



JERRY PETROWSKI

WISCONSIN STATE SENATOR

SB 549: Dispatcher Assisted CPR
Senator Jerry Petrowski Testimony
Senate Committee on Judiciary and Public Safety

Good afternoon, Mr. Chairman and members of the committee, and thank you for the opportunity to provide testimony today on Senate Bill 549 – a piece of simple, but life-saving legislation.

As the gatekeepers to our emergency response system, 911 Public Safety Telecommunicators, also known as dispatchers, are critical to the overall chain of survival. As such, dispatchers are poised to make a real difference in a life or death situation. This bill would require that all Public Safety Answering Points (PSAPs) have their dispatchers certified in CPR and trained in providing this instruction to callers over the phone or to transfer the call to another PSAP who can.

Telephone CPR allows 911 dispatchers, in a calm and reassuring voice, to talk callers through how to begin lifesaving care until professional first responders arrive and take over. These instructions, and the resulting immediate initiation of CPR, is especially important in our rural areas where response times are greater. Many Public Safety Answering Points across the state already train their dispatchers to provide telephone CPR, this bill will help to fill in the gaps and make sure that all Wisconsinites – regardless of location – will receive this life-saving instruction when necessary.

Telephone CPR is important not only for 911 callers that don't know CPR, but also for those who do. Being witness to a cardiac arrest is extremely stressful. The person is in a life and death situation, and chances are it's someone you know. Through this training, dispatchers are trained to focus frantic callers on the situation and what needs to be done to initiate aide. Telephone CPR has been shown to dramatically increase bystander CPR rates and is associated with improved survival.

Cardiac arrest is a leading cause of death, resulting in over 6,500 deaths annually in Wisconsin. It strikes suddenly and without warning, and what happens in the first few minutes can mean the difference between life and death. Establishing statewide CPR coaching for all dispatchers in Wisconsin means CPR can begin more quickly before first responders arrive, increasing a cardiac arrest victim's chance of survival.

I also want to mention the connection to the opioid epidemic we are seeing in Wisconsin and nationwide. When a person overdoses on opioids, they are in respiratory arrest. This is different from cardiac arrest, but equally deadly. And just like with cardiac arrest, what a person

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overdosing on opioids needs is resuscitation, which means that CPR is critical in these situations as well.

There are two amendments on this bill, the first transfers administration of the grant program from DMA to DHS and explicitly states that any Public Safety Answering Point or dispatcher who provides telephonic CPR is immune from civil liability for an undesirable outcome as long as they are following the requirements laid out for them under this bill. The second amendment was needed to provide DHS with the flexibility they need to potentially contract with a third party in relation to the training aspect of this bill.

Thank you again for listening to me speak on this important bill. I would be happy to answer any questions you may have.



TO: Members, Senate Committee on Judiciary and Public Safety
FROM: Nicole Hudzinski, Sr. Government Relations Director, American Heart Association (AHA)
Mary Jo Gordon, Chair, AHA Wisconsin Advocacy Committee
Ann Dodge, NP, Member, AHA WI Advocacy Committee

DATE: February 6, 2018
RE: Support of Senate Bill 549, dispatcher assisted bystander CPR

Good morning Chairman Wanggaard and members of the Committee. My name is Nicole Hudzinski and I am the Senior Government Relations Director here in Wisconsin for the American Heart Association. I am joined today by two of our volunteer leaders— Mary Jo Gordon and Ann Dodge. We are happy to be here today to testify in support of Senate Bill 549, which ensures all 911 dispatchers are trained and able to coach callers through how to perform CPR.

Our goal with this legislation is simple— we want to make our communities safer, and ultimately save lives. To do that, we know we need CPR initiated quickly. Dispatcher coaching has been shown to significantly increase bystander CPR rates, a key component in the chain of survival.

Here in Wisconsin, just over 6,000 people suffer cardiac arrest each year. On average, that's 16 per day. Additionally, state data shows us our statewide bystander initiated CPR rate is only 19%, much lower than the national average of 45%. This rate varies from community to community, but nonetheless the statewide rate is 19%. This leads to a dismal survival rate. We can and must do better.

To survive a cardiac arrest, CPR must be initiated promptly to keep blood pumping to the brain, lungs and other organs. Sometimes first responders are nearby and can respond quickly; other times, especially in our more rural areas, first responders can take 5, 10 or even 15 minutes to arrive. During this time, the victim's life is in the hands of the people around them, and that of the 911 dispatcher. Chances for survival drop 10% with each passing minute that CPR is not started.

Dispatcher coaching is not a new idea. It was decades ago when medical dispatch centers across the country started adopting protocols to talk callers through medical emergencies. Over the years, many of the Public Service Answering Points (PSAPs) in Wisconsin adopted protocols and began providing pre-arrival instructions. Our goal with this legislation is to ensure all PSAPs in Wisconsin, at a bare minimum, provide CPR instructions over the phone. The public expects it, and these simple instructions can literally mean the difference between life and death.

Dispatcher coaching can turn an untrained bystander into a lifesaver, all while first responders are en route. It also important, however, when the caller is CPR trained. Witnessing cardiac arrest is extremely stressful, especially if it's a loved one experiencing the arrest. Your blood pressure will surely rise, and it may be hard to think straight. Dispatchers are trained to

provide instructions in a calm voice, helping to keep the bystander focused on how to help, and thus increasing the victims chance of survival.

This coaching also allows the dispatcher to be more connected to the emergency response. We've heard from dispatchers about how helpless they feel on calls when they're not able to provide instructions. One dispatcher, who works for a PSAP in Ozaukee County which recently started providing pre-arrival instructions said, "for the first time I feel connected to the emergency response system, and I can offer lifesaving measures before the first person arrives on scene".

Senate Bill 549 requires all PSAPs in Wisconsin to do one of two things: train their dispatchers to provide CPR coaching or partner with another PSAP willing to provide CPR coaching for them. Both systems— providing instruction in-house and transferring calls— are already in place in various regions across the state; others are here to speak to those examples. This bill also creates a grant program, to help PSAPs with training costs.

Senate Bill 549 has the potential to substantially increase the bystander CPR rate in Wisconsin, making our communities safer and ultimately saving lives. It is supported by over 15 stakeholder groups, and passed through the Assembly Public Safety Committee 11-0. On behalf of the American Heart Association, we ask for your support of Senate Bill 549, and we are happy to answer any questions you have.



Wisconsin
CHAPTER



TO: Senate Judiciary and Public Safety Committee
 DATE: February 6, 2018
 RE: 911 Dispatcher-assisted CPR (AB 654/SB 549)

Throughout Wisconsin, 911 dispatchers are the gateway to our emergency response system. Dispatchers are the first point of contact in an emergency, and they have the unique opportunity to help callers while they wait for first responders to arrive. **Please support AB 654/SB 549, ensuring all dispatchers are trained and able to coach bystanders in performing CPR.** AB 654 passed through the Assembly Public Safety Committee 11-0 on January 11, 2018.

Dispatchers should be trained to provide CPR instructions to bystanders awaiting EMS arrival. Dispatchers can coach callers with real-time, step-by-step instructions, enabling callers to become lifesavers, all while first responders are en route. This is known as dispatcher-assisted CPR or Telephone-CPR.

Wisconsin has over 105 Public Service Answering Points (PSAPs), the place your call gets routed to when you dial 9-1-1. Some PSAPs are county-based and some are municipal-based. Training varies from PSAP to PSAP, as does their ability to coach callers through how to perform CPR. Some PSAPs provide this instruction, others do not. Our goal is to ensure all callers are provided with this important instruction, either through the local PSAP where the call is routed or through a neighboring PSAP willing to provide the instruction.

Cardiac arrest is a leading cause of death, with nearly 326,200 out-of-hospital cardiac arrests occurring each year in the United States. It strikes suddenly and without warning, and what happens in the first few minutes can mean the difference between life and death. For every minute without CPR, survival from a witnessed cardiac arrest decreases 7-10 percent. With EMS response times exceeding 10 minutes in many areas in Wisconsin, the need for CPR to be initiated prior to EMS arrival is even greater.

Dispatcher instructions/coaching has been shown to significantly increase bystander CPR rates and cardiac arrest survival. Real experiences also show that even trained bystanders may need coaching during this difficult and often frantic time. Additionally, those without previous CPR knowledge can quickly be instructed.

Dispatcher assisted CPR is an effective and low-cost strategy to improve cardiac arrest survival, yet it is underutilized in Wisconsin. More comprehensive implementation of CPR prearrival instructions has the potential to save dozens of lives in Wisconsin each year. We ask you to please support AB 654/SB 549, ensuring all dispatchers are trained and able to provide this lifesaving instruction.

If you have questions, or would like additional information, please contact Nicole Hudzinski at Nicole.hudzinski@heart.org or 608-225-4042.

FACTS

Telephone CPR (T-CPR)

A Race Against the Clock

OVERVIEW

911 is a number we all know, a number we teach our children at a very young age. It's the gateway to our emergency response system, a system we rely on when our loved ones are in danger. Calls to 911 vary in purpose, from car accidents to house fires to possible heart attack or cardiac arrest.

The person who answers the phone when you call 9-1-1 is called a telecommunicator or dispatcher. Their job is to confirm location, assess the situation and dispatch the appropriate response. Some dispatchers are trained in emergency medical dispatch, allowing them to better assess the situation and provide medical instructions, like CPR, to the caller over the phone while they wait for EMS to arrive.

SUDDEN CARDIAC ARREST (SCA)

SCA is the sudden, unexpected loss of heart function, breathing and consciousness, and is commonly the result of an electrical disturbance in the heart. Each year an estimated 350,000 cardiac arrest events occur in the United States in an out-of-hospital environment. Almost all of these events result in a call for help to 911. Without quick intervention in the form of cardiopulmonary resuscitation (CPR) and defibrillation, death from SCA is certain.

TELEPHONE CPR (T-CPR)

Telecommunicators are the true, first responders and a critical link in the cardiac arrest chain of survival. It is the telecommunicator, in partnership with the caller, who has the opportunity to identify a patient in cardiac arrest, providing the initial level of care by delivering telephone CPR (T-

CPR) instructions to the caller, and quickly dispatching the appropriate level of help. It is through these actions that the telecommunicator can make the difference between life and death.

It is important to emphasize that the telecommunicator and the caller form a unique team in which the expertise of the telecommunicator and the willingness of the caller to provide T-CPR represents the best opportunity to improve survival from sudden cardiac arrest.



T-CPR IN WISCONSIN

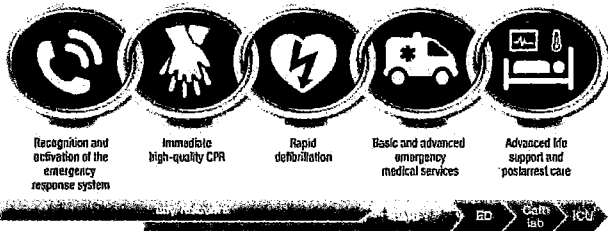
Wisconsin has over 105 Public Service Answering Points (PSAPs), the place your call gets routed when you dial 9-1-1. Some are county-based and others are municipal-based.

Training varies from PSAP to PSAP, as Wisconsin currently does not have minimum training standards for dispatchers. Some PSAPs train their dispatchers to provide pre-arrival instructions and others do not. As such, the information dispatchers are able to provide callers, including pre-arrival instructions like CPR, varies from community to community.

A 2014 report card from the American College of Emergency Physicians gave Wisconsin a C minus, citing no uniform system for providing pre-arrival instructions as one reason for the low grade. The report suggested putting policies in place would help ensure patients receive time sensitive and evidence-based care needed for better prognosis¹.

WAITING FOR EMS

Emergency Medical Services (EMS) response times vary greatly depending on many factors, including geography, weather, and accurate location information. Even in ideal circumstances, patients can wait 5-10 minutes, sometimes longer, for help to arrive. For acute conditions like cardiac arrest, treatment is a race against the clock and CPR must be initiated within minutes. Immediate bystander CPR can double, even triple a victim's chance of survival.



PUBLIC EXPECTATIONS

Studies show the general public expects pre-arrival instructions when calling 9-1-1. In one study, 524 people were surveyed regarding their expectations for telephone instructions from the dispatcher if a close relative is choking, not breathing, bleeding or giving birth. The study found 88% of respondents believed they would receive instructions for choking, 87% for not breathing, 89% for bleeding and 88% for childbirth².

THE AHA ADVOCATES

Dispatchers have the opportunity to provide life-saving instructions to callers while they wait for EMS to arrive. The American Heart Association (AHA) recognizes T-CPR as a critical component of the chain of survival.

AHA supports public policy initiatives that promote increased quality and appropriate use of 911 systems, including formal training to

appropriately assess the needs of patient and provide life-saving telephone CPR instructions.

JOHN AND SUE SIEBERT (NEW BERLIN, WI)

On Saturday, March 5, 2016, John Siebert collapsed in his kitchen. His wife, Sue, was upstairs at the time but decided to go downstairs to hear what the loud noise was. She found her husband unconscious, in a pool of blood, and wedged up against the stove. Sue quickly opened the garage door, picked up her cell phone, dialed 9-1-1, and put the phone on speaker.

The Waukesha County 911 dispatcher who answered her call was the first person in a line of many to help save her husband's life. The dispatcher kept Sue focused, and first coached her on how to get John flat on his back. He then talked her through how to perform CPR. Sue was trained in CPR twenty years prior, but in the stress of the moment, it was the dispatcher who helped keep her focused and doing what needed to be done. The dispatcher stayed on the line, continuing to coach her until first responders arrived.



John survived his cardiac arrest with no damage and is back to work full-time. The entire Siebert family are thankful for many things, including a well-trained dispatcher who helped save John's life.

References

1. America's Emergency Care Environment, A State-by-State Report Card, 2014 Edition: 115-116. American College of Emergency Physicians: <http://www.emreportcard.org/uploadedFiles/EMReportCard2014.pdf>
 2. Billittler AJ, Lerner EB, Tucker W, Lee J. The Lay Public's Expectations of Prearrival Instructions When Dialing 9-1-1. Prehospital Emergency Care. 2000 Jul-Sept; 4(3):234-7. Available at <http://www.ncbi.nlm.nih.gov/pubmed/10895918>. Accessed 12/28/14.

February 6, 2018

Good afternoon Senator Wanggaard and members of the Committee.

My name is Ann Dodge and I'm a Nurse Practitioner in Pediatric Cardiology at American Family Children's Hospital. I'm also a volunteer with the American Heart Association. In my career, I see young children and their families struggle with heart issues every day. Those struggles stay with you as a medical professional and it hit home for me several years ago when my dear cousin suffered cardiac arrest.

Susan is the life of every party and has one of the best smiles you'll ever see. She didn't appear to have any heart issues when cardiac arrest struck her at age 50. She was getting ready for work when she collapsed, right in front of her teenaged son Ben.

Ben called 9-1-1 and, luckily, was patched through to Dane County dispatch. Dispatcher Marlis Lambson answered the call. Ben was frantic and panicking because he didn't know CPR.

Marlis told him that's what she is there for and firmly and calmly told Ben how to give chest compressions on Susan, as first responders were on their way. Ben gave CPR for approximately 10 minutes before EMTs arrived and took over.

Because of Marlis' calm and clear CPR instructions, Ben administered correct and effective CPR on his mom.

Susan was taken to the hospital where she was in a medical coma for 3 days. But, 6 years later, she is alive and well.

I'm so thankful for Marlis and Ben. Together, they formed a unique team. Because of Ben's quick thinking and Marlis' calm directions, I get to see Susan's wonderful smile today.

This bill is so important and will save lives in Wisconsin. Bystander CPR is proven to be a key factor in improving survival rates of cardiac arrest victims. Even if you have been trained in CPR, having that calm, direct voice on the other end of the phone to walk you through CPR is vital. This role is so important while you are going through one of the scariest moments of your life.

Susan is alive today because of dispatcher-assisted CPR, and this bill will save more lives just like Susan's. I ask you to support Senate Bill 549.

Thank you,
Ann Dodge, NP
Middleton, WI



TO: Senate Committee on Judiciary & Public Safety
FROM: Alli Thompson, Project ADAM Administrator; and Joe Lemel, Parent
DATE: Tuesday, February 6, 2018
RE: Support for SB 549—Dispatcher assisted bystander CPR

Good afternoon, Chairman Wanggaard and members of the committee. My name is Alli Thompson and I work on the Herma Heart Institute's Project ADAM team at Children's Hospital of Wisconsin. Thank you for allowing us the opportunity to testify in support of SB 549 which ensures that emergency dispatchers are able to assist callers in performing cardiopulmonary resuscitation (CPR).

As you know, Children's Hospital of Wisconsin (Children's Hospital) serves children and families from every county across the state. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics.

The Herma Heart Institute at Children's Hospital of Wisconsin is the largest pediatric cardiac center in the state and ranked by U.S. News & World Report as the number five (#5) pediatric cardiology and heart surgery program in the nation. One of our community programs of excellence is Project ADAM. Project ADAM began in 1999 after a series of sudden deaths among previously healthy, high school athletes in southeastern Wisconsin. A previously undetected heart condition is often the cause of death in these situations. Prompt CPR and use of an automated external defibrillator (AED) can save most lives in these situations. Project ADAM helps schools in Wisconsin and across the nation by supporting implementation of coordinated CPR/AED programs to improve response systems in a cardiac emergency. We were thrilled with the passage of the CPR in schools legislation last session, and we know this legislation is the next step to achieving better cardiac arrest survival rates in Wisconsin.

Cardiac arrest strikes suddenly and without warning, and what happens in the first few minutes can mean the difference between life and death. Cardiac arrests are the leading cause of death in the United States, with more than 326,000 out-of-hospital cardiac arrests occurring each year. For every minute without CPR, survival from a witnessed cardiac arrest decreases by 7-10 percent. With emergency medical services (EMS) arrival times exceeding ten minutes in some areas in Wisconsin, the need for CPR to be initiated prior to EMS arrival is even greater. Nationwide, only 46% of bystanders have some sort of CPR training. With the help of SB 549, we can greatly increase the survival rate for cardiac arrests in Wisconsin.

Wisconsin has over 100 Public Service Answering Points (PSAPs), or dispatch centers, where emergency calls are routed when someone dials 9-1-1. Dispatcher training varies from PSAP to PSAP, as does their ability to coach callers through how to perform CPR. This legislation will make our communities safer by providing grants to ensure that all dispatchers are trained and able to talk bystanders through performing CPR or are able to transfer callers to a qualified dispatcher who can assist them.

Today I am joined by Joe Lemel. I will turn things over to Joe to allow him to share his story.



Thank you, Alli, and thank you Committee Members for allowing me to speak today. As a father who lost his son, I know firsthand the undeniable need that the passage of SB 549 will fill.

On January 22, 1999, I was at a high school basketball game watching my son, Adam, play for his Whitefish Bay High School basketball team when he suddenly collapsed and died. This was just a few weeks after his 17th birthday. He had no prior symptoms. He was the last person you would have suspected to have an underlying problem.

He was a tireless multi-sport athlete, state champion tennis player, soccer player, but most importantly he was my son. All that is left for us now is to be sure that no parent ever stands witness to their child's death without knowing they were given the best chance of survival. So in 1999, Project ADAM (Automated Defibrillators in Adam's Memory), a Children's Hospital of Wisconsin program, was started with the above goal in mind. The Adam in Project ADAM is my son.

Having people trained with the lifesaving skills of CPR, as well having access to a defibrillator, could have saved Adam's life. We need more people across the state trained in CPR, and I was so happy that the bill passed last session will allow all high school students to be trained. Now we need to take our efforts one step further by ensuring we can rely on our 9-1-1 dispatchers to help coach bystanders through the CPR process. Having watched my son collapse on the court, I can tell you that even though you may be trained in CPR, when panic sets in, you need a trained professional to keep you calm and focused on saving your loved one. Having 9-1-1 dispatchers able to walk you through the process of CPR will help save lives. Thank you for your time and I appreciate the chance to show my support of SB 549.

Dispatcher-assisted CPR is an effective and low-cost strategy to improve cardiac arrest survival. More comprehensive implementation of CPR instructions for cardiac arrest bystanders has the potential to save lives in Wisconsin. Chairman Wanggaard and committee members, thank you again for the opportunity to testify in support of SB 549. We are happy to answer any questions you may have now or please feel free to contact me via email, ajthompson@chw.org or via phone, 414-266-1666.

SB 549 – Dispatcher Assisted Bystander CPR

06-February-2018

Chairman Wanggaard and members of the committee, thank you for this opportunity to tell you why I support Senate Bill 549, Dispatcher Assisted Bystander CPR.

My name is Mary Jo Gordon, and I am a resident of Seymour, Wisconsin.

My testimony today comes from my unique perspective as an emergency medical services professional, a 9-1-1 dispatcher, a cardiac arrest survivor, and the sister of a cardiac arrest victim.

Prior to moving back to my home state of Wisconsin, I lived in the state of Washington where I worked as an EMT for a large, rural fire department and also as a dispatcher for a major Seattle area 9-1-1 center. In my own fire district, response times could be as much as 15 minutes or more. I can tell you that the most challenging calls we were dispatched to were for cardiac arrest. We prayed that someone on scene was doing adequate CPR while we were en route. Arriving on scene to see bystander CPR in progress was a huge relief since - without CPR - the chance of survival diminishes 10% with every passing minute.

King County, Washington, where I worked, is known as the best place in the world to have cardiac arrest because: 1) ALL emergency dispatchers are trained to give CPR instructions over the phone; 2) more than 75% of residents have CPR training; and 3) there are thousands of Automatic External Defibrillators (AEDs) installed or carried by first responders. As a result, the county's survival rate for bystander-witnessed cardiac arrest is an unparalleled 62% compared with single digit results elsewhere in the U.S.

Our dispatch center handled many high-risk situations for the 14 fire departments and 3 police departments we dispatched, but few were as critical or stressful as a cardiac arrest where time is the true enemy of a successful outcome.

Even though many of our citizens had CPR training, for those who didn't or couldn't remember the skills, the ability to talk a caller through the steps to providing effective CPR meant the difference between life or certain death.

Because the majority of cardiac arrests happen at home, we were often helping a spouse or child to save the life of a loved one. We were the difference between a caller being able to help versus that person feeling completely hopeless and possibly having to live with the guilt of not doing more. For a dispatcher, there was no greater satisfaction than knowing we were part of the chain that saved the life of a cardiac arrest victim.

And finally, my own personal experience is what motivated me to become involved in the chain of survival as a medic and a dispatcher. My family has an inherited heart disorder that can cause cardiac arrest, particularly in children and young adults. Fortunately, when I had my cardiac arrest, trained responders began CPR quickly and saved me without complications.

SB 549 – Dispatcher Assisted Bystander CPR

However, when my youngest sister suffered cardiac arrest due to the same heart condition, her friends and other bystanders didn't know CPR and the 9-1-1 dispatcher wasn't able to provide instruction over the phone. As a result, my sister was left profoundly brain damaged, and now requires 24/7 nursing care. She has no quality of life and the cost of her care is staggering.

We can do better:

- We KNOW that when given early and effectively, CPR works;
- All 9-1-1 dispatchers in Wisconsin should all have the training to provide life-saving instructions over the phone;
- emergency medical responders should be able to arrive on scene with effective CPR in progress to increase their patient's chance at survival;
- family, friends, and bystanders should expect that when their 9-1-1 call is answered, they will get the coaching necessary to save a life, and;
- cardiac arrest victims should expect the same immediate life-saving care I got when my heart stopped.

Thank you again for the opportunity to speak in favor of Senate Bill 549. I ask that you please support this bill to save lives in Wisconsin.



Office of Government and
Community Relations

TO: | Members of the Senate Committee on Judiciary and Public Safety

FROM: | E. Brooke Lerner, PhD, FAEMS
| *Professor of Emergency Medicine and Pediatrics*
| *Medical College of Wisconsin*

DATE: | February 6, 2018

RE: | Testimony in Support of Senate Bill 549

Thank you Chairman Wanggaard and members of the Senate Committee on Judiciary and Public Safety for holding a public hearing today on Senate Bill 549 (SB 549). My name is Brooke Lerner. I am a Professor of Emergency Medicine and Pediatrics at the Medical College of Wisconsin (MCW). I am here today representing MCW's strong support for SB 549, which will ensure all 911 dispatchers are trained and able to coach callers through the process of performing CPR.

In addition to my role within MCW's Department of Emergency Medicine and Pediatrics, I am also a certified emergency medical dispatcher and a former paramedic. I also developed and led a program making dispatcher CPR instructions available to all 9-1-1 callers in Milwaukee County, and have conducted and published research on dispatcher instructions.

Prior to starting our program in Milwaukee County, when cardiac arrest occurred outside of the hospital setting, only 10% of those patients survive long enough to be discharged from a hospital. This was a dismal survival rate, but when dispatcher CPR instructions were offered, our program found that the survival rate nearly doubled to 19%. This finding has been replicated in numerous locations across the country.

I have dedicated my career to improving the emergency response system, because as a former EMS provider, I have seen lives saved when the emergency response system is at its best. I have also seen lives lost when the pieces of the system did not align well enough to provide optimal care.

Preventing heart disease and the other causes of cardiac arrest is critical, but I have also seen that these diseases still steal lives far too early. We know that in these cases, a strong and fast response can save a life. Cardiac arrest victims are more likely to survive the faster they receive CPR, but unfortunately there is no reasonable investment in EMS that will allow us to deliver emergency services quickly enough in all cases.

Seconds matter, and it is critical to begin immediately providing chest compressions to victims of cardiac arrest. SB 549 will help make this happen when friends, loved ones, or good Samaritans call 9-1-1.

In Milwaukee, our program showed that with the right tools, it is relatively straightforward to set up a dispatcher center to provide CPR instructions to callers. All that is needed are dispatchers trained in CPR and who have completed a 3-4 hour course in providing dispatcher CPR instructions, along with a quality improvement program to review calls and help ensure dispatchers maintain and improve upon this lifesaving skill. Further, we maintain an on-line tool kit that is freely available and includes dispatcher scripts, training program, and other resources that any PSAP can use to initiate a dispatcher CPR program.

Through this relatively small investment, we found that over 50% of the callers who received instructions through our program actually provided compressions, more than doubling the existing bystander CPR rate of 19%.

SB 549 will bring these same resources statewide. In short, it will save lives.

To put this issue into an even greater context, I would like to highlight the school CPR bill, which Wisconsin enacted into law just last year. This new law will create a population that knows CPR and is ready to act. Many times, however, the person in need will be a friend or a family member. As a former provider, I can tell you that it is easy to wall off your emotions and act in a time of crisis for a stranger, but it becomes much more difficult when helping someone you love.

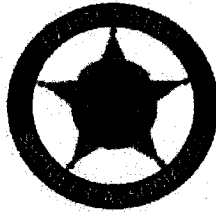
However, based on listening to hundreds of 9-1-1 calls, I can say with certainty that a voice on the phone can guide people through the fog of disbelief, terror, and sorrow to take action and perform CPR. That calm voice can move people forward to act. I have heard calls where the caller is clearly CPR trained, but has not moved to provide compressions. Yet, once the dispatcher starts to guide them, they move rapidly into action.

Regardless of prior training, even in communities with rapid response times, I have heard 9-1-1 calls where victims received hundreds of compressions before a first responder arrived at their home. Dispatcher CPR instructions work, and they are considered a standard of care by most in the industry.

I have found that when you survey the general public, most expect to have a dispatcher tell them what to do, even in communities where 9-1-1 call centers do not provide instruction. I would also bet that if you asked the average person, they would be surprised to learn that dispatcher CPR instructions are not yet available to every 9-1-1 caller in Wisconsin. Yet, by some estimates, only half of Wisconsin's dispatch centers currently provide instructions.

Under this legislation, Wisconsin has the opportunity to ensure that all dispatch centers provide these critical CPR instructions. MCW believes that requiring CPR instructions is a bare minimum level of service that all 9-1-1 call centers should provide, which can be easily accomplished with minimal investments and will result in significant, lifesaving benefits.

I am confident that, once enacted, SB 549 will save thousands of lives, year after year. Thank you for your time and attention. I am available to respond to questions from the committee.



To: Members, Senate Committee on Judiciary and Public Safety
From: Badger State Sheriffs' Association (BSSA)
Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA)
Date: February 6, 2018
RE: **Comments on Senate Bill 549, relating to dispatcher assisted CPR**

The Badger State Sheriffs' Association (BSSA) and the Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA) submit these comments for information only regarding Senate Bill 549.

Our organizations understand and respect the intention of SB 549, which will require all Public Safety Answering Points (PSAPs) to train their 911 dispatchers to provide CPR instructions over the phone. Although this is an admirable policy goal, we had concerns that the original bill would place logistically infeasible, costly requirements on PSAPs, especially in smaller, more rural Wisconsin counties.

We have discussed our concerns with the authors and other stakeholders and, as a result, urge the committee to adopt Senate Amendment 1 and Senate Amendment 2.

The bill specifies that the over the phone CPR training must include the use of an "evidence-based" protocol or script recommended by an academic institution or nationally recognized organization specializing in medical dispatch. If a PSAP chooses not to train their 911 dispatchers in the evidence-based protocol CPR instructions, under the bill, they can transfer the call to a dispatch center that can. While both options are helpful, the original bill did not include any liability exceptions for PSAPs or dispatchers that provide CPR instruction over the phone or those that transfer.

Senate Amendment 1 addresses this concern and includes language to ensure that a PSAP or dispatcher is immune from civil liability if the dispatcher is trained to the standards set forth in the bill, if the dispatcher uses an evidence-based protocol or script, or if the dispatcher transfers the call to a PSAP that can provide CPR instruction over the phone.

Another concern our organizations had was that currently there are very limited basic dispatcher training opportunities – let alone CPR training opportunities – available to meet the requirements under this legislation. To meet the training requirements set forth in the bill, Sheriffs that run PSAPs will likely need to send their dispatchers far away to complete the half day training.

While the legislation provides \$250,000 for a grant program to cover training costs, our organizations were concerned that there will still be a lack of options available statewide to even

qualify for a grant. Senate Amendment 2 provides more flexibility for the Department of Health Services (DHS) to distribute the grants for training and use the funding to contract out with an organization to provide trainings in various parts of the state. Providing DHS with this option to contract out for the training will help ensure that dispatchers across the state potentially have a training option available to them locally.

Our organizations appreciate the time and effort spent by the authors and the American Heart Association to discuss our concerns and develop these important amendments. We ask the committee to support these improvements to the bill.

Thank you for your consideration.



CHRIS TAYLOR

STATE REPRESENTATIVE ♦ 76th ASSEMBLY DISTRICT

**Testimony of Rep. Chris Taylor
Senate Bill 704**

February 6th, 2018

Chairman Wanggaard & Members of the Judiciary & Public Safety Committee:

Thank you for holding a public hearing on Senate Bill 704, and for the opportunity to testify. SB 704 makes a few changes to Wisconsin's "Safe at Home" program, which was passed on a unanimous, bipartisan basis last session.

The Safe at Home program helps victims of domestic abuse, stalking or human trafficking protect their address and make sure it remains unknown to their abuser by creating an Address Confidentiality Program within the Department of Justice (DOJ). In the program's first six months over 203 participants enrolled.

SB 704 makes the following changes to the Safe at Home program:

- 1) To address concerns that disclosing a participants' municipality of residence would allow an abuser to easily find them, the bill expands the confidentiality program to include any part of the address.
- 2) Due to situations where participants' addresses have been disclosed intentionally, the bill makes intentional disclosure of confidential information under the program a misdemeanor.
- 3) To allow a participant to purchase property without having his or her name and address released, the bill allows DOJ to act as the registered agent and office for a single-member LLC if the member is enrolled in the address confidentiality program.
- 4) At the request of participants and program staff, the bill instructs DOJ to promulgate rules allowing a participant to consent to disclosure of his or her actual address by DOJ or another entity if such a disclosure is required for a public assistance program or a real property transaction.
- 5) At the request of the Safe at Home program, the bill allows DOJ to disenroll a program participant at any time that DOJ determines that the program participant no longer meets the eligibility criteria.

Our offices worked closely with the Department of Justice, Legal Action of Wisconsin and End Domestic Abuse Wisconsin in crafting this bill to address Safe at Home improvements.

This is a straightforward bill with bipartisan support, and I'm hopeful you will support it.

Sincerely,

Representative Chris Taylor
76th Assembly District



February 6, 2018

I am pleased to testify in support of Senate Bill 549 on behalf of the hundreds of 9-1-1 call-takers and dispatchers in Wisconsin. I am the Executive Council representative to the Association of Public Safety Communications Officials (APCO) for WI and have been a 9-1-1 Director for the last 21 years; first in Minnesota for 12 years and now here in Wisconsin for the last almost 9 years

APCO is one of two 9-1-1 industry professional associations. APCO is highly involved in training and technology improvements; working with both the 9-1-1 professionals as well as companies that provide goods and services to those professionals. APCO has over 30,000 members worldwide.

Picture a distraught 9-1-1 caller being told there is nothing they can do to assist a loved one who has suffered a cardiac arrest until the ambulance arrives. Picture a response time by the ambulance crew of, say, 10 minutes (which is sometimes a VERY good response time in rural areas). Consider that the chances of survival for an unassisted cardiac arrest patient is reduced by 10% for every minute that goes by without any assistance. And, picture a helpless 9-1-1 call-taker who cannot give over-the-phone instructions to the patient bystander on how to keep the patient alive during the wait for the ambulance crew to arrive. This is the reality in many, many WI 9-1-1 Centers currently. SB549 inserts some hope and very real chances for life-saving into that scenario...and I thank you for considering it. The public deserves this extra chance for survival and the 9-1-1 call-takers and dispatchers want to be able to provide this service and not be helpless to assist in these cases.

There needs to be consistency in the basic level of training provided to telecommunicators, (call-takers and/or dispatchers). In 2016, APCO and its sister organization, the National Emergency Number Association (NENA), along with 15 public and private entities came together and delivered a recommended minimum training guideline for telecommunicators. The guideline was created to assist in providing a standard minimum level of care for delivery to the public across the nation. Emergency Medical Service call-processing and pre-arrival care, such as this bill begins to deliver, are among the many recommendations contained in this national recommendation from the 2 leading 9-1-1 professional associations. Again, dispatchers dearly want to be able to assist in this way.

We don't need to wait for technological advances to accomplish the training for and the practice of providing CPR instructions over the phone to bystanders who can preserve life. Some of Wisconsin's 9-1-1 Centers are already doing so...it is more than feasible; it is being done. There are no good reasons not to do this; and many good reasons to move the legislation forward. Last year, personnel in my Center were credited by a Medical Doctor with 11 CPR-assist saves; the prior year the number was 16. The numbers would have been zeros had we not trained and authorized our personnel to give CPR instructions to bystanders while ambulances made their way to the scenes. 27 lives saved in 2 years; in just 1 County.

I would encourage your support of SB549. Thank you for your time and attention.

John E. Dejung, ENP, MBA
Executive Council; WI APCO



Wisconsin State Fire Chiefs' Association

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February 6, 2018

The Wisconsin State Fire Chiefs Association (WSFCA) has over 1,100 members representing nearly 500 Fire Departments. The members of the Wisconsin State Fire Chiefs Association represent a very diverse group of communities from heavy urban to suburban to rural. Likewise, service delivery models range from career personnel to paid-on-call to volunteer members. Many of the WSFCA organizations also deliver Emergency Medical Services.

When our organizations respond, each call for emergency services has five time elements:

- Caller placing the call and talking to a dispatcher.
- Emergency information dispatched to responders.
- Responders to assemble and begin response.
- Response to scene.
- From on scene to gathering equipment to getting to the patients side.

If every element is handled in the most efficient manner, each element takes at least one minute. Therefore, under the best conditions, it takes five minutes and again this is the best of the best in each element. However, if first responders are not in station that time increases. If the scene is greater than a few blocks away the response time will be greater than one minutes. If the distance from the curb to the patient is in a large building, up several stories, yes more time.

When it comes to cardiac arrest; time is everything. If Wisconsin is to improve cardiac arrest outcomes we can no longer wait 5, 10, 15 or more minutes for First Responders to begin CPR. To improve outcomes we must make callers, First Responders by providing CPR instructions and coaching via trained dispatchers. With easy instructions provided by Dispatchers, we can put a First Responder at the end of every phone in Wisconsin.

We recognize Telephone CPR Instructions is a difficult initiative but the responsibility of Dispatchers, EMS, Fire and Law Enforcement is to protect and save lives which is no easy task. This initiative is not insurmountable no matter if the dispatch center is small or large. The results however are indisputable. In Milwaukee County, prior to Dispatcher Instructions bystanders performed CPR only 19% of the time. With Dispatcher CPR Instructions the rate is over 40%. While this will improve cardiac arrest outcomes it has some additional benefits. First Responders cannot resuscitate everyone and CPR delivered by family members, bystanders eliminates the doubt and guilt "if they only would have done something." Additionally, based on local experiences Dispatchers like delivering CPR instructions as they are more connected to delivering instructions that can save a life instead of simply hanging up or awkwardly talking while help is on the way. Finally, dispatchers can be trained to deliver CPR instructions in about four hours.

No longer can help wait for first responders but Wisconsin callers deserve and expect to start receiving CPR instructions with dispatcher provided assistance and coaching in the minutes prior to the arrival of First Responders. This initiative is difficult but there is no greater responsibility to public safety responders than saving the life of another. Please support SB 549 and be part of this life saving endeavor.

Respectfully,

Jon Cohn

Fire Chief, Greenfield Fire Department

President, Wisconsin State Fire Chiefs Association

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