
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.

SB 264 Engrossed

DIGEST
2018 Regular Session

Carter

Present law provides for training of emergency medical personnel.

Proposed law defines "public safety agency" as a functional division of a public or private agency which provides firefighting, police, medical, or other emergency services. Proposed law 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.

Present law 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.

Proposed law 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.

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

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

Proposed law 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.

Proposed law 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.

Proposed law 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.

Proposed law 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. Proposed law 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.

Proposed law 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.