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CHAPTER 76

Automated External Defibrillators

**SECTION 44‑76‑10.** Short title.

This act may be cited as the “South Carolina Automated External Defibrillator Act”.

HISTORY: 1999 Act No. 34, Section 1.

**SECTION 44‑76‑20.** Definitions.

For purposes of this chapter:

(1) “Automated external defibrillator” or “AED” means an automated external defibrillator which is a medical device heart monitor and defibrillator that:

(a) has received approval of its pre‑market notification filed pursuant to the United States Code, Title 21, Section 360(k), from the United States Food and Drug Administration;

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

(c) upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual’s heart.

(2) “Health care professional” means a licensed physician, surgeon, physician’s assistant, nurse practitioner, or nurse.

(3) “Designated AED user” means a person identified by the person or entity acquiring an AED who has received training in the use of an AED pursuant to this chapter.

HISTORY: 1999 Act No. 34, Section 1.

**SECTION 44‑76‑30.** Training, maintenance, testing, use and reporting requirements for automated external defibrillators.

A person or entity that acquires an AED shall:

(1) require its designated AED users to have current training in CPR and AED use by the American Heart Association, American Red Cross, American Safety and Health Institute, or National Safety Council, or training from a program that meets or exceeds the training standards of these organizations;

(2) maintain and test the AED according to the manufacturer’s operational guidelines and keep written records of maintenance and testing;

(3) employ or obtain a health care professional to serve as its AED liaison;

(4) have in place an AED program approved by its AED liaison which includes CPR and AED training, AED protocol or guidelines, AED deployment strategies, and an AED equipment maintenance plan;

(5) include in its AED protocol or guidelines that a person who renders emergency care or treatment to a person in cardiac arrest caused by ventricular fibrillation/tachycardia by using an AED must activate the emergency medical services system or 911 as soon as possible; and

(6) report any clinical use of the AED to the AED liaison.

HISTORY: 1999 Act No. 34, Section 1; 2008 Act No. 206, Section 3, eff May 14, 2008.

**SECTION 44‑76‑40.** Immunity from civil liability for use of automated external defibrillator.

(1) Any person or entity acting in good faith and gratuitously shall be immune from civil liability for the application of an AED unless the person was grossly negligent in the application.

(2) Any designated AED users meeting the requirements of Section 44‑76‑30(1) and acting according to the required training shall be immune from civil liability for the application of an AED unless the application was grossly negligent.

(3) A person or entity acquiring an AED and meeting the requirements of Section 44‑76‑30 or an AED liaison meeting the requirements of Section 44‑76‑30 shall be immune from civil liability for the application of an AED by any person or entity described in items (1) or (2) of this section.

(4) A prescribing physician shall be immune from civil liability for authorizing the purchase of an AED, unless the authorization was grossly negligent.

(5) Any person or entity, acting in good faith and gratuitously, that teaches or provides a training program for cardiopulmonary resuscitation that includes training in the use of an automated external defibrillator is immune from civil liability for providing this training for use if the:

(a) person or entity has provided the training in accordance with the guidelines and policies of a national training organization, as defined in Section 44‑76‑30(1);

(b) person providing the training is authorized to deliver that course or curriculum; and

(c) training delivery was not grossly negligent.

HISTORY: 1999 Act No. 34, Section 1; 2008 Act No. 206, Section 1, eff May 14, 2008.

**SECTION 44‑76‑50.** Applicability of chapter.

The provisions of this chapter do not apply to emergency medical services, a physician’s office, or a health care facility as defined in Section 44‑7‑130(10).

HISTORY: 1999 Act No. 34, Section 1.