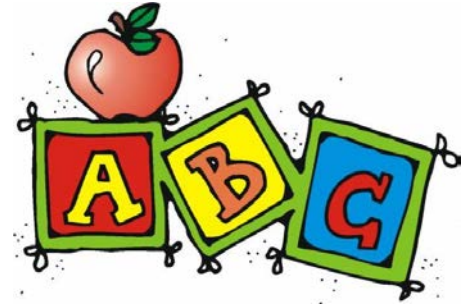


SB2610



Measure Title: RELATING TO EDUCATION.

Report Title: Education; Automated External Defibrillators

Description: Requires, by the end of the 2015-2016 school year, that: (1) Every public school, charter school, and the University of Hawaii shall have one automated external defibrillator (AED) situated in a permanent location on campus; (2) Public schools and charter schools that have athletic trainers, as well as the University of Hawaii, to have an additional AED available at every sporting event; (3) Athletic trainers shall be trained and certified on the use of AEDs; and (4) Public and charter schools that do not have athletic trainers to have at least two faculty members at every sporting event who are trained and certified on the use of AEDs.

Companion: [HB1747](#)

Package: None

Current Referral: EDU/HRE, WAM

Introducer(s): KIDANI, BAKER, CHUN OAKLAND, DELA CRUZ, Espero, Galuteria, Kahele, Kouchi, Tokuda, Wakai



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/07/2014

Committee: Senate Education/Senate Higher Education

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 2610 RELATING TO EDUCATION.

Purpose of Bill: Requires, by the end of the 2015-2016 school year, that: (1) Every public school, charter school, and the University of Hawaii shall have one automated external defibrillator (AED) situated in a permanent location on campus; (2) Public schools and charter schools that have athletic trainers, as well as the University of Hawaii, to have an additional AED available at every sporting event; (3) Athletic trainers shall be trained and certified on the use of AEDs; and (4) Public and charter schools that do not have athletic trainers to have at least two faculty members at every sporting event who are trained and certified on the use of AEDs.

Department's Position:

The Department of Education appreciates the intent of the bill focused on the safety and well-being of students and adults in schools and at sporting events. However, we are unable to support SB 2610 due to its broad scope of implementation, logistical factors, and lack of appropriation to ensure the effective implementation of this measure statewide.

The estimated costs of the proposed AED units for 211 elementary and middle schools, training for personnel, and installation and routine maintenance for the AED units is approximately \$850,000.

Further, all high schools currently have athletic trainers and have at least one AED on campus. As proposed in SB 2610, adequate coverage at all sporting events would require an increase in the number of AEDs to accommodate multiple sports schedules.

Thank you for the opportunity to provide testimony on this measure.



Heart Disease and Stroke. You're the Cure.

Testimony Supporting the Intent of SB 2610, "Relating to Education"

The American Heart Association supports the intent of SB 2610, however it urges caution in mandating the use of automated external defibrillators (AEDs) in schools.

To determine the need for an AED program at any location, the AHA's Emergency Cardiovascular Care Guidelines recommend consideration of lay rescuer AED program implementation in locations with at least one of the following characteristics:

1. The frequency of sudden cardiac arrest (SCA) events is such that there is a reasonable probability of AED use within 5 years of rescuer training and AED placement. This probability is calculated on the basis of 1 cardiac arrest known to have occurred at the site within the last 5 years, or the probability can be estimated on the basis of population demographics; or
2. There are children attending school or adults working at the school who are thought to be at high risk for SCA (eg, children with conditions such as congenital heart disease and a history of abnormal heart rhythms, children with long-QT syndrome, children with cardiomyopathy, adults or children who have had heart transplants, adults with a history of heart disease; etc); or
3. A first responder (EMS, fire or police personnel equipped with and trained to use an AED) call-to-shock interval of <5 minutes cannot be reliably achieved with conventional first responder services and a collapse-to-shock interval of <5 minutes can be reliably achieved (in >90% of cases) by training and equipping laypersons to function as first responders by recognizing cardiac arrest, phoning 9-1-1 (or other appropriate emergency response number), starting CPR, and attaching/operating an AED.

When funds are limited, but there is a desire to establish some AED school programs, priority should be given to establishing programs in large schools, schools used for community gatherings, schools at the greatest distance from EMS or first responder response, and schools attended by the largest number of adolescents and adults (e.g., high schools and trade schools).

The 5 components of an AED program are:

1. Medical/healthcare provider oversight
2. Appropriate training of anticipated rescuers in CPR and use of the AED
3. Coordination with the EMS system
4. Appropriate device maintenance
5. An ongoing quality improvement program to monitor training and evaluate response with each use of the device

If an AED program is established at the school, the AED should be placed in a central location that is accessible at all times and ideally no more than a 1- to 1 1/2-minute walk from any location. The device should be secure and located near a telephone (e.g., near the school office, library, or gymnasium) so that a rescuer can activate the EMS system and get the AED at the same time. The EMS system should be notified of the establishment of the AED program, and the emergency medical dispatcher should know the specific type of AED at the school and where it is located. Several staff members should be trained in both CPR and use of the AED.

School Emergency Response Plans

The AHA highly recommends that, regardless of the implementation of an AED program, every school should establish an Emergency Response Plan. The goal of a school emergency response plan is to ensure an organized, efficient, and effective response to life-threatening emergencies. The Medical Emergency Response Plan for Schools should strengthen each link in the Chain of Survival. It should include focuses on risk reduction, and training and equipment for first aid and CPR. CPR, when administered to a cardiac arrest victim within a short time of the onset of arrest, can improve the chances of survival by two to three times when combined with application of an AED. **The AHA recommends that CPR be a high school graduation requirement.** In Hawaii, a policy requiring high school CPR training would result in over 50,000 additional people trained in CPR in the state every 4 years. Under new CPR guidelines released by the AHA in 2010, students can be trained in approximately 20 minutes and at an estimated cost of \$1 per student. Survival rates of 50% to 74% have been reported when adult victims of ventricular fibrillation sudden cardiac arrest collapse in front of witnesses and receive immediate bystander CPR plus defibrillation within 3 to 5 minutes of collapse.

The other cautionary note is that mandated programs, especially if unfunded, tend to lack commitment of leadership and become less effective as they are not maintained. **Unfunded legislative mandates, particularly those that address the purchase of equipment rather than programs of planned response, will limit effectiveness and place a substantial burden on already taxed school budgets. Unfunded mandates for emergency care in schools are likely to be met with minimal effort that does not include the development of planned and practiced responses and the training and retraining that are most likely to save lives. Policymakers must work with schools to ensure that long-term solutions are enacted to be sure that programs are sustained indefinitely.**

State policymakers should support an immediate response to life-threatening medical emergencies with the following priorities for policy and appropriations:

1. Establishing an efficient and effective campus-wide communication system for each school
2. Developing a coordinated and practiced medical emergency response plan with the school nurses, physicians, athletic trainers, and the EMS system, with appropriate evaluation and quality improvement
3. Reducing the risk of life-threatening emergencies by identifying students at risk and ensuring that each has an individual emergency care plan and by reducing the risk of injury and disease triggers at the school
4. Training and equipping teachers, staff, and students to provide CPR and first aid
5. Establishing an AED program in those schools with a documented need.

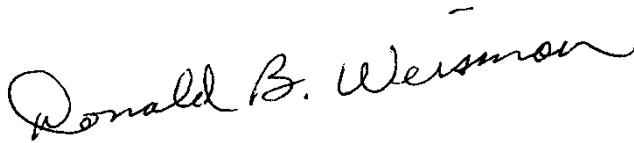
Because injuries are the most common life-threatening emergencies encountered in children and adolescents in or out of schools, teachers, school nurses and physicians, and athletic trainers should know the general principles of first aid (e.g., how to ensure scene safety and assess responsiveness, how to use personal protective equipment when in contact with blood or other body fluids, when and how to phone the EMS system, and when it is acceptable to move a victim). In addition, first aid rescuers must be able to control bleeding, recognize and treat shock, immobilize the spine, warm hypothermia victims, cool heatstroke victims, detect and treat hypoglycemia, support the airway, and provide CPR and use an AED when needed. These skills are taught in 1-day first aid courses that teach first aid, CPR, and AED use.

While there may be some value in requiring AEDs to be present at all school sporting events, the reality is the AED is more likely to be used in schools on faculty members. In children and young adults, injuries cause more childhood deaths than all other diseases combined. Unless an injury involves *commotio cordis* (a sudden blow to the chest), injury deaths typically are associated with difficulty breathing or development of shock (low blood pressure) due to blood loss. In such cases, the heart often slows and then stops so that the cardiac arrest is a secondary (rather than a primary or sudden) event. Victims of injuries require early activation of EMS, support of breathing, and control of hemorrhage and are unlikely to need treatment with a defibrillator. There are estimated to be 5 to 10 cases of *commotio cordis* nationwide each year for victims of all ages. There are estimated to be 25 to 50 episodes of sudden cardiac arrest nationwide among all high school athletes per year. However, sudden cardiac arrest is a leading cause of death for adults 35-40 years of age and is the most

common cause of death for those over the age of 45. The risk of sudden cardiac arrest in adults is 100 to 200 times the estimated risk in children and adolescents and those under age 35. An estimated 300,000 EMS-treated out of hospital sudden cardiac arrest occur annually in the U.S., and less than one-third of those victims receive bystander CPR.

Conclusion

On any given day, as much as 20% of the combined US adult and child population can be found in schools. Life-threatening emergencies in schools are relatively uncommon, but when they do occur, they require a planned, practiced and efficient response with provision of first aid and possible CPR and use of an AED. To maximize survival from a life-threatening emergency, schools must develop a medical emergency response plan designed to provide appropriate therapy within the first minutes of the emergency. The medical emergency response plan includes (1) creation of an effective and efficient campus-wide communication system; (2) coordination, practice, and evaluation of a response plan with the school nurse and physician, athletic trainer, and local EMS agency; (3) risk reduction; (4) training in and equipment for CPR and first aid for the school nurse, athletic trainers, and teachers and CPR training for students; and (5) in schools with a documented need, establishment of an AED program.



Hawaii Government Relations/Mission:Lifeline Director



P.O. Box 542 | Kailua, HI 96734
(808) 440-8988 | info@aedinstitute.com

DATE: Friday, February 07, 2014
TIME: 1:15 PM
PLACE: Conference Room 414
State Capitol
415 South Beretania Street

Support for SB2610

Dear Legislators,

Thank you for reading my testimony. Through this process you may learn many things that may just save a life of a friend or loved one.

Disclaimer: *I am the President of AED Institute and Executive Director for Hawaii Heart, we are the number one distributor for AEDs in Hawaii, teach AHA certification classes, and have implemented and manage over 500 AED Programs in Hawaii.*

AED Institute teaches the HPD and Kauai PD CPR/AED instructors to teach their officers. We teach the C&C HNL CPR/AED Instructors for the Lifeguards to teach their new trainees. We teach the Hawaiian Air CPR/AED Instructors to teach all their crewmembers. We teach hotel security CPR/AED Instructors to teach their staff. *However my personal favorite group to teach how to perform CPR and use an AED is 5th graders. Yes, 5th graders.*

In 1999 (15 years ago) an American Heart Association study “**Comparison of Naive Sixth-Grade Children With Trained Professionals in the Use of an Automated External Defibrillator**” concluded that “During mock cardiac arrest, the speed of AED use by untrained children is only modestly slower than that of professionals. The difference between the groups is surprisingly small, considering the naïveté of the children as untutored first-time users. These findings suggest that widespread use of AEDs will require only modest training.”

Several times a month Hawaii Heart volunteers teach 150-250 5th and 6th graders at a time how to perform Hands-Only Chest Compressions and how to use an AED. They master the skill in minutes and then take the skill on to teach the other kids on their campuses. Thousands of school children know exactly what to do should mom or dad collapse. They know how to use the AEDs located within the community. It is time to change what we do and how we do it when it comes to saving the life of a friend or family member whose heart may have stopped too soon.

Seattle boosts their 50% survival rate for community cardiac arrest; Hawaii should be able beat this number. We are a smaller and tighter community, news is easy to share. Within our Department of Transportation Airports our community cardiac arrest survival rate is 69% compared to our community survival rate of 5-6%. All it takes is easy access to AEDs (within 2-3 minutes), hands-on training (not certification), and a program that manages both the maintenance and oversight of the AEDs.

Please strongly consider this bill. Lives will be saved!



P.O. Box 542 | Kailua, HI 96734
(808) 440-8988 | info@aedinstitute.com

Facts:

- Cardiovascular disease is the single greatest cause of death in the United States.
- Every year more than 480,000 adult Americans die of a heart attack or its complication.
- About half of these deaths (250,000) result from sudden cardiac arrest, a complication of heart attack or heart problem.
- 85% of sudden cardiac arrest deaths occur outside the hospital.
- Ventricular fibrillation (a chaotic electrical heart rhythm that does not circulate blood) is the most common cause of cardiac arrest and can only be corrected by an electrical shock from a defibrillator.
- The success of defibrillation diminishes rapidly with each passing minute, decreasing the chance of successful return of normal heart rhythm by 10% for each passing minute.
- Studies have shown a 70-80% chance of survival if defibrillation can be performed immediately (within 1-3 minutes) on a victim in ventricular fibrillation
- In the state of Hawaii, since 2007 there is no liability to the user of an AED or to the organization implementing an AED program

Additional Facts:

- One out of every 100 children may have a heart problem and many are not diagnosed as the first sign of a problem may be death
- Sudden cardiac arrest is the leading cause of death in young athletes.
- 20% of our population will be on a school campus at some time during each day, ranging from the very young to the very elderly

AEDs are easy and safe to use, you cannot hurt anyone with an AED if a shock is not needed. They are designed for public use and no training is needed, it will verbal tell you exactly what to do.

I urge you to consider this bill for law.

Lives will be saved!

Thank you,

Pamela Foster, RN

Pamela Foster, RN
President of AED Institute of America, Inc
Executive Director of Hawaii Heart foundation
808-440-8988
PFosterRN@me.com

Testimony the Hawaii Association of Athletic Trainers **SB 2610**
February 5, 2014

To: Chairs Jill Tokuda and Brian Taniguchi and Members of the Senate Committee on Education and the Senate Higher Education Committee:

The members of the Hawaii Athletic Trainers Association (HATA) support **of the intent of SB 2610** but request clarifying language.

The Hawaii Athletic Trainers Association (HATA) is the professional membership association for Certified Athletic Trainers in our state. Certified Athletic Trainers are health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses of athletes participating in various athletic events in Hawaii. Athletic Trainers are employed in Hawaii's public schools, most private schools, colleges, Universities, hospitals, physician offices, clinics, and by the military. HATA supports the intent of SB 2610. The value of AED's is indisputable. AED's have been used by athletic trainers several times over the past few years to save lives of student athletes, coaches, and spectators in conjunction with athletics. Certified Athletic trainers are required by our national certification standards to have current CPR/First Aid and AED training for professional rescuers.

For this reason, we feel the language in 302A section 1 paragraph 2 and 304A paragraph 2B is unnecessary as Athletic Trainers are already required by our national certification and State Registration Act (ACT 197) to be remain current in AED training and certification.

We would also note that most schools have simultaneous sporting events both on and off campus. Some events are held at city and county parks, gyms, golf courses, and in the ocean. The larger schools often have up to 10 events occurring simultaneously and or overlapping each other, thus most schools would need to have between 3 and 10 AED's to satisfy this bill. AED's cost approximately \$1000.00 so each school would require an appropriation of between \$3,000 – 10,000. If an appropriation is not feasible the legislature might consider changing the language from "shall have on site of every sporting event" to have readily accessible at each sporting event.

Last, we think it would be unlikely that schools without an athletic trainer would be able to satisfy the requirement to have two faculty members trained in AED at every sporting event. Most coaches are not faculty and most faculty members could not be compelled to remain on campus after their work day into the evenings and on Saturdays to be at these events. Again, schools have multiple events on and off campus so on a given day a school might need up to 20 faculty members trained in the use of AED's to be at every practice, scrimmage, and game. Some of the smaller charter schools do not have that number on their entire staff. Would that mean that schools many of whose athletic departments are already on a shoestring budget would have to pay faculty to come to

practices? Or result in schools having to forfeit games or drop athletic teams if no faculty members are willing to volunteer? We suggest changing the language from “faculty members” to faculty, staff, or athletics coaches. This would provide the flexibility to have those responsible adults who are already at these sporting events become the first responder trained in the use of AED’s.

Thank you for the opportunity to testify on this measure.



Friday, February 7, 2014
1:15 PM
Conference Room 414

TESTIMONY TO
THE SENATE COMMITTEES
ON EDUCATION
AND HIGHER EDUCATION

RE: SB 2610 – Relating to Education

Chairs Tokuda and Taniguchi, Vice Chairs Kidani and Kahele, and members of the Committees:

My name is Robert Witt, Executive Director of the Hawaii Association of Independent Schools (HAIS), which represents 99 private and independent schools in Hawaii and educates over 33,000 students statewide.

HAIS is in support of the intent of SB 2610, a bill for an act that would require the presence of an automated external defibrillator (AED) on every public school and charter school campus, and the University of Hawaii and additional portable AEDs and trained staff at every sporting event of the aforementioned schools.

Sudden cardiac arrest is one of the leading causes of death in the U.S. Consequently, the presence of an AED in cases of sudden cardiac arrest will greatly increase the chances of survival.

Thank you for the opportunity to testify in support of this measure.

2/6/14

To Whom It May Concern,

I am writing to the committee to express my support for SB 2610.

In the interest of brevity, I will cite information from a single scientific article, though a significant body of supportive scientific research and data exists in the medical literature:

Sudden cardiac arrest (SCA) is the leading cause of death in the US.

SCA is the leading cause of sudden death in young athletes during exercises, and the risk of SCA is increased during physical activity.

Two thirds of SCA on a school campus occurs at an athletic venue.

Recent studies have suggested that SCA in students and student-athletes is largely a survivable event with prompt treatment and access to AED (survival rate 85%).

On any given school day, as much as 20% of the combined US adult and child population can be found in schools, and schools have been identified as an important location to consider AED programs.

The single greatest factor affecting survival from SCA is the time interval from cardiac arrest to defibrillation (within 3-5 minutes of collapse).

Survival from out-of-hospital SCA doubles when lay responders are trained and equipped with AEDs compared with CPR alone.

School AED programs demonstrate a high survival rate for students as well as adults who suffer SCA on school campus.

Schools are a strategic location to serve large concentrations of people at risk for SCA, and school-based AED programs should be strongly supported.

Thank you for your consideration.

Sincerely,
Benjamin Chun, MD
Sports Medicine
Kaiser Permanente

Reference: Drezner JA, et al. *Br J Sports Med* Published Online First: 11 October, 2013
doi:10.1136/bjsports-2013-092786

Written Testimony Presented Before the
Senate Committee on Higher Education
Thursday, February 6, 2014 at 2:45 p.m.
Ben Jay, Director of Athletics
University of Hawai'i at Mānoa Athletics Department

SB2610 – RELATING TO EDUCATION

Chair Taniguchi, Vice Chair Kahele and members of the Committee:

My name is Ben Jay, and I serve as Director of Athletics of the University of Hawai'i at Mānoa. I am pleased to provide personal testimony on Senate Bill 2610. This testimony does not represent the position of the University of Hawai'i or the Athletics Department.

SB 2610 requires all athletic trainers to be trained in the use of an automated external defibrillator (AED) and that an AED be present at all hosted sporting events.

The University of Hawai'i at Mānoa is in compliance with the proposed legislation SB2610. Our Athletic Trainers are trained on the use of an AED and we provide units at all hosted sporting events. Providing these types of services is in the best interest of our student-athletes.

Thank you for the opportunity to provide written testimony.

From: mailinglist@capitol.hawaii.gov
To: [EDU Testimony](#)
Cc: mccomas808@hawaiiantel.net
Subject: Submitted testimony for SB2610 on Feb 7, 2014 13:15PM
Date: Friday, January 31, 2014 7:02:20 PM

SB2610

Submitted on: 1/31/2014

Testimony for EDU/HRE on Feb 7, 2014 13:15PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
maureen mccomas	Individual	Support	Yes

Comments: We support measure SB 2610 and hope that this bill will pass. We are the parents of a 3 year old child with LQTS8. This is a cardiac condition that can cause a fatal arrhythmia of the heart at any time. There are many, many children and youth in the State of Hawai'i with conditions that can cause them to have a sudden cardiac arrest and their only hope of survival will be immediate use of an AED to restart their heart. These children and youth are in our schools, and many of them are undiagnosed which puts them at very high risk. It is imperative to have AED's in ALL schools and present at ALL sporting events with trained personnel who will know how to immediately jump into action and possibly save a life. These kids do not have time to wait for EMS to arrive if they are in cardiac arrest.. the survival rate is above 65% if defibulation is administered within 2 minutes of the cardiac arrest. Our child will not be safe in her school if there is not an AED present and readily accessible to save her life if she has a sudden cardiac arrest.. and with her cardiac condition it is not a matter of if, it is a matter of when she will suffer a sudden cardiac arrest. Please help keep our keiki safe at school and at sporting events. John and Maureen McComas Ewa Beach, HI

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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My life was saved by the AED program at `Iolani School on 5/4/12 when I collapsed from cardiac arrest. (I am a teacher at the school.) I would have been dead without it. Just a few weeks later, the life of a visiting parent at a water polo match was also saved. Every school truly should have a program like this, especially because of cardiac arrest, which can happen to anyone at anytime and impossible to predict. These programs are worth far more than the cost of implementing them. I strongly, strongly urge you to pass Bill SB261 and put AED's in as many schools as possible, preferably every school. Mahalo nui loa.

Peter J. Greenhill

Please forgive me if this is a resend. I have been working and reworking this and can't recall if I finally submitted it or not. Thank you.

Dear Legislators,

Thank you for the opportunity to share my testimony in favor of Senate Bill 2610 and House Bill 1747. I sincerely thank you for your efforts in bringing this bill as far as it has come.

A little background information...

Sudden Cardiac Arrest (SCA) is different from a heart attack. It is more of an “electrical” problem in the heart; whereas, a heart attack is more of a “plumbing” problem. SCA can happen to anyone of any age at any time and is the leading cause of non-traumatic death in young people between the ages of 0 - 30. Through the media and our network, Parent Heart Watch, we have lately seen many young children and high school and professional athletes falling victim to SCA at an alarming rate throughout the nation. Many have died and many are also being saved with the use of CPR and Automated External Defibrillators (AEDs).

Hawaii is not exempt. A couple of years ago, we had a freshman JV football player at a local public high school collapse during football practice. He was fortunately saved by an athletic trainer, who performed CPR and used an AED. The young man was revived and able to resume his normal activities a few days later. About a year ago, we had a campus security guard, at another public high school, collapse of SCA, and saved by a fellow staff member who knew what to do. At a local private school, a teacher and another adult were saved by people around them with the use of an AED. But this is not true of all schools in Hawaii.

There's also the other end of the spectrum because not all schools here have AEDs. My only biological child, my daughter, Kristin Claudi, was a healthy, 28 year old, DOE special education pre-school teacher, who had her whole life in front of her. She had a job she loved and students who loved her. She and her husband had recently married, bought a home and were ready to start a family with dreams for the future. However, on Wednesday, May 27 of 2009, all of their dreams came to an abrupt end. It was just another ordinary day when she kissed her husband good bye, told him she'd see him in the afternoon, went to work, but never came home. She had collapsed later that morning in a meeting at school of SCA. I'm very grateful that every one of the 10 or so other people in the meeting with her did all they could to help her, but unfortunately, she did not survive. I taught for 35 years and if anything like that had happened to one of my students or colleagues, I wouldn't have known how to help them either.

Now, I do. It is as simple as calling 911, performing hands-only CPR to “buy time” and using an AED, as the AED is the only thing that can bring the heart back to its regular rhythm. A no-brainer!

Because SCA deaths are classified as “natural causes”, no statistics are kept on them as of now and I'm sure there are more cases like Kristin's that have occurred in schools and other public places. The reality is that there are people in the community, some

Please forgive me if this is a resend. I have been working and reworking this and can't recall if I finally submitted it or not. Thank you.

probably in this room, who have undetected heart conditions and the first symptom is collapsing and dying. We need to see that our community is kept safe.

As a side comment, I'd like to add that Seattle's survival rate for out of hospital cardiac arrests is 50%, due to an emphasis there on increased awareness and training in CPR and AEDs. Our's is 5%. If you've ever been to Japan, you'll see AEDs in the airports, on the streets in front of buildings, in hotels, department stores, temples and places of interest, and even in train and subway stations. Do they place more value on their lives than we do on ours? Yes, I know it boils down to money, but really, can you put a monetary value on a life? Do we have to wait to lose more lives before we take proactive action? Sure, we may never use the AEDs; that would be a good thing. But in case something should happen, I'm certain we will be thankful to have them.

To you, as legislators, there are many more pressing issues and I know I am just another mother who has lost a child, making another cry for something to be done for her cause. Like those of you who are parents, I never imagined outliving my child, especially since it could have possibly been prevented if people knew what to do and the right equipment was available. I am not here asking for your sympathy, but, if my efforts can spare another parent from experiencing the devastating loss of a child or a family from the heartbreak of needlessly losing a family member, then it would have all been worth it.

Some of us have been working at the grassroots level for this cause. My friends helped put together videos which we hope everyone will see. Here's a link to the elementary level video which I hope you'll take the time to view: <http://vimeo.com/23019339> if it asks for a password, it's savealife.

Hawaii Heart Foundation (a non-profit) was created in 2011 in memory of Kristin and with no funding and just a team of volunteers, we have been going out to schools and the community, working to spread awareness on how to identify a SCA, teaching hands-only CPR and the use of AEDs. However, more needs to be done to ensure safety in our schools and your help is needed. We humbly ask your support of SB 2610 and HB 1747. Schools are supposed to be safe places! No one is supposed to die in a school and perhaps, if all schools had AEDs, my daughter, Kristin, would be the one testifying here today, instead of me.

A HEARTfelt thank you for taking the time from your busy agenda to read this.

With Sincere Appreciation,

Sharon Maekawa

From: mailinglist@capitol.hawaii.gov
To: [EDU Testimony](#)
Cc: tasha96792@yahoo.com
Subject: Submitted testimony for SB2610 on Feb 7, 2014 13:15PM
Date: Tuesday, February 04, 2014 3:03:02 PM

SB2610

Submitted on: 2/4/2014

Testimony for EDU/HRE on Feb 7, 2014 13:15PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Natasha Boteilho	Individual	Support	No

Comments: Aloha my name is Natasha Boteilho. Resident of the Waianae Community and parent of 3 young girls ages 7,3 and 2 months old. I am writing in support of SB 2610 for many reasons. One of those reasons is that a young family friend was recently diagnosed with a rare heart disorder, that disorder made him stop playing any and all contact sports because it could cause his heart to stop. A AED placed in schools would tremendously help him if he ever went into cardiac arrest.It can help anyone in need, whether it be for a student with a a rare heart condition, a janitor suffering a major heart attack or a visitor collapsing outside in the parking lot. The difference in saving lives with a AED is seconds and minutes. You don't even need to be a trained doctor, nurse or paramedic. The AED machine verbally instructs you step by step. I was a first responder with Delta Airlines working as a flight attendant and I have seen first hand and experienced it, how the location and use of an AED can save lives. Please consider this bill an extentsion of saving lives in our public schools. Mahalo for your time. Natasha Boteilho

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To Whom It May Concern:

As the clinical coordinator for the original genetic studies, which discovered the six earliest genes (KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2 and CACNA1C; 8 additional genes have subsequently been identified to date) which were scientifically proven to cause the lethal arrhythmias which underlie the cardiac abnormality known as the Long QT syndrome, and the scientist for whom Timothy syndrome was named, I wish to give you an additional understanding as to why Mrs. Maureen McComas is extremely concerned that an AED would be essential and included in the school classroom of her daughter, Tisha.

The Long QT syndrome (LQT) is recognized as a prolonged repolarization time caused by abnormal function of specific ion channels within the ventricles of the heart, making those individuals, which harbor mutations within any one of the identified genes highly susceptible to lethal arrhythmias and sudden death. At least 10% of those individuals (mainly children) specifically carrying the LQT disorder are known to die on their first syncopal episode (fainting spell) without proper intervention. Because LQT is often unrecognized (as are other cardiac abnormalities known to cause sudden death in children and adults) until the first cardiac episode has occurred, AED protection is medically and strongly advised in all schools and other public places.

Children who have been genetically identified to harbor a mutation in the CACNA1C gene, which specifically causes Timothy syndrome, as does Tisha, are the most vulnerable of all LQT, for not only does this gene express abnormality in most tissues of the body, it most notably causes the greatest, most dangerously prolonged ventricular repolarization of all the known LQT types, thus the greatest risk for sudden cardiac death.

Recommendation for the passing of SB 2610 is essential for all children who might knowingly or unknowingly harbor an identified or yet to be identified genetic cardiac abnormality. Specifically, an AED to shock Tisha's heart out of a lethal arrhythmia would be essential for her survival should a cardiac event occur while attending school.

Thank you for your consideration,
Katherine W. Timothy

Hi, my name is Brycen Go and I am a 6th grader at Jarrett Middle School. I am asking that you consider Senate Bill 2610 to make sure that all schools and sporting events have AEDs. I have many reasons for this, but first I'd like to explain how I got so interested in Hands Only CPR and the use of AEDs.

While going to Wilson Elementary, I was first trained in Hands Only CPR and learned how to use an AED in the 3rd grade as part of the Peer Mediator Program. Being a Peer Mediator, it was our job to help keep our school safe and to help students resolve any problems that they may have with each other. I was a Peer Mediator for a total of 3 years and every year we were required to go through CPR and AED training. Our school was really lucky as we had a total of 4 AEDs on campus ~ in the office; in the library; in the cafeteria; and in the hallway of "F Building" ~ all due to donations and fundraising efforts plus the staff and certain groups of students were trained in CPR and the use of the AEDs. Eventually, through the Hawaii Heart Foundation and many dedicated volunteers, we were able to offer CPR and AED training to all students and their families. Although I already had CPR and AED training and could help my parents if they were in an emergency, I really wanted my parents to attend the training session as I thought it would be a good idea that they were trained in case I was the one who needed help in an emergency situation. At that time, it made sense to me that if we kept training people and they trained other people, more and more people would know CPR and how to use an AED, if one was available, and that together we could possibly save many, many lives.

When we attended the training session, besides being taught how to perform Hands Only CPR and how to use an AED, we also learned the difference between Sudden Cardiac Arrest and a heart attack. A Sudden Cardiac Arrest is an electrical problem and a heart attack is a plumbing problem. With Sudden Cardiac Arrest, having an AED almost guarantees a better chance of survival compared to only doing CPR. That night, I met Ms. Sharon and learned the story about her daughter who was a school teacher and who was just starting out in life. She was a very young person who suffered a Sudden Cardiac Arrest while at school. Although everyone tried to help her, there were no AEDs at the school and by the time help came, it was too late to save her. I wondered if the school had an AED whether she could have been saved. I think she probably could have or at least she would have had a better chance of surviving. We'll never know as it wasn't an option as the school didn't have any AEDs available.

After hearing the story about Ms. Sharon's daughter, I really started thinking about everything. If something so simple as having an AED available could better the chance of someone surviving a Sudden Cardiac Arrest, why don't we have AEDs available everywhere? It seemed so simple to me, but then I was told how expensive AEDs were. It didn't make sense to me that there was so much money going towards fixing potholes in the road and doing a rail system when something so important, like having AEDs more available to try and save lives was put on the back burner. It really surprised me to learn that although my school had 4 AEDs, most schools didn't even have one. Don't people realize that the kids today are the future? Shouldn't we try and protect them? Especially in school, where we go to learn how to be smarter and how to be good citizens. I believe that more needs to be done to keep our kids safe in school where their life is just beginning.

After this training session, it was a very exciting starting point for me. My Mom was able to arrange for Ms. Pam, who is the founder of the Hawaii Heart Foundation and President of AED Institute of America,

and Ms. Sharon, who lost her daughter, to come and teach Hands Only CPR and how to use an AED to my Cub Scout den. It was at this training session that I really found my passion ~ Hands Only CPR and the importance of having AEDs available and knowing how to use them. I asked Ms. Pam if I could help teach the session since I had been in training since the 3rd grade. She agreed and that was how things started. After teaching the session, I was hooked! I felt that this was something I could do to make a difference. I really wanted to learn as much as I could about Hands Only CPR and AEDs so I spoke to Ms. Pam about it. She encouraged me to follow my heart and continue learning as much as I could and that she would help me in any way she could.

Since that time, I started attending as many CPR/AED sessions as I could and last year at the age of 10, I was certified by the American Heart Association as a CPR/AED instructor. Being one of the youngest certified instructors in the State was awesome, but teaching as many people as I can about CPR and AEDs is most important to me as I know it can save lives. It may be someone in my family or just someone I know or it could even be a total stranger. It doesn't matter who it is, as trying to save lives one at a time is something I'll continue to do and hopefully along the way I can get more and more people on board. Getting AEDs in all schools is a great starting point as that's where the future begins.

I've heard many things about Sudden Cardiac Arrests, but the most surprising is the fact that most Sudden Cardiac Arrests happens to healthy, many times athletic individuals between the ages of infancy to 30 years old. At one of our recent events, the Hawaii Heart Foundation and Kasier Permanente Hawaii offered the first free youth heart screening in Hawaii for students between the ages of 14 to 22 years old. We had a great turn out with over a hundred students attending. From those students, 12 students were referred to their doctors for further follow up and 2 students were found to have more serious problems that required medical attention. These were all healthy teenagers, many of them athletes.

There are many reasons why we should have AEDs in schools and at sporting events and I'm sure there are many examples that will be presented to you. But plain and simple...it has a huge potential to help save lives. The most important thing is to ask yourself ~ what if it was someone you knew that needed an AED in school or at a sporting event and it wasn't available?

As an 11 year old middle school student, there are many things I can't do but what I can do is help make a difference. I'm doing everything I can in my power to help save lives...the question is ~ are you?

Thank you for allowing me to share all this with you. This has made a very big difference in my life and I hope it can make a difference in your life too.

Sincerely,

Brycen Go

I am submitting this in hopes of helping you understand the importance of Senate Bill 2610.

I am a mother of an 11 year old who is very passionate about Hands Only CPR and the benefits of AEDs. My son has overcome many obstacles in his daily life that have made him stronger in many ways beyond his years. Although he experiences difficulties in keeping up with his peers academically and socially, under the guidance of Ms. Pamela Foster, founder of the Hawaii Heart Foundation and President of the AED Institute of America, Inc., he has found a way to make a difference.

Since being trained in Hands Only CPR and the usage of AEDs since the third grade, my son has opened my eyes to the benefits of knowing CPR and how to use AEDs in helping to save lives. He was very fortunate to have attended an elementary school where their number one priority was the safety of their staff and students. They were blessed with not one, but FOUR AEDs on campus. This didn't happen by chance, but by the determination and hard work of many people who knew the benefits of having AEDs available in case they were every needed and the generosity of people who were able to donate to the cause. Although I don't believe there was ever a need to utilize the AEDs, they were there in case the need ever arose.

After moving on to middle school, my son was shocked to learn that his school didn't even have one AED available. It was at that point that he realized how fortunate he and his fellow classmates were when they attended elementary school. When he remembers his days in elementary school, he doesn't talk about how every room at the school had air conditioning or how well kept their campus was, but how lucky they were to have FOUR AEDS on campus as he knows that the difference between having AEDs available versus not available could mean the difference of survival and death. Especially in schools where many cases of heart ailments go undetected. Most people are unaware of the fact that Sudden Cardiac Arrest can happen to ANYONE at ANY TIME and is the most common in individuals from infant to age 30. Its also shocking to know that "Every three days, one high school-aged athlete in the US suffers a Sudden Cardiac Arrest and that it is the leading cause of death in young athletes and the third leading cause of death in children".

Although being trained in CPR and how to use an AED is helpful, it is not necessary as the unit itself talks to you and guides you through the appropriate steps at the appropriate times. Not having AEDs available increases the chance of a victim not surviving. Due to the Hawaii Good Samaritan Act, there is NO liability for attempting to help in a medical situation, thus there is only a positive side on having AEDs available in schools.

Once a Sudden Cardiac Arrest occurs, the clock starts ticking as you are racing against time to get the heart back to its regular rhythm. Although performing CPR could help the situation until help arrives, a defibrillator is the only thing that can bring the heart back to its regular rhythm.

It didn't surprise me that my son's current school did not have any AEDs on campus, but I was shocked to learn that only a handful of their faculty was trained in CPR. Knowing Hands Only CPR my son has the ability to try and save his teacher's life if the situation ever arises, although having an AED available would give him a better chance of being successful, but the question is ~ does that same teacher have the means of trying to save my son's life if the situation ever presents itself without an AED readily

available? Its been said many, many times that having an AED available triples the chance of survival of a victim.

In any emergency situation, not all efforts will save a life but at least an attempt was made. If someone I knew required medical care and attempts were made, but unfortunately were not enough at least I'll know that everything that could possibly be done was done. Having an AED readily available will enhance the possibility of survival.

It is for these reasons that I am asking for your help in mandating AEDs at all schools and at all sporting events. It could be your child, grandchild, parent, sibling, friend, or coworker. No matter if it's a complete stranger, its still a life worth saving.

Thank you for allowing me to share on views in support of Senate Bill 2610.

Sincerely,

Tracey Kojima-Go

Dear Legislators,

Thank you for your efforts in bringing SB 2610 and HB 1747 to where it is today. My family has been working very hard to spread awareness on Sudden Cardiac Arrest (SCA), CPR, and Automated External Defibrillator (AED) use since my sister passed away from SCA. I have faith that people will realize how important it is to be proactive and do what is necessary to save lives.

Thank you for the opportunity to provide my testimony. My two children will also share their written testimony at the end.

In 2009, my family and I were away on vacation when I received a telephone call that I would never forget and has changed our lives forever. My step-mom, Sharon Maekawa, said that my sister, Kristin Claudi, passed away of a SCA. How could this be? My baby sister was a seemingly healthy 28-year old woman. And what was a SCA??

Kristin was a special education pre-school teacher who collapsed while attending a meeting on campus. Unfortunately, others who attended the meeting did not recognize signs of what was happening to Kristin and therefore, made sure she was comfortable until first responders arrived. No one performed CPR and there was no AED on campus. I don't blame them as they probably did not recognize or know signs of a Sudden Cardiac Arrest. Admittedly, I did not know what a SCA was at the time and thought that it was another term for "heart attack." Kristin left behind a heartbroken family and a devastated 4th grade niece and 2nd grade nephew, whom also attended the same school.

Since Kristin's passing, my step-mom, Sharon, has made it her life's mission to spread SCA/CPR/AED awareness and education. Seeing that Kristin was a teacher, Sharon also envisioned a law that would require AEDs on all school campuses. Sharon chose to begin her quest by educating students and faculty. Sharon joined forces with Pamela Foster, founder of the AED Institute, and formed a non-profit organization called Hawaii Heart Foundation, in memory of my sister. Together, with countless volunteers, Sharon and Pam continue to bring awareness to schools and the community.

Kristin's niece, Bailey, and nephew, Kenney (my children), have since become certified instructors and have accompanied Grandma Sharon and Pam on numerous occasions to schools and events in the community. Knowing how to perform hands only CPR and use of AEDs is so simple that an elementary school child can do it! My children and many other children who have since learned and volunteered will attest to that. Lives saving lives.

We spend the majority of our days at work or school. This is where we should feel safe and reassured that if something were to happen; fellow students and co-workers are educated on what to do. We want to spare another family the

heartache of what we went through with my sister's passing. Please help to support SB 2610 and HB 1747.

Sincerely,

Michele Chan

Testimony from Bailey, age 14:

Dear Legislators,

Thank you very much for your time and consideration on this bill. The fact that it has gone this far is unbelievable. If my mother hasn't mentioned it already, my aunty, Kristin Claudi, passed away about five years ago due to a cardiac arrest. Being in fourth grade at that time, it was hard for me to process what was going on. All I knew was that my aunty was gone because of a heart defect and that the people around her didn't know what to do. It is very possible that if they knew what to do, my aunty would be here right now, but I don't blame them, because the word about how to do Hands-Only CPR and how to use an AED (automated external defibrillator) is spectacularly increasing.

When I was eleven years old, I became a certified CPR instructor. Honestly, at that young age, I had no idea where it was going, but I knew I wanted to teach people. In the sixth grade, I started off teaching my GT (gifted and talented) language arts class how to perform Hands-Only CPR and to operate an AED. They actually enjoyed learning and it led me to teach my whole sixth grade class at Moanalua Elementary School, where my aunty used to teach before she passed. Ever since then, through out my busy schedule from sports, I've been trying my very best to attend all events that I can to inform people about how to save lives. With people knowing that knowledge and the tools needed, many lives have a greater chance of surviving.

Schools are where the children of Hawai'i stay for most of the day. I feel that teachers, administration, staff, and especially the students should know how to do CPR and how to use an AED. The chances of someone collapsing at anytime are high, and imagine if everyone knew what to do, lives would be saved, people eternally grateful for the person who saved their life. I feel we need the AEDs in every single school and every person informed and taught how to perform CPR. We need the AEDs at every sporting event and every athletic trainer proficient in how to operate the AED. Being a student athlete, knowing many other athletes and knowing that we all have a chance at being the one to collapse, I know the value of these AEDs along with knowing CPR. It's priceless. No one's life is worth giving up on. Every student deserves the opportunity at a second chance at life; knock on wood it never happens. Sadly, it will and I really hope that this bill follows through.

There is nothing more touching and moving than when you hear about someone's story of how they saved a life. This would mean so much to not only me, but also a vast group of people who really dedicate themselves to saving lives.

Thank you so much for your time, I truly appreciate it.

Mahalo and aloha,
Bailey Chan

Testimony from Kenney, age 12:

Dear Legislators,

I personally feel that there should be AED at every school and sporting event, and that there should be someone trained to use it. I feel like there should be an AED at every school because if someone does ever need to help someone, an AED should be available. Just like in case of a fire, an extinguisher should be available.

I also had my auntie pass away from a cardiac arrest in a teacher meeting, nobody knew what to do, and that's why I think a trained athletic trainer should also be available. I know what it feels like to have someone close to me, pass away when they could have been saved. I don't want anyone else to go through what I did. I was angry for a very long time because everyone, even the doctors, didn't know what was wrong with her. Then when they found out, it seemed as if it could have been so easy to save her. I don't want anyone else to lose someone when they could have been saved.

Sincerely,
Kenney Chan III

February 5, 2014

The Honorable Senator Michelle N Kidani and Senate Committee on Education
Hawaii State Senate-18th District
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Senator Kidani and the Senate Committee on Education,

My name is Taison Fa'asuamanu and I live at 87-1811 Mokila Street in Waianae, Hawaii. I am in the 5th grade at Waianae Elementary School.

I am writing to ask that you help make all schools and sporting events a Heart Safe place. I know how important it is to have an AED at my school and sport events because I have a heart condition called Long QT Syndrome that puts me at risk for sudden cardiac arrest. I am a healthy kid and love playing sports. I carry my own AED around with me everywhere I go and make sure I'm not by myself. All of my family knows how to use an AED just in case something bad happens to me. That is why I support SB 2610 because I know that an AED can save lives including mines. This is the right thing to do. Please support SB 2610.

Thank you for your time and consideration of this request.

Sincerely,
Taison Fa'asuamanu

Friday, February 07, 2014 1:15 PM

Conference Room 414, State Capitol, 415 South Beretania Street

To: [COMMITTEE ON EDUCATION](#)
Senator Jill N. Tokuda, Chair
Senator Michelle N. Kidani, Vice Chair

[COMMITTEE ON HIGHER EDUCATION](#)
Senator Brian T. Taniguchi, Chair
Senator Gilbert Kahele, Vice Chair

From: Brad Davis

Re: SB2610 RELATING TO EDUCATION AUTOMATED EXTERNAL DEFIBRILLATORS

In Support

Chairs & Committee Members:

I support SB2610 for the following reasons:

An Automated External Defibrillator (AED) saved my life on 8 Dec 2013 when I was participating in the Honolulu Marathon. A veteran of over 50 marathons during a 30+ year span, I collapsed at mile 22 (near Kahala Mall) due to cardiac arrest. 10-12 minutes of CPR by fellow marathoners and bystanders allowed the ambulance AED to restart my heart on the third shock. Five days later I underwent quintuple bypass surgery at age 49. The survival rate for cardiac arrest instances outside of a hospital is about 5% - I am fortunate to be able to testify.

Installing and maintaining AEDs in strategically locations at educational facilities is the right thing to do. AEDs are a tremendous enabler for life safety across the entire age spectrum from child to grandparent. Having personally taken a Hawaii Heart Foundation training class last month, I know firsthand how simple they are to operate.

An AED at an educational facility could save the life of one of your constituents, your ohana, or you one day.

Thank you for the opportunity to submit testimony.

Sincerely,

Brad Davis, Kaneohe

SB2610

Submitted on: 1/30/2014

Testimony for EDU/HRE on Feb 7, 2014 13:15PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments: As a healthcare provider, I support this bill to ensure AEDs are available in schools across the State. Mahalo for allowing testimony on this important measure.

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Submitted By	Organization	Testifier Position	Present at Hearing
L. Harbottle	Individual	Support	No

Comments: Please pass this bill. We have AEDs on our campus and it has saved TWO teachers lives already. Isn't it worth it if it will save just one person? The cost is minimal.... besides, can you really put a price on a human life? Please place this of utmost priority on your list. Thank you! Leoni Harbottle

Submitted By	Organization	Testifier Position	Present at Hearing
Sherri Akeo	Individual	Comments Only	No

Comments: I am in support and therefore submitting a testimony: I am aware of several AEDs on Iolani Campus and it has saved TWO teachers lives, so far. They would not be here today without those AEDs. Every school should have one. No price can be put on human life. Just think, if it was your family member who needed it, you would want it there. It doesn't take much to have one on every campus Thank you.

Submitted By	Organization	Testifier Position	Present at Hearing
John Bickel	Individual	Support	No

Comments: As a teacher at a private school that does have ample AED devices, I have seen the value of them and wish to support this bill. I am quite sure having them saved the life of one of my colleagues who collapsed on campus. An AED device was a few yards away, quickly used, and his life saved. I have taken the class to learn to use them. It is quite simple. So it would not be a great burden to get teachers to learn. If it saves one life, it is worth the cost.