The Good Samaritan Law

Loss Control Bulletin

California’s “Good Samaritan Law” protects the average person from liability if he or she attempts to give emergency cardiac care. Adopted in 1978, the law protects a non-professional person from civil liability for monetary damages resulting from his or her negligent acts or omissions committed while rendering medical emergency care, as long as the person has acted in good faith and has satisfactorily completed a basic CPR course that complies with the standards adopted by the American Heart Association or the American Red Cross.

The law also extends immunity from civil damages to state or local agencies, entities, or other public or private organizations that sponsor or support CPR training programs for the public. The law does not grant immunity from civil damages if the emergency care rendered constitutes gross negligence.

In 1999, the California Good Samaritan Law was extended to cover the use of automated external defibrillators (AED) in saving the life of persons in cardiac arrest. Persons who render emergency assistance, in good faith and not for compensation, and have completed basic CPR and training on the use of an AED device that comply with standards adopted by the Emergency Medical Services Authority, the American Heart Association or the American Red Cross, will not be held liable for civil damages resulting from any acts or omissions in rendering emergency care.

This law also provides immunity from civil damages for:

- any person who provides CPR and AED training to the public,
- any physician who is involved with the placement of an AED, if the physician has complied with all of the requirements of the Health and Safety Code that apply to physicians,
- any person or entity responsible for the site where an AED is located, if the person or entity has complied with all of the applicable requirements of the Health and Safety Code.

The protection from civil liability does not apply if the emergency care rendered with the use of any AED amounts to negligence or willful wanton misconduct that results in personal injury or wrongful death.

Following California’s example, many other states have passed Good Samaritan laws. Under such statutes, even if the rescue is less than perfect, a person who renders emergency cardiac care cannot be sued for additional injuries that he/she causes unintentionally, if he/she has completed basic CPR and AED device training that meets the standards of the Emergency Medical Services Authority, the American Heart Association, or the American Red Cross.
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References
Section 1714.2 Californian Civil Code

a. In order to encourage citizens to participate in emergency medical training programs and to render emergency medical services to fellow citizens, no person who has completed a basic cardiopulmonary resuscitation course which complies with the standards adopted by the American Heart Association or the American Red Cross for Cardiopulmonary resuscitation and emergency cardiac care, and whom, in good faith, renders emergency cardiopulmonary resuscitation at the scene of an emergency, shall be liable for any civil damages as a result of any acts or omissions by such a person rendering the emergency care.

b. This section shall not be construed to grant immunity from civil damages to any person whose conduct in rendering such emergency care constitutes as negligence.

c. In order to encourage local agencies and other organizations to train citizens in cardiopulmonary resuscitation techniques, no local agency, entity or state local governments, or other public or private organization which sponsors, authorizes, supports, finances, or supervises the training of citizens in cardiopulmonary resuscitation shall be liable for any civil damages alleged to be the result from such training programs.
(Added by Stats. 1977, Ch. 595.)

Section 1714.21 California Civil Code

(1) “AED” or “defibrillator” means an automated external defibrillator.

(2) “CPR” means cardiopulmonary resuscitation.

(b) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(d) (1) A person or entity that acquires an AED for emergency use pursuant to this section is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code.
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(2) A physician and surgeon or other health care professional that is involved in the selection, placement, or installation of an AED pursuant to Section 1797.196 of the Health and Safety Code is not liable for civil damages resulting from acts or omissions in the rendering of emergency care by use of that AED.

(e) The protections specified in this section do not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(f) This section does not relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

(Amended by Stats. 2015, Ch. 264, Sec. 1. (SB 658) Effective January 1, 2016.)

Section 1797.196 California Health and Safety Code

1797.196.
(a) For purposes of this section, “AED” or “defibrillator” means an automated external defibrillator.
(b) (1) In order to ensure public safety, a person or entity that acquires an AED shall do all of the following:

(A) Comply with all regulations governing the placement of an AED.

(B) Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.

(C) Ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer.

(D) Ensure that the AED is tested at least biannually and after each use.

(E) Ensure that an inspection is made of all AEDs on the premises at least every 90 days for potential issues related to operability of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the AED.

(F) Ensure that records of the maintenance and testing required pursuant to this paragraph are maintained.

(2) When an AED is placed in a building, the building owner shall do all of the following:

The guidelines provided in this bulletin are only intended to provide an overview of some of the more important steps that can be taken by management to establish a safe workplace. The guidelines are not considered exhaustive of all measures and controls that can be implemented by management to address all potential loss or injury producing causes. Ultimately it is the responsibility of management to take the necessary steps to provide for employee and customer safety.

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(A) At least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training.

(B) At least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so.

(C) Next to the AED, post instructions, in no less than 14-point type, on how to use the AED.

(3) A medical director or other physician and surgeon is not required to be involved in the acquisition or placement of an AED.

(c) (1) When an AED is placed in a public or private K-12 school, the principal shall ensure that the school administrators and staff annually receive information that describes sudden cardiac arrest, the school’s emergency response plan, and the proper use of an AED. The principal shall also ensure that instructions, in no less than 14-point type, on how to use the AED are posted next to every AED. The principal shall, at least annually, notify school employees as to the location of all AED units on the campus.

(2) This section does not prohibit a school employee or other person from rendering aid with an AED.

(d) A manufacturer or retailer supplying an AED shall provide to the acquirer of the AED all information governing the use, installation, operation, training, and maintenance of the AED.

(e) A violation of this section is not subject to penalties pursuant to Section 1798.206.

(f) Nothing in this section or Section 1714.21 of the Civil Code may be construed to require a building owner or a building manager to acquire and have installed an AED in any building.

(g) For purposes of this section, “local EMS agency” means an agency established pursuant to Section 1797.200.

(h) This section does not apply to facilities licensed pursuant to subdivision (a), (b), (c), or (f) of Section 1250.

(Amended by Stats. 2015, Ch. 264, Sec. 2. (SB 658) Effective January 1, 2016)