MISSISSIPPI LEGISLATURE

AN ACT TO REQUIRE SCHOOL BOARDS AND CHARTER SCHOOLS TO
SUPPORT, ADOPT AND IMPLEMENT A CARDIAC EMERGENCY RESPONSE PLAN
THAT ADDRESSES THE APPROPRIATE USE OF SCHOOL PERSONNEL TO RESPOND
TO INCIDENTS INVOLVING AN INDIVIDUAL EXPERIENCING SUDDEN CARDiac
ARREST OR A LIFE-THREATENING EMERGENCY WHILE ON SCHOOL GROUNDS OR
AT AN ATHLETIC EVENT; TO REQUIRE SCHOOLS TO WORK DIRECTLY WITH
LOCAL EMERGENCY SERVICE PROVIDERS; TO ENSURE SCHOOLS TRAIN STAFF
IN FIRST-AID, CPR AND AED USE; TO AMEND SECTION 73-25-37,
MISSISSIPPI CODE OF 1972, TO PROVIDE THAT SCHOOL DISTRICTS, SCHOOL
DISTRICT EMPLOYEES OR AGENTS ACTING IN GOOD FAITH WHO PROVIDE
ASSISTANCE OR SERVICES UNDER THIS ACT SHALL BE IMMUNE FROM CIVIL
PROSECUTION; TO AMEND SECTION 41-60-33, MISSISSIPPI CODE OF 1972,
TO EXEMPT SCHOOL DISTRICT PERSONNEL FROM CERTAIN PREREQUISITES
THAT A MISSISSIPPI LICENSED PHYSICIAN MUST EXERCISE MEDICAL
CONTROL AUTHORITY OVER THE PERSON USING AN AED; AND FOR RELATED
PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Definitions. The following terms shall have the
meanings ascribed herein:

(a) "Cardiac Emergency Response Plan (CERP)" shall mean
a written document that establishes the specific steps to reduce
death from cardiac arrest in any setting - be it a school,
community organization, workplace, or sports facility.

(b) "Automated External Defibrillator (AED)" shall mean
a lightweight, portable device that delivers an electric shock
through the chest to the heart. The shock can potentially stop an
irregular heartbeat (arrhythmia) and allow a normal rhythm to
resume following sudden cardiac arrest (SCA).

(c) "Sudden Cardiac Arrest (SCA)" means when the heart
malfunctions and stops beating unexpectedly, and if not treated
within minutes, it quickly leads to death.

SECTION 2. (1) Beginning in the 2024-2025 school year, each
public school shall develop a cardiac emergency response plan
(CERP) that addresses the appropriate use of school personnel to
respond to incidents involving an individual experiencing sudden
cardiac arrest or a similar life-threatening emergency while on
school grounds.

(2) Beginning in the 2024-2025 school year, each public
school with an athletic department or organized athletic program
shall develop a cardiac emergency response plan that addresses the
appropriate use of school personnel to respond to incidents
involving an individual experiencing sudden cardiac arrest or a
similar life-threatening emergency while attending or
participating in an athletic practice or event while on school
grounds.

(3) School officials shall work directly with local
emergency service providers to integrate the CERP into the
community's EMS responder protocols. Each plan shall integrate
evidence-based core elements, such as those recommended by the
American Heart Association guidelines or another nationally recognized, evidence-based standard.

(4) The CERP shall integrate, at a minimum, the following guidelines:

(a) Establishing a cardiac emergency response team;
(b) Activating the team in response to a SCA;
(c) A plan for implementing AED placement and routine maintenance within the school;
(d) Disseminating the plan throughout the school campus;
(e) Maintaining ongoing staff training in CPR/AED use;
(f) Practicing using drills annually;
(g) Integrating local EMS with the plan; and
(h) Ongoing and annual review and evaluation of the plan.

(5) Appropriate AED placement shall be dictated by the CERP and in accordance with guidelines set by the American Heart Association or another nationally recognized, evidence-based standard. A school or local and regional board of education may accept gifts, grants and donations, including in-kind donations designated for the purchase of an AED that meets the standards established by the United States Food and Drug Administration and for the costs incurred to inspect and maintain such device and train staff in the use of such device.
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Appropriate school staff shall be trained in first-aid, CPR, and AED use that follow evidence-based guidelines set forth by the American Heart Association or another nationally recognized, evidence-based standard. Staff trained shall be determined by the CERP, including, but not limited to, licensed coaches, school nurses and athletic trainers.

SECTION 3. Section 73-25-37, Mississippi Code of 1972, is amended as follows:

73-25-37. (1) No duly licensed, practicing physician, physician assistant, dentist, registered nurse, licensed practical nurse, certified registered emergency medical technician, or any other person who, in good faith and in the exercise of reasonable care, renders emergency care to any injured person at the scene of an emergency, or in transporting the injured person to a point where medical assistance can be reasonably expected, shall be liable for any civil damages to the injured person as a result of any acts committed in good faith and in the exercise of reasonable care or omissions in good faith and in the exercise of reasonable care by such persons in rendering the emergency care to the injured person.

(2) (a) Any person who in good faith, with or without compensation, renders emergency care or treatment by the use of an Automated External Defibrillator (AED) in accordance with the provisions of Sections 41-60-31 through 41-60-35, as well as the person responsible for the site where the AED is located if the
person has provided for compliance with the provisions of Sections 41-60-31 through 41-60-35, shall be immune from civil liability for any personal injury as a result of that care or treatment, or as a result of any act, or failure to act, in providing or arranging further medical treatment, where the person acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances and the person's actions or failure to act does not amount to willful or wanton misconduct or gross negligence.

(b) A person who has not complied with the provisions of Sections 41-60-31 through 41-60-35, but who has access to an AED and uses it in good faith in an emergency as an ordinary prudent person would have done in the same or similar circumstances, shall be immune from civil liability for any personal injury as a result of an act or omission related to the operation of or failure to operate an AED if the person's actions or failure to act do not amount to willful or wanton misconduct or gross negligence.

(c) A school district, school district employee or agent acting in good faith who provides assistance or services under this act shall be immune from civil prosecution and shall not be liable in any action for civil damages in his or her individual, marital, governmental, corporate or other capacity as a result of the services provided under Sections 1 and 2 of this act.
(3) Any employee of a local public school district, a private school, or parochial school, trained in the administration of auto-injectable epinephrine, who provides, administers, or assists in the administration of auto-injectable epinephrine, in accordance with the provisions of Section 37-11-71, to a student believed in good faith to be having an anaphylactic reaction, shall be immune from civil liability for any personal injury as a result of that care or treatment if the employee's actions or failure to act do not amount to willful or wanton misconduct or gross negligence.

(4) The immunity from civil liability for any personal injury under subsection (2) of this section includes the licensed physician who authorizes, directs or supervises the installation or provision of AED equipment in or on any premises or conveyance other than a medical facility, the owner of the premises where an AED is used, the purchaser of the AED, a person who uses an AED during an emergency for the purpose of attempting to save the life of another person who is or who appears to be in cardiac arrest, and the person who provides the CPR and AED training.

(5) The immunity from civil liability for any personal injury under subsection (3) of this section includes the licensed physician who prescribes the auto-injectable epinephrine, the school district, or any other entity, that legally obtained the auto-injectable epinephrine, and the person who provides the training in the administration of auto-injectable epinephrine.
(6) The immunity from civil liability under subsection (2) and subsection (3) of this section does not apply if the personal injury results from the gross negligence or willful or wanton misconduct of the person rendering the emergency care.

(7) Except in cases of gross negligence or willful misconduct, civil immunity shall apply to any licensed physician or licensed pharmacist who prescribes or makes recommendation to an eligible patient regarding prescription for or treatment with an investigational drug, biological product or device under the provisions of Section 41-131-1, and the State Board of Medical Licensure and/or the State Board of Pharmacy, as the case may be, shall be prohibited from taking any adverse action against the license of such physician or pharmacist based solely on the physician's action under the provisions of Section 41-131-1.

SECTION 4. Section 41-60-33, Mississippi Code of 1972, is amended as follows:

41-60-33. (1) Any person may use an automated external defibrillator for the purpose of saving the life of another person in sudden cardiac death, subject to the following requirements:

(a) A Mississippi licensed physician must exercise medical control authority over the person using the AED to ensure compliance with requirements for training, emergency medical services (EMS) notification and maintenance;

(b) The person using the AED must have received appropriate training in cardiopulmonary resuscitation (CPR) and in
the use of an AED by the American Heart Association, American Red
Cross, National Safety Council or other nationally recognized
course in CPR and AED use;

(c) The AED must not operate in a manual mode except
when access control devices are in place or when appropriately
licensed individuals such as registered nurses, physicians or
emergency medical technician-paramedics utilize the AED; and

(d) Any person who renders emergency care or treatment
on a person in sudden cardiac death by using an AED must activate
the EMS system as soon as possible, and report any clinical use of
the AED to the licensed physician.

(2) All public schools and charter schools shall be exempt
from the provisions of this section when acting in accordance with
Sections 1 and 2 of this act.

SECTION 5. This act shall take effect and be in force from
and after July 1, 2024.