

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2004

A N A C T

RELATING TO HEALTH - DEFIBRILLATORS

Introduced By: Representatives McNamara, Giannini, Ginaitt, Ajello, and Cerra

Date Introduced: January 13, 2004

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 thereof the following:

2 SECTION 1. Chapter 5-50 of the General Laws entitled "Health Clubs" is hereby
3 amended by adding thereto the following section:

4 5-50-12. Defibrillators. – (a) Every health club registered with the department of
5 attorney general pursuant to this chapter shall have at least one (1) automated external
6 defibrillator (AED) on the premises. The AED will at all times be deployed in a manner in which
7 best provides accessibility to staff, members and guests. At least one (1) employee per shift must
8 be properly trained by the American Heart Association or comparable state recognized agency in
9 cardiopulmonary resuscitation (CPR) and AED, and must be on duty during hours of operation.

10 (b) Any facility that has a health club on premises that currently complies with all parts
11 within this act shall be exempted from duplication.

12 (c) A cause of action against a health club or its employees, in connection with the use or
13 nonuse of an AED, shall not exist except in cases where the health club has failed to purchase an
14 AED as required under this act and in cases of willful or wanton negligence.

15 (d) A knowing or willful violation of this section by a health club may result in
16 suspension or revocation of its registration.

17 SECTION 2. This act shall take effect on January 1, 2005.




Rhode Island State Advocacy

Rhode Island Health Club Cardiac Arrest Preparedness Act

RIGA Senate Bill #04-2948A & House Bill #04-7373

American Stroke
Association
A Division of American
Heart Association

American Heart
Association

Learn and Live.

STATUS

2948: HELD IN COMMITTEE BY CHAIRPERSON GIANNINI

(SEN. POLISENA, *SPONSOR*)

7373: HELD IN COMMITTEE BY CHAIRPERSON GIANNINI

(REP. GINAITT, *SPONSOR*)

OVERVIEW

Each year, more than 250,000 Americans die from sudden cardiac arrest. Sudden cardiac arrest occurs when the heart fibrillates, a chaotic, abnormal electrical activity of the heart, which causes the heart to quiver in an uncontrollable fashion. When the heart twitches in this manner, it cannot pump blood, and the person loses consciousness.

This is distinguished from a heart attack, which occurs when the blood supply to part of the heart muscle is severely reduced or stopped because of an obstruction in an artery. The distinction is important because, while both heart attack and cardiac arrest are medical emergencies, a person suffering from cardiac arrest literally has only minutes to live. Chances of survival from sudden cardiac arrest decrease by 7% to 10% for each minute that passes without defibrillation. Immediate defibrillation can therefore mean the difference between life and death for the victim.

As a result of technological advances, there is now a portable lifesaving device called an "Automated External Defibrillator" (AED), which can be used when a person suffers from sudden cardiac arrest. The AED is used to administer an electric current through the chest wall to the heart. Built in computers assess the patient's heart rhythm, judge whether defibrillation is needed and then administer the shock. This electric shock momentarily stuns the heart, stopping all activity and allowing the heart an opportunity to resume beating effectively.

At least 20,000 lives could be saved annually by the prompt use of AEDs. Since the AED device guides the user through the process by audible or visual prompts without requiring any discretion or judgment, trained non-medical personnel can use AEDs to treat a person in cardiac arrest. Most AEDs are designed to be used by personnel such as police, firefighters, flight attendants, security guards and other lay rescuers who have been properly trained.

The effectiveness of AEDs is proven. Studies have shown the devices to be 90% sensitive, able to detect a rhythm that should be defibrillated 90% of the time, and 99% specific, able to recommend not shocking when defibrillation is not indicated 99% of the time. People who survive a sudden cardiac arrest have a very good chance of long-term survival. Approximately 83% of sudden cardiac arrest survivors live at least 1 year and 57% survive for 5 years or more.

RECOMMENDATION

The Rhode Island Health Club Cardiac Arrest Preparedness Act would maximize lives saved in health and fitness facilities across the Ocean State. In public access defibrillation, the technology of defibrillation and training in its use are accessible to the community, such as health and fitness facilities, which have the potential to include persons of high-risk in their facilities. Unfortunately, not every health and fitness center client shares their complete relevant medical history with their personal trainer. Exercising can reduce your risk of cardiovascular diseases if one does not already have a personal history of cardiovascular disease. If one has a personal history of cardiovascular disease, one's chances of an occurrence of cardiac arrest actually increases if they are not exercising at a program that is tailored to their ability and current health status. This is why we encourage that these facilities have written emergencies policies and procedures that are practiced regularly, designate staff members who are trained in cardiopulmonary resuscitation (CPR) and function as first responders during hours of operation, train staff to recognize and assess cardiac arrest, contact E-911, conduct CPR, and administer AED.

For more information, please contact Nicholas A. Oliver, State Director of Advocacy, at (401) 274-4544 or noliver@heart.org