

PS COMMITTEE #2  
December 3, 2009

**MEMORANDUM**

December 2, 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

**Background**

In January 2008, it came to the Council's attention that there was not a clear policy about who was responsible for maintaining Automatic External Defibrillators (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, during the review of the FY10 MCFRS operating budget in April, and in October 2009.

At 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. At the last Public Safety Committee review of this issue on October 22, 2009, MCFRS staff reported that they had made progress on both requests, but had not yet completed them. They estimated that much of the remaining work would be finished by mid to late November.

The Committee requested that MCFRS staff provide an update on their work after their November target deadlines.

## Progress Report

An MCFRS update on AEDs in County buildings is on © 1-7.

### **The following items have been completed:**

- MCFRS staff surveyed all MCG department directors to identify any AEDs that were not recorded and entered them into the MCFRS AED database. A breakout of the 469 AEDs in County agencies is on © 6-7.
- Points of contact were assigned for all AEDs that previously did not have them.
- Costs for replacement supplies for AEDs were added to the fiscal impact (© 4).

### **The following items are in progress:**

- MCFRS is updating a draft policy document which was included in a Public Safety Committee packet in February 2009. While the document is comprehensive, additional work is needed to define terms, clarify who is responsible for certain tasks, eliminate internal inconsistencies, and clearly state what is expected of departments with AEDs. The Fire Chief intends to solicit the Executive and CAO's direction about AED policy across departments, and the form in which the policy should be issued.
- In the meantime, MCFRS staff is working with the AED point of contact for each department with AEDs to ensure that each department understands the COMAR requirements for AEDs, and the manufacturers' recommendations for maintenance and operation of the AEDs.
- MCFRS is now recommending that departments with AEDs follow MCFRS' model for AED maintenance (© 2), and that all future AED purchases be coordinated through MCFRS (© 5). The MCFRS update does not say how these recommendations will be communicated to departments.

**The responses to Questions 3-8 on © 5-6 are unchanged from the responses in the October 22 packet.** These questions relate to the broader role of an AED program in the community, and MCFRS' role in promoting and managing such a program. At the October 22 Committee session, the Fire Chief indicated his intention for MCFRS to take the lead in policy development and community outreach for AEDs, and to include AEDs in the fire and rescue master plan. Presumably, he is waiting to update the responses to Questions 3-8 until he has guidance from the Executive and CAO.

- MCFRS had taken an active role in reviewing and commenting on the following draft planning documents issued by the M-NCPPC:
  - Planning Board Draft White Flint Sector Plan
  - Planning Board Draft Gaithersburg West Master Plan
  - Planning Board Draft Kensington Sector Plan
  - Planning Board Draft Growth Policy
  - Planning Board Draft Housing Element of the General Plan
  - Public Hearing Draft Takoma/Langley Crossroads Sector Plan
  - Public Hearing Draft Purple Line Functional Plan
  - Draft Design Guidelines for the Germantown Sector Plan
  - Draft Design Guidelines for the Twinbrook Sector Plan
  - Zoning Text Amendments:
    - Life Sciences Center Zone
    - Town Sector Zone
    - Commercial-Residential Zone
  
- MCFRS provided narrative concerning fire-rescue service delivery and associated needs/concerns for inclusion in the Wheaton CBD Sector Plan under development by M-NCPPC staff
  
- The following phases of the MCFRS' Station Location and Resource Allocation Study (a key requirement of the Master Plan) remain in progress:
  - Phase 4 – Northeast County: Writing of the draft report continues.
  - Phase 8 – South Rockville, Twinbrook, White Flint, North Bethesda area (coinciding with development of the White Flint Sector Plan): MCFRS has recommended the relocation of Fire Station 23 from Rollins Avenue to the White Flint Area where it can better serve the South Rockville and North Bethesda areas.
  
- Brief update on daywork overtime reductions at Kensington Station 5, Bethesda-Chevy Chase RS, and Wheaton RS –

Extended period of time requested at the last PSC discussion to better evaluate the impact. Granted



- **Automated External Defibrillator Update**

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.

**What is the current number of MCG AED's?**

The current number of MCG registered AED's is:

AED's in County Government AED's 275\*

AED's in Other County Agencies 012\*\*

**Total: 287**

MCFRS AED's 182

**County Government Total: 469**

\* This number includes County Schools and Montgomery College

\*\*Revenue Auth. and MC National Capital Park and Planning maintain their own budgets.

**What is the training process?**

The training process for the AED is a 60-minute orientation and application process for the device. If the employees choose to receive, CPR training that process is an additional two hours. 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. Looking at our past maintenance history, the fiscal decision was made to go with time and materials should there be a need. These units are extremely reliable and do not routinely require maintenance. Please note that per the manufactures recommendations MCFRS does perform a daily maintenance check and interacts with all our AED's on a regular basis.

Projected Recurring Cost per AED unit:

LP500 Battery \$198.00 2 to 2 1/2 years

LP500/LP1000 Adult Pads \$ 24.00 X's 2 2 years/after use

LP500/LP1000/CR+ PediPads \$ 80.00 2 years/after use

**Total per LP500 unit \$326.00 Every 2 to 2 1/2 years**

CR+ Battery / 2 pr. Adult Pads \$ 99.00 2 years/after use

**Total per CR+ unit \$179.00 Every two years**

LP1000 Battery \$ 290.00 2 to 3 years

LP500/LP1000 Adult Pads \$ 24.00 X's 2 years/after use

LP500/LP1000/CR+ PediPads \$ 80.00 2 years/after use

**Total per LP1000 \$418.00 Every 2 to 3 years**

There is a 5 year warranty on all AEDs. (LP500s have been discontinued by Medtronic Physio Control and are covered for replacement parts for 5 plus years)

★ Our recommendation is that All departments within the county government that have AED's follow the same procedure.

**Who is the point of contact?**

The current point of contact/AED Coordinator within MCFRS is the EMS Battalion Chief.

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.

**Survey all MCG department directors to identify any AED's that are not recorded, and enter them into the MCFRS AED database.**

All Departments within the county government have been surveyed and all AED's have been placed in the MCFRS' AED Database.

**Compare department program standards with MIEMSS COMAR Title 30 requirements and provide corrective action.**

The current MCFRS program standards meet and exceed MIEMSS COMAR Title 30. Further a review of the MIEMSS regulation indicates that multiple recent changes occurred in this regulation. Effective October 1, 2008 MIEMSS removed the requirement for a sponsoring physician, removed the \$25 registration fee, expanding the liability portion of the Good Samaritan rule, and restructured the reporting form. These actions were taken to increase the availability and likely use of AED's. The MCFRS had influence on all of these changes.

**Develop an MCG regulation for AED practice in MCG buildings?**

MCFRS is in the final stages of the development of a highly comprehensive conceptual plan. The ultimate outcome of this development will depend on the guidance and vision of the County Executive and County Council.

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

The future direction of AED implementation will depend on the economic impact of the plan. The MCFRS EMS Section has provided documentation via the internal chain of command to establish this position but other competing priorities have received funding.

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

**Personnel:**

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

**Projected Recurring Cost:**

Projected continuing cost per AED unit

LP500 Battery \$198.00 2 to 2 1/2 years

LP500/LP1000 Adult Pads \$ 24.00 X's 2 2 years/after use

LP500/LP1000/CR+ PediPads \$ 80.00 2 years/after use

**Total per LP500 unit \$326.00 Every 2 to 2 1/2 years**

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**Total per LP1000 \$418.00 Every 2 to 3 years**

There is a 5 year warranty on all AEDs.

**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?**

All AED's have been identified and registered with MCFRS and have an assigned point of contact.

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

Yes

**Have points of contact been assigned for all of the AED's that previously did not have them?**

YES all POC's have been identified and updated.

**What arrangements have been made to assure that regular inspections and maintenance of these AED's occur?**

The MCFRS has identified the POC/AED Coordinator of all Departments within county government that currently possess and operate AED's. We are in the process of insuring that each department understands the requirements set forth in COMAR Title 30 as well as the manufacturers recommendations for operation and maintenance of these AED's. This includes the development of written policies/procedures regarding the operation and maintenance of the AED's at each site.

**Who will pay for maintenance, repairs, and replacement of these AED's, and for any required training?**

It has been recommended that the responsibility will be the individual department for training costs and maintenance. The MCFRS does not have a current contract for maintenance of AED's. (See Previous Explanation)

**• 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 that AED's (with a couple exceptions) be registered with the state (MIEMSS). This information is provided to MCFRS by MIEMSS. There is no current County or State regulation that requires the direct notification of MCFRS. It is the recommendation of MCFRS that all future AED purchases be coordinated through MCFRS. This would accomplish multiple goals including the initial notification of AED purchases.



**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, sustained 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.

**5. 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.

**6. 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.

**7. What should be the guidelines?**

Maryland Comar Title 30 is comprehensive in the requirements, reporting and liability coverage for organizations establishing AED services.

**8. 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.

**Montgomery County Government AED's**

**MONTGOMERY COUNTY GOVERNMENT # of AED's Comments**

**Public Safety**

Department of Police 26

Sheriff's Department 5

Department of Corrections 16

Fire Rescue Maintained AED's in County Buildings 9

Department of Fire and Rescue Services Operational AED's 182 Separate Data Base

**Executive Branch**

County Council - COB 3

Silver Spring Regional Services Center 1 2 on Order

MC SS Urban District 2

**Libraries, Culture, and Recreation**

Department of Recreation 38

**Other County Department/Services**

Department of Liquor Control 0 2 on Order

Montgomery County Schools 121

Montgomery College 54

**Montgomery County Government Total: 457**

**OTHER COUNTY AGENCIES # of AED's Comments**

MC Revenue Authority 9

MD National Capital Park and Planning 3 Additional Units  
being Transferred

from PG County

**Total ALL AED's: 469**