

PS COMMITTEE #2  
October 22, 2009

**MEMORANDUM**

October 20, 2009

TO: Public Safety Committee  
FROM: Minna K. Davidson, <sup>MKD</sup>Legislative Analyst  
SUBJECT: Automatic External Defibrillators in County buildings

The following individuals are expected to attend:

Richard Bowers, Fire Chief, Montgomery County Fire and Rescue Service (MCFRS)  
Steve Lohr, Chief, Operations Division, MCFRS  
Mike McAdams, Assistant Chief, Emergency Medical Services Section, MCFRS

In January 2008, it came to the Council's attention that there is not a clear policy about who is responsible for maintaining AEDs in the Council Office Building. To gain a better understanding about policies for maintaining AEDs across County agencies, the Public Safety and Management and Fiscal Policy Committees held a joint session in January 2008, and the Public Safety Committee followed up in sessions in February and March 2009, and during the review of the FY10 MCFRS operating budget in April 2009.

In the 2008 joint meeting, the Committees requested, among other things, an inventory of AEDs in County agency buildings, and a plan for purchasing and maintaining defibrillators in County buildings. While MCFRS has made progress on both requests, they have not yet been completed. MCFRS staff currently estimates that much of the remaining work will be finished by mid to late November of this year.

At the last full discussion of this issue on March 5, 2009, MCFRS staff had developed steps to create a plan to maintain AEDs in County buildings. They included:

**Immediate issues (to be completed by March 19, 2009)**

- Quantify the current number of MCG AEDs, training process, maintenance, and point of contact
- Survey all MCG department directors to identify any AEDs that are not recorded, and enter them into the MCFRS AED database.

**Medium issues (to be completed by March 31)**

- Compare department program standards with MIEMSS COMAR Title 30 requirements and provide corrective action.
- Develop an MCG regulation for AED practice in MCG buildings

**Long term issues (to be completed and start development March 31, 2009)**

- Provide clarity on the future direction of AED implementation in MCG
- Provide a fiscal impact statement for any regulation or plan for the future

An MCFRS update on the above steps is attached on © 1-3, and responses to Council staff questions are on © 3-5. For the October 22 session, MCFRS staff will discuss their responses in more detail, and will comment on the issues described below.

**Issues**

**Staffing and timing:** During the review of the FY10 MCFRS operating budget, MCFRS staff said that the AED plan was under development but progress would depend on staff availability after the person who had been assigned to AED management retired on May 1, 2009. The Fire Chief said that additional work on the project after that date would be completed on overtime, but anticipated that only a small amount would be needed.

At present, staffing for the AED program is still an issue. Many of the remaining tasks have been assigned to the EMS Battalion Chief. However, on © 3, MCFRS staff has noted that without a budgeted AED manager, the future is uncertain. They estimate that the total cost to establish a Grade 20 AED manager would be \$86,000.

Council staff is concerned about the about the length of time that has elapsed while AED planning is taking place. Although the delay is partly due to the loss of a position, the extended time required to create a plan may undercut MCFRS efforts to promote the importance of public access AEDs.

**MCFRS position on AEDs:** It appears that MCFRS does not have an entirely clear position on public access AEDs. On one hand, MCFRS notes a history of more than twelve successful community-initiated resuscitations, and indicates that public access defibrillation is a high priority because the investment is minimal in comparison to the return. On the other, MCFRS says that the question of expanding the AED program for County agencies should be answered by department leaders and evaluated against mission critical objectives and current economic resources. Although MCFRS clearly values public access AEDs, MCFRS apparently is leaving it to others to determine the extent to which AEDs are implemented.

**Inclusion of AEDs in the MCFRS master plan:** The MCFRS master plan currently includes many recommendations related to community risk reduction that are not related to any legislative initiative, but it does not address AEDs. The MCFRS response on © 5 indicates that if there are legal requirements relating to AEDs in the future, MCFRS would include AEDs in the Master Plan. Although the MCFRS master plan very strongly supports the use of fire sprinklers, which can have dramatic results in the outcome of fires, the master plan does not include any comments on AEDs which may be similarly important in cases of cardiac arrest. As with the issue above, leaving AEDs out of the MCFRS master plan adds to the ambiguity about MCFRS' position on AEDs.

### Next Steps

Council staff suggests that the Committee request that MCFRS:

- Complete its AED plan by mid-November, as MCFRS has proposed.
- Include in the AED plan a clarification of MCFRS' role in coordinating and promoting a public access AED program, including placement of AEDs in County buildings.
- In the next update of the MCFRS master plan, include information about the public access AED program, and clarify the priority level for the public access program within the County's EMS delivery system.

The Committee may want to schedule another update on AEDs in County buildings after MCFRS completes its plan in November.

## Memorandum

October 15, 2009

**To:** Division Chief Steve Lohr  
Operations Section

**From:** Assistant Chief Mike McAdams  
Emergency Medical Services Section

**Subject:** Automatic External Defibrillator (AED) response to Council Questions

This memorandum is in response to a set of questions presented by County Council requesting clarity on the status of the AED program.

### Background

An update on AED's in County buildings is scheduled for the Public Safety Committee meeting on Thursday, October 22, at 9:30 a.m. in the 7<sup>th</sup> floor Council hearing room. Background and questions are discussed below. **Please provide written responses to the questions by October 15.**

At the last full discussion of this issue on March 5, 2009, MCFRS staff had provided steps to create a plan to maintain AED's in County buildings. The steps are included in the Committee packet at:  
[http://www.montgomerycountymd.gov/content/council/pdf/agenda/cm/2009/090305/20090305\\_ps3.pdf](http://www.montgomerycountymd.gov/content/council/pdf/agenda/cm/2009/090305/20090305_ps3.pdf). They included:

#### **Immediate issues (to be completed by March 19, 2009)**

Quantify the current number of MCG AED's, training process, maintenance, and point of contact  
Survey all MCG department directors to identify any AED's that are not recorded, and enter them into the MCFRS AED database.

#### **Medium issues (to be completed by March 31)**

Compare department program standards with MIEMSS COMAR Title 30 requirements and provide corrective action.  
Develop an MCG regulation for AED practice in MCG buildings

#### **Long term issues (to be completed and start development March 31, 2009)**

Provide clarity on the future direction of AED implementation in MCG  
Provide a fiscal impact statement for any regulation or plan for the future

In response to a request for an update during the review of the FY10 MCFRS operating budget, MCFRS staff said that the plan was under development but progress would

depend on staff availability after the person who had been assigned to AED management retired on May 1, 2009. The Fire Chief said that additional work on the project after that date would be completed on overtime, but anticipated that only a small amount would be needed

**What is the current number of MCG AED's?** The current number of MCG registered AED's is 259.

**What is the training process?** The training process for the AED is a 60-minute orientation and application process for the device. If CPR training is incorporated into AED training there is an additional two hours of training required. Maintenance on the device consists of a weekly visual inspection and documentation.

**What is the current maintenance plan?** The MCFRS does not have an active contract to provide maintenance on the AED's. Our past maintenance history indicates the only component that requires regular maintenance is the battery. Please note that the MCFRS does perform a daily maintenance check and interacts with these devices on a regular basis. Agencies that do not provide a daily maintenance check should consider a contract for maintenance service.

**Who is the point of contact?** The current point of contact is the MCFRS EMS Assistant Chief.

The current point of contact is the MCFRS EMS Assistant Chief. The AED position was not approved as a budgeted position and has remained vacant since May 2009.

**Survey all MCG department directors to identify any AED's that are not recorded, and enter them into the MCFRS AED database.** This step has been assigned to the MCFRS EMS Battalion Chief and will be completed by 11/13/09.

**Compare department program standards with MIEMSS COMAR Title 30 requirements and provide corrective action.** A review of the MIEMSS regulation indicates that three specific actions were completed. These actions include elimination of the registration fee, expanding the liability portion of the Good Samaritan rule, and restructuring of the reporting form. The MCFRS had influence on all of these changes.

**Develop an MCG regulation for AED practice in MCG buildings?** This step has been assigned to the assigned MCFRS EMS Battalion Chief and will be completed by 11/13/09.

**Provide clarity on the future direction of AED implementation in MCG.**

The economic impact has a direct correlation on the amount of resources for this function. Without a budgeted AED manager, the future is uncertain. The MCFRS EMS Section has provided documentation via the internal chain of command to establish this position.

**Provide a fiscal impact statement for any regulation or plan for the future**

One full time employee AED Manager Grade 20	=	\$75,000.00
Office set up for this position	=	\$8,000.00
Travel mileage	=	\$3,000.00
Total cost	=	\$86, 000.00

**Questions from Council**

**Background**

During the budget review, MCFRS estimated that 20-30 MCFRS-registered AED's did not have assigned points of contact. Another 30 AED's were unregistered and had no identified points of contact.

**What is the status of the unregistered AED's?**

The unregistered AED's have been identified at the following work sites. A work plan has been assigned to the EMSBC to have these AED's registered and assign a point of contact. by 11/16/09

**Where are they located?**

MCG Silver Spring Urban District – has 2 AED's  
MCPD – each station has one and several vehicles  
Maryland National Capital Park and Planning – three AED is listed but not contact  
Council Office Building – 3 in building  
Executive Office Building – Security has 2

**Have they been registered with MCFRS in the months since the budget update?**

This step has been assigned to the EMS BC and will be completed by 11/13/09

**Have points of contact been assigned for all of the AED's that previously did not have them?** This step been assigned to the EMSBC and will be completed by 11/13/09.

- **What arrangements have been made to assure that regular inspections and maintenance of these AED's occur?** The MCFRS will work with the department leaders to assure a point of contact is established

and provide manufacture recommendations for maintenance checks. This has been assigned will be completed by 11/14/09. The MCFRS did complete a contract to secure parts for the AED maintenance. Any additional training requirements will have to be addressed by 11/14/09.

- **Who will pay for maintenance, repairs, and replacement of these AED's, and for any required training?** This responsibility will be the individual department for training costs and maintenance. The MCFRS does not have a current contract for maintenance of AED's.
  - **Is there a policy requiring a County department or agency that purchases an AED on its own initiative to register the AED with MCFRS in a timely manner?** Comar Title 30 does require the registration of the device and this information is available to the MCFRS from MIEMSS.
3. **In MCFRS' view, how important are public access AED's in the delivery of emergency medical care?** The MCFRS supports a robust comprehensive heart safe community approach. Our history of more than twelve successful community initiated resuscitations validates this position. The required steps for creating a heart safe community include a dedicated MCFRS AED Manager Position, sustainment funding for maintenance, equipment and program development.
  4. **What priority should be given to the implementation of a strong public access AED program?** The public access defibrillation program is a high priority because the investment is minimal in comparison to the return. Placing an AED into an MCG building will cost \$3,600.00 per unit for 5 years. Training the public in AED utilization is not required. Historical review of AED utilization and risk management reveals that there have been no adverse outcome incidents with AED's used by the MCFRS or the public access. The total number of estimated utilizations is at 10,000 incidents over the past 20 years.

**Should the program be expanded for County agencies, or are other emergency medical service needs more pressing?** This question should be answered by the department leaders and evaluated against mission critical objectives and current economic resources.
  5. **Should more private organizations have AED's?** The MCFRS supports private organizations with AED information, a robust set of response resources, and a comprehensive network of hospitals.
  6. **What should be the guidelines?** Maryland Comar Title 30 is comprehensive in the requirements, reporting and liability coverage for organizations establishing AED services.

7. **Are assumptions or goals for a public access AED program included in MCFRS master planning efforts?** The current MCFRS Master Fire Plan does not incorporate AED's into the planning process. If future requirements changed relating to the AED inclusion in the regulations or county codes this component would be programmed into the Master Plan strategy.