SLS 18RS-395 ENGROSSED

2018 Regular Session

SENATE BILL NO. 264

BY SENATOR CARTER

TELECOMMUNICATIONS. Requires public safety telecommunicators who provide dispatch for emergency medical conditions be trained in the delivery of telephone CPR. (8/1/18)

1	AN ACT
2	To amend and reenact R.S. 40:1131(21) and 1131.1(D) and to enact R.S. 40:1131(22) and
3	(23), 1133.13(F) and (G), and 1133.16, relative to emergency personnel; to provide
4	for definitions; to provide relative to telephone cardiopulmonary resuscitation; to
5	provide for minimum training requirements in telephone cardiopulmonary
6	resuscitation; to provide for certain terms, procedures, and conditions; and to provide
7	for related matters.
8	Be it enacted by the Legislature of Louisiana:
9	Section 1. R.S. 40:1131(21) and 1131.1(D) are hereby amended and reenacted and
10	R.S. 40:1131(22) and (23), 1133.13(F) and (G) and 1133.16 are hereby enacted to read as
11	follows:
12	§1131. Definitions
13	For purposes of this Chapter:
14	* * *
15	(21) "Public safety agency" means a functional division of a public or
16	private agency which provides firefighting, police, medical, or other emergency
17	services.

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1	(22) I usine sarety telecommunicator—means an individual answering
2	911 emergency medical condition calls on behalf of a public safety agency who
3	has authority, based on a protocol adopted by the agency, to provide telephone
4	cardiopulmonary resuscitation (T-CPR) instructions to a caller before arrival
5	of professional medical assistance by first responders.
6	(23) "Volunteer nonprofit organization" means an organization which in its
7	regular course of business responds to a call for help and renders medical treatment
8	and whose attendants are emergency medical personnel, a registered nurse, or a
9	physician and which is chartered as a nonprofit organization under Section 501c of
10	the United States Internal Revenue Code, as a volunteer fire department by the
11	Louisiana state fire marshal's office, or as a nonprofit organization by the Louisiana
12	secretary of state.
13	§1131.1. Emergency medical services program; cooperation of other state
14	departments
15	* * *
16	D. The bureau shall identify all public and private agencies, institutions, and
17	individuals that are or may be engaged in emergency medical services training and
18	set minimum standards for course approval, instruction, and examination. Public
19	safety telecommunicators shall at a minimum successfully complete the
20	telephone cardiopulmonary resuscitation training required by R.S. 40:1133.16.
21	* * *
22	§1133.13. Civil immunity
23	* * *
24	F. No public safety telecommunicator who instructs a caller on telephone
25	cardiopulmonary resuscitation shall be liable for any civil damages arising out
26	of the instruction provided to the caller, except for acts or omissions
27	intentionally designed to harm, or for grossly negligent acts or omissions that
28	result in harm to an individual. A caller may decline to receive instruction on

cardiopulmonary resuscitation. When a caller declines cardiopulmonary

resuscitation instruction the public safety telecommunicator has no obligation

to provide the instruction.

G. No public safety agency shall be liable for any civil damages for employing individuals to answer 911 emergency calls who are not designated as

employing individuals to answer 911 emergency calls who are not designated as public safety telecommunicators. Individuals who are not public safety telecommunicators, as defined in R.S. 40:1131(22), shall not be required to complete the telephone cardiopulmonary resuscitation training required by R.S. 40:1133.16 and shall have no obligation to offer and provide telephone cardiopulmonary resuscitation instruction to a caller.

* * *

§1133.16. Public safety telecommunicator; instruction

A. A public safety telecommunicator shall be trained in telephone cardiopulmonary resuscitation (T-CPR) utilizing nationally recognized emergency cardiovascular care guidelines adopted by the bureau every two years. At a minimum, this training shall incorporate recognition protocols for out-of-hospital cardiac arrest, compression-only CPR instructions for callers, and continuing education as appropriate.

- (1) On or before January 1, 2019, each public safety telecommunicator in a parish with a population greater than one hundred thousand, according to the latest federal decennial census, shall complete the T-CPR training required by this Section.
- (2) On or before January 1, 2020, each public safety telecommunicator in a parish with a population between fifty thousand and one hundred thousand, according to the latest federal decennial census, shall complete the T-CPR training required by this Section.
- (3) On or before January 1, 2021, each public safety telecommunicator in a parish with a population less than fifty thousand, according to the latest federal decennial census, shall complete the T-CPR training required by this Section.

1 B. A public safety agency may enter into a reciprocal agreement with 2 another public safety agency to provide T-CPR, provided that the agency that 3 accepts the call has a public safety telecommunicator who is trained in T-CPR 4 as provided by this Section. C. The bureau shall identify all public and private agencies, institutions, 5 and individuals that are or may be engaged in T-CPR training and set minimum 6 7 standards for course approval, instruction, and examination, including online 8 training modules based on nationally recognized guidelines. The bureau shall 9 implement an efficient means for each public safety agency employing public 10 safety telecommunicators to transmit identifying information for the public 11 safety telecommunicators in their employ and an efficient means for either the 12 public safety agency or the public safety telecommunicator to provide a 13 certificate of completion of the T-CPR training required by this Section. D. The department shall adopt rules in accordance with the provisions 14 of the Administrative Procedure Act as are necessary to implement the 15 16 provisions of this Section.

The original instrument was prepared by Michelle D. Ridge. The following digest, which does not constitute a part of the legislative instrument, was prepared by Christine Arbo Peck.

DIGEST 2018 Regular Session

Carter

SB 264 Engrossed

Present law provides for training of emergency medical personnel.

<u>Proposed law</u> defines "public safety agency" as a functional division of a public or private agency which provides firefighting, police, medical, or other emergency services. <u>Proposed law</u> defines "public safety telecommunicator" as an individual answering 911 emergency calls on behalf of a public safety agency who has authority, based on a protocol adopted by the agency, to provide telephone cardiopulmonary resuscitation (T-CPR) instructions to a caller before arrival of professional medical assistance by first responders.

<u>Present law</u> grants civil immunity to emergency medical services practitioners, parish governing authorities, police departments, sheriffs' offices, fire departments, or other public agencies engaged in rendering emergency medical services.

<u>Proposed law</u> provides that no public safety telecommunicator who instructs a caller on telephone cardiopulmonary resuscitation (T-CPR) shall be liable for any civil damages arising out of the instruction provided to the caller, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions that result in harm to an individual. Proposed law provides that a caller may decline T-CPR instruction and that once

declined, the public safety communicator has no obligation to provide the instruction.

<u>Proposed law</u> provides that a public safety agency is not required to have public safety communicators answer their 911 calls.

<u>Proposed law</u> requires a public safety telecommunicator be trained in T-CPR utilizing nationally recognized emergency cardiovascular care guidelines adopted by the bureau every two years.

<u>Proposed law</u> provides that the training, at a minimum, shall incorporate recognition protocols for out-of-hospital cardiac arrest, compression-only CPR instructions for callers, and continuing education as appropriate.

<u>Proposed law</u> requires public safety agencies to ensure that 911 calls being answered by public safety telecommunicators have T-CPR training based on the following timeline and population references based on the latest federal decennial census:

- (1) January 1, 2019 for parishes with a population of more than 100,000.
- (2) January 1, 2020 for parishes with a population between 50,000 and 100,000.
- (3) January 1, 2021 for parishes with a population less than 50,000.

<u>Proposed law</u> provides that a public safety agency may enter into a reciprocal agreement with another public safety agency to provide T-CPR, provided that the agency that accepts the call has a public safety telecommunicator who is trained in T-CPR as provided by proposed law.

<u>Proposed law</u> requires LDH, bureau of emergency medical services to identify all public and private agencies, institutions, and individuals that are or may be engaged in T-CPR training and establish minimum standards for course approval, instruction, and examination. <u>Proposed law</u> requires LDH to implement an efficient mechanism for the bureau to maintain the names of public safety communicators and receive certificates of completion for the training course required in proposed law.

<u>Proposed law</u> provides that the Dept. of Health shall adopt rules in accordance with the APA as necessary to implement the provisions of proposed law.

Effective August 1, 2018.

(Amends R.S. 40:1131(21) and 1131.1(D); adds R.S. 40:1131(22) and (23), 1133.13(F) and (G), and 1133.16)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

- 1. Adds definition for "public safety agency" and revises the definition for "public safety telecommunicator".
- 2. Clarifies that a caller may decline T-CPR and if so, the public safety telecommunicator has no obligation to provide the instruction.
- 3. Provides that each public safety agency adopt a protocol to identify certain individuals answering 911 emergency medical condition calls as public safety telecommunicators and gives timelines for securing T-CPR training.

4. Provides that public safety agencies are not liable for having non-public safety telecommunicators answer 911 emergency calls.

- 5. Provides implementation of public safety telecommunicator training requirements based on the latest federal decennial such that parishes with a population of more than 100,000 must comply by January 1, 2019; 50,000 100,000 by January 1, 2020; and below 50,000 by January 1, 2021.
- 6. Provides that LDH implements an efficient mechanism to record the identity of the public safety telecommunicators and record compliance with the T-CPR training.