

WISCONSIN LEGISLATIVE COUNCIL ACT MEMO

2017 Wisconsin Act 296 [2017 Assembly Bill 654]

Dispatcher Assisted CPR

EMERGENCY DISPATCHER ASSISTED BYSTANDER CARDIOPULMONARY RESUSCITATION

2017 Wisconsin Act 296 requires, beginning on May 1, 2021, every public safety answering point¹, in appropriate circumstances, to provide telephonic assistance on administering cardiopulmonary resuscitation (CPR) by doing either of the following:

- Providing each dispatcher with training in CPR that includes all of the following:
 - Certification in CPR.
 - Use of an evidence-based protocol or script for providing CPR instruction recommended by an academic institution or a nationally recognized organization specializing in medical dispatch.
 - Appropriate continuing education, as determined by the Department of Health Services (DHS).
- Transferring callers to a dedicated telephone line, telephone center, or another public safety answering point to provide the caller with assistance on administering CPR. If a public safety answering point transfers callers it must do all of the following:
 - Use an evidence-based protocol for the identification of a person in need of CPR.

This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents at the Legislature's Web site at: <u>http://www.legis.wisconsin.gov</u>.

¹ "Public safety answering point" means a "facility to which a call on a basic or sophisticated system is initially routed for response, and on which a public agency directly dispatches the appropriate emergency service provider, relays a message to the appropriate emergency service provider, or transfers the call to the appropriate emergency services provider." [s. 256.35 (1) (gm), Stats.]

- Provide appropriate training and continuing education, as determined by DHS, on the protocol for identification of a person in need of CPR.
- Ensure that any dedicated telephone line, telephone center, or public safety answering point to which calls are transferred uses dispatchers that meet the training requirements, described above, to provide assistance on administering CPR.

The Act also requires that, beginning on May 1, 2021, every public safety answering point conduct ongoing quality assurance of its dispatcher assisted bystander CPR program.

CIVIL IMMUNITY FOR PROVISION OF TELEPHONIC ASSISTANCE ADMINISTERING CPR

The Act provides civil immunity to a dispatcher who provides telephonic assistance on administering CPR for any outcomes resulting from the administration of CPR, or failure to administer CPR, if all of the following conditions exist:

- The dispatcher who provides telephonic assistance on administering CPR has been trained in accordance with the standards described above.
- The dispatcher provides telephonic assistance on administering CPR by doing any of the following:
 - Using an evidence-based protocol or script, as described above.
 - Transferring the caller to a dedicated telephone line, telephone center, or another public safety answering point, as described above.
- The injury claimed is not the result of an act or omission that constitutes gross negligence or willful or wanton misconduct by the dispatcher or public safety answering point.

DHS FUNDING FOR DISPATCHER TRAINING ON TELEPHONIC ASSISTANCE Administering CPR

The Act provides \$250,000 for fiscal year 2017-18 in funding for emergency dispatcher CPR training on telephonic assistance on administering CPR. The moneys must be used to provide dispatchers with training in accordance with the standards required by the Act. Under the Act, DHS may distribute this money through any of the following methods:

- Grants to public safety answering points. A public safety answering point is eligible to receive a grant if it employs one or more dispatchers that have not completed training required by the Act.
- An application process commonly referred to as a request for proposals (RFP) process, for persons to submit proposals and establish a contract with DHS to provide the training.
- A combination of the two methods listed above.

The Act requires DHS to establish criteria for approving and distributing the money provided by the Act. DHS is also authorized to submit one or more requests, during the 2017-19 fiscal biennium, for supplemental funding from the Joint Committee on Finance (JFC), and JFC is not required, under the Act, to find that an emergency exists before making such supplementation. Also, the Act specifies that DHS must include a proposal for funding an emergency dispatcher CPR training in its 2019-21 biennial budget request. Lastly, the Act creates a 0.5 full-time equivalent position in DHS to administer the emergency dispatcher CPR training grant program.

Effective date: April 18, 2018

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May 1, 2018

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