator for an entity's early defibrillation program.

Unanticipated operator-any person rendering emergency medical care involving the use of an AED.

4. Responsibilities

4.1 Medical Director

Medical oversight is an important part of the AED program and involves the following duties:

1. WVU Occupational Medicine shall appoint a physician to serve as Medical Director of the WVU Early Defibrillation SOP.
2. The Medical Director is responsible for signing the Office of EMS registration application and reviews each AED Patient Contact Form.
3. The Medical Director delegates the coordination of training, EMS integration, and AED deployment strategies to the AED Program Coordinator
4. The Medical Director will review and update program requirements in conjunction with WVU Environmental Health and Safety.
5. Send completed Patient Contact Form (See **Appendix B Page 10**) to the Regional EMS Field Office located at 1829 Pleasant Valley Road, Fairmont, WV 26554.

4.2 Environmental Health and Safety

The duties of EHS include:

1. Appoint WVU EHS AED contact;
2. Assist with AED selection and placement;
3. Document and maintain AED locations as received by departments in coordination with the WVU Police Department;
4. Coordinate CPR/AED training;
5. Track recordkeeping data;
6. Communicate AED requests with department program coordinator.

4.3 University Police

The WVU University Police Department (UPD) will work with Environmental Health and Safety to document and maintain AED locations as received by departments. The UPD will notify EHS in the event of AED usage.

4.4 AED Program Coordinator(s)

The program coordinator is the building or department on-site designated person(s) responsible for overseeing the day-to-day activities of the program. The program coordinator will coordinate training with EHS, ensure EMS integration, and develop AED deployment strategies. The building supervisor or their equivalent is responsible for assigning the coordinator. Possible program coordinators are: building supervisors, departmental supervisors, safety committee members, or chemical hygiene officers. Please contact EHS if assistance is needed in selecting a coordinator. The duties of the program coordinator include:

Prior to AED Purchase:

- 1) Review the WV Office of EMS Early Defibrillation Program Registration Guidelines packet in **Appendix B**.
- 2) Coordinate with building supervisor regarding placement of AED;
- 3) Consult with WVU Campus Planning and University Relations (Branding and Marketing) to obtain WVU standardized signage for AED.

After AED Purchase:

- 1) Place AED in an accessible location;
- 2) Ensure all anticipated operators are aware of AED locations;
- 3) Complete the AED registration for WVU found in **Appendix A**;
- 4) Register the AED with WV Office of EMS Early Defibrillation Program Registration Guidelines packet in **Appendix B**. In order to complete the WV Early Defibrillation Program, the following must be accomplished:
 1. The AED Program Coordinator completes the registration application (see **Appendix B Pages 7-9**) and returns it to the Regional EMS Field Office located at 1829 Pleasant Valley Road, Fairmont, WV 26554.
 2. The AED Program Coordinator obtains an American Red Cross (ARC) or American Heart Association (AHA) course of instruction for each program provider/AED operator.
 3. The AED Program Coordinator prepares and administers the entity's AED maintenance program (see manufacturer's guidelines).
 4. The AED Program Coordinator retains the services of a licensed physician to be the Early Defibrillation Program Medical Director. The Medical Director signs the

entity's registration application and reviews each AED patient contact. The AED Program Coordinator agrees to coordinate training, EMS integration, AED deployment strategies as delegated by the Medical Director. **WVU Occupational Medicine shall serve as the Medical Director of the WVU Early Defibrillation SOP. WVU Occupational Medicine can be contacted by calling 293-3693.**

5. The AED Program Coordinator confers with the local EMS agency and 911 center to establish a brief written plan for notification of the EMS system in case of an AED patient contact (See **Appendix B Page 9**). This plan is to be submitted to the Regional EMS Field Office with the registration application. The addresses of Regional EMS Field Offices can be found in **Appendix B page 11**.
6. The AED Program Coordinator prepares the list of AED operators affiliated with the entity including the operators' training. This list is part of the entity registration application submitted to the Regional EMS Field Office (**Appendix B Page 8**).
- 4) Ensure AED is in proper working order;
- 5) Maintain AED per manufacturer's recommendations;
- 6) Coordinate training with EHS

After AED Usage:

- 1) Notify:
 - a) Medical Director appointed by WVU Occupational Medicine (304-293-3693)
 - b) EHS AED Contact – (304-293-7094 or 304-293-5814)
 - c) UPD (304-293-COPS)
2. Complete and submit an AED Patient Contact Form (See **Appendix B Page 10**) whenever an AED operator uses the AED on a patient. The form is submitted to the Medical Director appointed by WVU Occupational Medicine.
3. Follow manufacturer's recommendations for servicing AED after use (such as replacing pads).

Notify EHS of removal or retirement of an AED from service.

Training

5.1 The West Virginia State Code requires that anticipated AED users complete training in cardiopulmonary resuscitation (CPR) and in the operation of an AED.

5.2 Training must be provided by a nationally recognized program approved by the WV Office of EMS, such as the American Red Cross or the American Heart Association.

The approved American Red Cross course is:

Adult CPR/AED training Course

The approved American Heart Association courses are:

- Heartsaver AED (with skills-station and exam)
- Heartsaver FACTS
- Healthcare Provider (with AED module and exam)
- ACLS Provider Course
- ACLS Instructor Course

5.3 Contact EHS at 304-293-7094 to schedule training. First Aid/CPR/AED training dates and registration information can be found on the EHS website at <http://www.ehs.wvu.edu/training/first-aid-cpr-aed-monthly-schedule>

5.4 All departmental personnel trained in First Aid/CPR/AED should be documented on **Page 8 of Appendix B.**

6. Procedures

6.1 Locating an AED

A complete list of AEDs on WVU campuses can be found at: <https://goo.gl/B1duxw>

6.2 Selection

There are many readily available types of AEDs that are suitable for workplace use. Key features should include:

1. Lightweight and portable;
2. Easy to use, safe, and effective;
3. Automatically analyzes heart rhythms;
4. Determines whether defibrillation is advised;
5. Guides the user through defibrillation;
6. Self-checking protocols; and
7. Prompts the rescuer to begin CPR.

6.3 AED Placement

AEDs are most effective when they can deliver a shock within 3 to 5 minutes after a person collapses. When deciding where to place an AED, use a 3 minute response time as a guide.

1. AEDs need to be visible and easily identifiable.

2. Signage must follow WVU requirements found in <http://facilitiesmanagement.wvu.edu/files/d/e136db10-d3d4-4bb1-9502-b47341671b84/101410.pdf>
 - a. Signage should include the contact information of the AED program coordinator in the event of AED maintenance issues and after AED usage.
 - b. UPD contact information should also be included.
3. Reception areas, walls of main corridors, cafeterias, and near elevators may be ideal places for AEDs.
4. Registration of the actual location of each AED is to be completed on the link provided in **Appendix A**.

6.4 Registration and Notifications

All WVU department AED program coordinators must adhere to the requirements of the attached WV Early Defibrillation program and complete the documentation found in Appendix B pages 7-9. See section 4.4 for details. Send the completed documentation to:

1. WV Office of EMS
2. Local 911
3. Local EMS
4. EHS

In order to complete the WV Early Defibrillation Program, the following must be accomplished:

1. The AED Program Coordinator completes the enclosed application (see **Appendix B Pages 7-9**) and returns it to the Regional EMS Field Office. See **Appendix B Page 11** for the list of Regional Field Offices. The regional office for Monongalia County is located at 1829 Pleasant Valley Road, Fairmont, WV 26554.
2. The AED Program Coordinator obtains an American Red Cross (ARC) or American Heart Association (AHA) course of instruction for each program provider/AED operator.
3. The AED Program Coordinator prepares and administers the entity's AED maintenance program (see manufacturer's guidelines).
4. The AED Program Coordinator retains the services of a licensed physician to be the Early Defibrillation Program Medical Director. The Medical Director signs the entity's registration application and reviews each AED patient contact. The AED Program Coordinator agrees to coordinate training, EMS integration, AED deployment strategies

as delegated by the Medical Director. **WVU Occupational Medicine shall serve as the Medical Director of the WVU Early Defibrillation SOP. WVU Occupational Medicine can be contacted by calling 293-3693.**

5. The AED Program Coordinator confers with the local EMS agency and 911 center to establish a brief written plan for notification of the EMS system in case of an AED patient contact. This plan is to be submitted to the Regional EMS Field Office with the registration application. (See **Appendix B Pages 9**).

6. The AED Program Coordinator prepares the list of AED operators affiliated with the entity including the operators' training. This list is part of the entity registration application submitted to the Regional EMS Field Office. (See **Appendix B Page 8**).

7. The Program's Official Representative completes and submits an AED Patient Contact Form whenever an AED operator uses the AED on a patient (see **Appendix B Page 10**).

6.5 Maintaining and Testing AEDs

AEDs must be maintained and tested in accordance with the manufacturer's guidelines. Written records of maintenance and testing must be kept by the AED program coordinator or another designated person. The costs associated with maintaining the AED such as replacing pads and batteries are the responsibility of the Department.

A checklist will be used to assess the readiness of AEDs and their supplies. Use the maintenance checklist found in the AED operating manual as a guide. Original completed maintenance checks shall be kept on file with the Program Coordinator.

6.6 Data Collection and Reporting

West Virginia State Law requires AED use to be reported to the WV Office of EMS. To ensure this reporting occurs, follow the steps below after AED use:

1. Contact EHS (304-293-7094 or 304-293-5814) immediately after an AED incident or within 24 hours.
2. EHS will notify WVU Occupational Medicine (304-293-3693) immediately upon notification of incident, or as soon as possible.
3. Complete the appropriate paperwork, forward it to the medical director, who will deliver it to the regional WV Office of EMS (**Appendix B page 10**).

NOTICE: Call 911 immediately if someone is experiencing a cardiac emergency, then provide appropriate care. If the AED is used, the program coordinator will notify EHS/UPD at 304-293-3792 or ehs.wvu.edu immediately after incident within 24 hours.

7. Recordkeeping

7.1 Record Retention

1. Training – records of all training provided, per Section 5 of this document, will be maintained on file at EHS for the length of the individual’s employment plus a minimum of 30 years.
2. Maintenance Checklists – records of the maintenance checklists performed per manufacturer’s guidelines will be kept on file with the AED Program Coordinator of the department in ownership for a minimum of 3 years.
3. Location/Number of AEDs – EHS will maintain a record of the location and number of all AEDs on WVU campuses.

8. References

8.1 Regulations

1. West Virginia State Code, Chapter 16, Article 4D
2. Federal Food, Drug and Cosmetic Act, 21 U.S.C. §360
3. West Virginia EMS Early Defibrillation Registration Guidelines

9. AED Standard Operating Procedure Review

The Early Defibrillation SOP will be reviewed as necessary by the University Police Department, Environmental Health and Safety and WVU Occupational Medicine. The SOP will be updated and changed as needed in response to concerns of management, employees, or changes to code regulations.

10. AED Standard Operating Procedure Revisions

Explanation of Change – Any revisions to the Early Defibrillation SOP will include an explanation for the change needed and how it will affect the current adopted SOP.

Changes from Last Revision – Changes to the current Early Defibrillation SOP will include changes from the last revision.

Appendix A

Link to Register an AED with WVU:

<https://goo.gl/Zx5q4E>

Appendix B

West Virginia Early Defibrillation Program Registration Guidelines

http://www.wvoems.org/media/319120/early_defibrillation_program01272017.pdf

Early Defibrillation Program Registration Guidelines



West Virginia Department of
Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services

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Introduction

During the 1999 Legislative Session, House Bill 2269 was passed, amending Chapter 16 Article 4C of the West Virginia State Code, authorizing the West Virginia Office of Emergency Medical Services to “register early defibrillation programs”. Working in partnership with the American Heart Association, American Red Cross, EMS, fire fighting, and law enforcement communities, the Legislation established definitions and criteria for entities providing early defibrillation programs including training, medical direction, protocols, and notification of local EMS systems.

Purpose

The 1999 Legislature agreed with the scientific findings of the American Heart Association and others that as many as 250,000 Americans each year suffer from out-of-hospital sudden cardiac arrest. The medical/scientific community believes that 95% of these incidents result in death, and many of these deaths can be prevented if properly trained individuals could provide early automatic external defibrillation.

The Legislature felt very strongly that communities have invested significantly in enhanced 911 and emergency medical services systems. They indicated that early defibrillation programs had to meet certain standards and be coordinated with local 911 and EMS systems.

Program Requirements

The Legislation requires that “an entity providing an early defibrillation program shall”:

1. Register the program with the Office of Emergency Medical Services, pursuant to article four-c of this chapter, identifying the placement of AEDs, training of AED operators, preplanned EMS system coordination, designation of a medical director, maintenance of AED equipment and reports of AED utilization;
2. Require the operator of an AED to receive appropriate training in cardiopulmonary resuscitation, referred to as “CPR”, in the operation of an AED and in the determination of advance directives from the American Heart Association, American Red Cross, any other nationally recognized course in CPR and AED, or an AED and CPR training program approved by the Office of Emergency Medical Services;
3. Maintain and test the AED in accordance with the manufacturer’s guidelines, and keep written records of this maintenance and testing;
4. Designate a medical director for the coordination of the program, which shall include, but not be limited to, training, coordinating with EMS, creating AED deployment strategies and reviewing each operation of an AED;
5. Notify the local EMS system and public safety answering point or other appropriate emergency dispatch center of the existence of an entity’s early defibrillation program, the location of the program and the program’s plan for coordination with the EMS system;
6. Provide that an operator of an AED who renders emergency care or treatment on a person experiencing cardiac arrest shall activate the EMS system as soon as possible and shall report the use of an AED to the program medical director; and
7. Comply with the guidelines of the West Virginia Office of Emergency Medical Services regarding data collection and reporting.

How To Meet Program Requirements

1. The Program's Official Representative completes the enclosed application (page 7) and returns it to the Regional EMS Field Office (see map of field office locations).
2. The Program's Official Representative obtains an American Red Cross (ARC) or American Heart Association (AHA) course of instruction for each program provider/AED operator (see list of courses and contacts for ARC and AHA).
3. The Program's Official Representative prepares and administers the entity's AED maintenance program (see manufacturer's guidelines).
4. The Program's Official Representative retains the services of a licensed physician to be the Early Defibrillation Program Medical Director. This individual signs the entity's registration application and agrees to coordinate training, EMS integration, AED deployment strategies, and reviews each AED patient contact.
5. The Program's Official Representative confers with the local EMS agency and 911 center to establish a brief written plan for notification of the EMS system in case of an AED patient contact. This plan is to be submitted to the Regional EMS Field Office with the registration application (a sample plan can be found on page 9).
6. The Program's Official Representative prepares the list of AED operators affiliated with the entity including the operators' training. This list is part of the entity registration application submitted to the Regional EMS Field Office.
7. The Program's Official Representative completes and submits an AED Patient Contact Form whenever an AED operator uses the AED on a patient (submit the form as specified).

How Does Being Compliant Help?

1. Being compliant with the provisions for an early defibrillation program:
 - a. Means you are **lawfully** performing a vital function for your community;
 - b. According to the Automated External Defibrillator section of Chapter 16 Article 4D, you as an AED provider are “not liable for civil damages as a result of any act or omission in rendering emergency medical care or treatment involving the use of an AED if the care or treatment does not amount to gross negligence, and the following conditions are met:
 1. The person, entity, certified trainer or medical director of the early defibrillation program is in compliance with the provisions of section three of this article, and;
 2. The person is an operator of an AED who gratuitously and in good faith rendered emergency medical care, pursuant to the requirements of section three of this article, other than in the ordinary course of the person’s employment or profession.”

Note: “Section three of this article” refers to the actual legislation in code.
 - c. Means you are supporting your local 911 center and EMS system by involving them in your planning and operations.
 - d. Means you are giving your program medical accountability and credibility by obtaining a physician medical director.
 - e. Means you are guiding the future of AED use in the state by filling out and mailing the Patient Contact Forms when you operate an AED with a patient. This data will allow researchers to determine trends on deployment strategies, program viability, patient response, etc.

What Can't You Do?

1. You **can't** respond with an AED off-site to provide this service unless you are a licensed EMS agency or have an Affiliation Agreement with a licensed EMS agency. Early defibrillation programs are established for use on-site and should be placed in a central location. Vehicles used on-site, i.e., a coal mine or industrial facility may be used to transport the AED for use elsewhere on the site.

Site examples are:

- a. Sports Complexes
 - b. Churches
 - c. Industrial Sites/Coal Mines
 - d. Schools
 - e. Community Swimming Pools
 - f. Retail Stores
 - g. Others as agreed upon
2. An individual responder cannot provide medical assistance above the level of his/her training, certification or professional license, and the regulations associated with such training, certification or professional license.

Approved Training Courses

The Office of EMS has approved several courses of instruction from two current sources - the American Red Cross and the American Heart Association. Others will be reviewed as necessary.

The approved American Red Cross course is:

- ! Adult CPR/AED Training Course

The approved American Heart Association courses are:

- ! Heartsaver AED (with skills-station and exam)
- ! Heartsaver FACTS
- ! Healthcare Provider (with AED module and exam)
- ! ACLS Provider Course
- ! ACLS Instructor Course

Training Contacts:

American Red Cross:

Karen Shuster, Director, Health and Safety Services
or
American Red Cross, North Central WV Chapter
718 West Pike Street
Clarksburg, WV 26301

Phone: Main Office Number: 304-624-7689
 Cell Number: 304-476-2812

American Heart Association:

Megan Bibler, ECC Regional Associate
American Heart Association
5455 North High Street
PO Box 163549
Columbus OH, 43216-3549

Phone: 1-800-282-0291 Extension 360

For further information or assistance - contact your Regional EMS Field Office (see the attached map).

Early Defibrillation Program Registration Application

Date:

Entity Requesting Program Registration:

Program Official:

Name: _____ Phone: _____

Signature: _____ E-mail: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Physical Address:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Medical Director:

Name: _____ WV License #: _____

Signature: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

AED Locations: (Attach more sheets if needed)

Number of AED's to be deployed:

Note: This form, the Early Defibrillation Program Operator Roster form, and the Early Defibrillation EMS Integration Plan make up a complete registration packet.

ENROLLED
COMMITTEE SUBSTITUTE
FOR
H. B. 2269

(By Delegates Staton, Facemyer and Martin)

[Passed March 11, 1999; in effect ninety days from passage.]

AN ACT to amend chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article four-d, relating to automated external defibrillators; setting forth legislative purposes and findings; defining terms; establishing certain criteria for entities providing an early defibrillation program, including training for designated operators within a defibrillation program; involving a physician medical director in the medical protocols of a defibrillation program; notifying emergency medical services system when an entity establishes an early defibrillation program; activating the emergency medical services system when an automated external defibrillator is used by an operator; authorizing the development of guidelines for coordination of early defibrillator programs by the office of emergency medical services; and providing limitation of liability for compliance with the statutory provisions except in instances of gross misconduct.

Be it enacted by the Legislature of West Virginia:

That chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article, designated article four-d, to read as follows:

ARTICLE 4D. AUTOMATED EXTERNAL DEFIBRILLATORS.

§16-4D-1. Purpose and findings.

(a) The West Virginia Legislature hereby finds and declares that each year more than two hundred fifty thousand Americans die from out-of-hospital incidents of sudden cardiac arrest. More than ninety-five percent of these incidents result in death and, in many cases, death occurs because properly trained persons

with life- saving automated external defibrillators arrive at the scene too late.

(b) The American Heart Association estimates that more than twenty thousand deaths could be prevented each year if early defibrillation were more widely available.

(c) Many communities around the country have invested in 911 emergency notification systems and emergency medical services, including well-trained emergency personnel and ambulance vehicles. However, in many communities, there are not enough strategically placed automated external defibrillators and persons trained to properly operate them.

(d) It is, therefore, the intent of this Legislature to improve access to early defibrillation by encouraging the establishment of automated external defibrillator programs in careful coordination with the emergency medical services system.

§16-4D-2. Definitions.

(a) "Automated external defibrillator", hereinafter referred to as AED, means a medical device heart monitor and defibrillator that: (1) Has undergone the premarket approval process pursuant to the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360, as amended; (2) is capable of recognizing the presence or absence of ventricular fibrillation; (3) is capable of determining, without intervention by the operator, whether defibrillation should be performed; and (4) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

(b) "Early defibrillation program" means a coordinated program that meets the requirements of section three of this article and one that provides early public access to defibrillation for individuals experiencing sudden cardiac arrest through the use of an automated external defibrillator.

(c) "Emergency medical services (EMS)" means all services established by the Emergency Medical Services Act of 1973 in article four-c of this chapter including, but not limited to, the emergency medical services plan of the department of health and human resources providing a response to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury.

(d) "Entity" means a public or private group, organization, business, association or agency that meets the requirements of section three of this article. "Entity" does not include emergency medical services operational programs or licensed commercial ambulance services.

(e) "Medical director" means a duly licensed physician who serves as the designated medical coordinator for an entity's early defibrillation program.

§16-4D-3. Early defibrillation programs.

(a) An entity providing an early defibrillation program shall:

(1) Register the program with the office of emergency medical services, pursuant to article four-c of this chapter, identifying the placement of AEDs, training of AED operators, preplanned EMS system coordination, designation of a medical director, maintenance of AED equipment and reports of AED utilization;

(2) Require the operator of an AED to receive appropriate training in cardiopulmonary resuscitation, referred to as "CPR", in the operation of an AED and in the determination of advance directives from the American Heart Association, American Red Cross, any other nationally recognized course in CPR and AED, or an AED and CPR training program approved by the office of emergency medical services;

(3) Maintain and test the AED in accordance with the manufacturer's guidelines, and keep written records of this maintenance and testing;

(4) Designate a medical director for the coordination of the program, which shall include, but not limited to, training, coordinating with EMS, creating AED deployment strategies and reviewing each operation of an AED;

(5) Notify the local EMS system and public safety answering point or other appropriate emergency dispatch center of the existence of an entity's early defibrillation program, the location of the program and the program's plan for coordination with the EMS system;

(6) Provide that an operator of an AED who renders emergency care or treatment on a person experiencing cardiac arrest shall activate the EMS system as soon as possible and shall report the use of an AED to the program medical director; and

(7) Comply with the guidelines of the West Virginia office of emergency medical services regarding data collection and reporting.

§16-4D-4. Limitation on liability.

A person is not liable for civil damages as a result of any act or omission in rendering emergency medical care or treatment involving the use of an AED if the care or treatment does not amount to gross negligence and the following conditions are met:

(1) The person, entity, certified trainer or medical director of the early defibrillation program is in compliance with the provisions of section three of this article; and

(2) The person is an operator of an AED who gratuitously and in good faith rendered emergency medical care, pursuant to the requirements of section three of this article, other than in the ordinary course of the person's employment or profession.