

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2017**

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**HOUSE BILL 835**

Short Title:    Create Chain of Survival Task Force. (Public)

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Sponsors:     Representatives Carney, Lewis, Earle, and Brenden Jones (Primary Sponsors).  
*For a complete list of sponsors, refer to the North Carolina General Assembly web site.*

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Referred to:    Health

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April 13, 2017

A BILL TO BE ENTITLED  
AN ACT CREATING A CHAIN OF SURVIVAL PUBLIC-PRIVATE TASK FORCE TO  
IDENTIFY, PURSUE, AND ACHIEVE FUNDING FOR THE PLACEMENT OF  
AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) IN ALL BUILDINGS AND  
FACILITIES THAT HOUSE STATE SERVICES, AGENCIES, AND INSTITUTIONS  
AND IN ALL PUBLIC SCHOOLS AND FOR THE TRAINING OF STATE  
EMPLOYEES AND SCHOOL PERSONNEL ON THE USE OF AEDS.

The General Assembly of North Carolina enacts:

**SECTION 1.** The General Assembly finds the following:

- (1) According to the American Heart Association, an individual goes into cardiac arrest in the United States every two minutes. In North Carolina, twenty-three percent (23%) of all deaths are attributed to heart disease, 11,765 of which are as a result of cardiac arrest. Ventricular Fibrillation (VF) is a common rhythm for which cardiopulmonary resuscitation (CPR) and defibrillation are the only effective treatments. For victims with VF, survival rates are highest when immediate bystander CPR is provided and defibrillation occurs within three to five minutes of collapse. With every minute that passes, a victim's survival rate is reduced by seven percent (7%) to ten percent (10%) if no intervention measures are taken. An estimated ninety-five percent (95%) of cardiac arrest victims die before reaching the hospital. If intervention measures are taken, survival rates are much higher; when CPR and defibrillation are immediately performed, survival rates can double.
- (2) Eighty percent (80%) of all cardiac arrests occur in private or residential settings, and almost sixty percent (60%) are witnessed. Communities that have established and implemented public access defibrillation programs have achieved average survival rates for out-of-hospital cardiac arrest as high as forty-one percent (41%) to seventy-four percent (74%).
- (3) Wider use of defibrillators could save as many as 40,000 lives nationally each year. Successful public access defibrillation programs ensure that cardiac arrest victims will have an immediate recognition of cardiac arrest and activation of 911 followed by early CPR with an emphasis on compressions, rapid Automatic External Defibrillator (AED) use, effective advanced care, and coordinated care afterward.



1           **SECTION 2.(a)** There is created a Chain of Survival Public-Private Task Force  
2 (Task Force) with members appointed as follows:

- 3           (1) Two Senators appointed by the President Pro Tempore of the Senate.
- 4           (2) Two members of the House of Representatives appointed by the Speaker of  
5 the House of Representatives.
- 6           (3) One representative of the Office of Emergency Medical Services designated  
7 by the Secretary of Health and Human Services.
- 8           (4) One representative of a local Emergency Medical Service designated by the  
9 Secretary of Health and Human Services.
- 10          (5) One representative of the Heart Disease and Stroke Prevention Branch  
11 designated by the Secretary of Health and Human Services.
- 12          (6) The Secretary of Administration or the Secretary's designee, ex officio.
- 13          (7) A representative of the American Heart Association.
- 14          (8) A representative of the American Red Cross.
- 15          (9) A representative of the North Carolina Hospital Association.
- 16          (10) A representative of the American College of Cardiology.
- 17          (11) A representative of the College of Emergency Physicians.
- 18          (12) A cardiac arrest survivor designated by the Secretary of Health and Human  
19 Services.

20           **SECTION 2.(b)** The Task Force shall identify, pursue, and achieve funding,  
21 including through private-public partnerships, for the placement of AEDs and training of State  
22 employees and public school personnel to recognize and initiate lifesaving actions to those  
23 experiencing an acute event (sudden cardiac arrest, heart attack, and stroke) in the following  
24 locations:

- 25           (1) Buildings and facilities that house State agencies, services, and institutions.
- 26           (2) Public schools, including athletic facilities.

27           **SECTION 2.(c)** Members of the Task Force serve at the pleasure of the appointing  
28 authority.

29           **SECTION 2.(d)** The Task Force and this section expire on June 30, 2019.

30           **SECTION 3.(a)** Subject to the receipt of public-private funds for this purpose, the  
31 Department of Administration shall, in consultation with OEMS, AHA, and a qualified vendor  
32 or provider of AEDs and training services, develop and adopt policies and procedures relative  
33 to the placement and use of automated external defibrillators in State-owned and State-leased  
34 buildings. The Department of Administration shall also cause to be developed a medical  
35 emergency response plan for all State buildings, facilities, and institutions to facilitate all of the  
36 following:

- 37           (1) Effective and efficient communication throughout the State-owned and  
38 State-leased buildings.
- 39           (2) Coordinated and practiced response plans.
- 40           (3) Training and equipment for first aid and CPR.
- 41           (4) Implementation of a lay rescuer AED program.

42           **SECTION 3.(b)** In addition, for each State building, facility, or institution, the  
43 Department of Administration shall cause to be developed and periodically updated a  
44 maintenance plan that takes all of the following into account:

- 45           (1) Implementation of an appropriate training course in the use of AEDs,  
46 including the role of CPR.
- 47           (2) Proper maintenance and testing of the devices.
- 48           (3) Ensuring coordination with appropriate licensed professionals in the  
49 oversight of training on the devices.

1                   (4)    Ensuring coordination with local emergency medical systems regarding the  
2                                placement of AEDs in State buildings, facilities, or institutions where such  
3                                devices are to be used.

4                   **SECTION 3.(c)** The State Board of Education shall review the maintenance plan  
5 for AEDs developed by the Department of Administration under subsection (b) of this section  
6 and adopt guidelines to be used by local school administrative units for public schools,  
7 including athletic facilities.

8                   **SECTION 4.** This act is effective when it becomes law.