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Rep. Travis Tranel's Testimony on AB 163

Assembly Committee on Education

July 20, 2023

Hello Chairman Kitchens and respected members of the Assembly Committee on Education. For those who I have yet to meet, I am Assembly Representative Travis Tranel. I represent the 49th State Assembly District which includes Grant County and parts of Iowa, Lafayette, Richland, and Vernon Counties.

Thank you for allowing me to provide testimony on Assembly Bill 163. Today, I come before you as an author of Assembly Bill 163, an important piece of legislation that will not only keep our kids safe and potentially save lives, but also increase awareness on the importance of child safety. I depend on constituents to bring forth issues that need to be addressed and provide input to potential legislative efforts. The best, common sense solutions come from friends, neighbors, and families.

As a family man and father to five children, my wife and I are all too aware of the challenges of being parents; the sleepless nights, the exhaustion, the juggling of household responsibilities just to name a few. No amount of preparation can ready you for a senseless and potentially preventable tragedy from occurring. As a parent I would not want anything bad to happen to my children and cannot imagine how that would personally affect us.

When Courtney and Matt Bruegmann contacted me and shared their story about their son, Camynn, who heartbreakingly died as a result of choking, I could empathize with the second guessing that comes with being a parent over each decision and wanting the best for their children. When Courtney spoke about wanting other parents to avoid the same tragedy she experienced, I was inspired by the action she has taken donating anti-choking devices to the Fennimore and Lancaster School Districts as well as the Fennimore Rescue Squad.

AB 163 was developed by Courtney and Matt Bruegmann, and I am proud they are advocating on behalf of this policy change to make Wisconsin schools safer.

Under current law, every public school board and every private school governing body are required to provide a standard first-aid kit. This bill requires the 3,146 public and private schools to make accessible, as part of a first-aid kit, an anti-choking device that is registered as a Class I or Class II medical device with the FDA. Typically these devices, costing less than \$100 apiece, are used as a last resort after recommended choking protocols have been attempted per device manufacturer's instructions.

Since January, my office has actively collaborated with DPI and DHS, sought the input of constituent groups, and deepened our understanding with ongoing conversations with Legislative Council and the Legislative Reference Bureau. These efforts were conducted in order to develop a targeted piece of legislation that would provide an additional last resort tool that meets FDA criteria for school staff without creating a financial burden yet, allow school districts to choose the device and implement as they see fit.

According to a NIH National Library of Medicine published study on "Emergency Medical Services Response Times in Rural, Suburban, and Urban Areas," emergency medical service units average 7 minutes from the time of a 911 call to arrival on scene. That median time more than doubles in rural settings, with nearly 1 of 10 encounters waiting almost a half hour for the arrival of EMS personnel. Longer EMS response times have been associated with worse outcomes in patients where even modest delays can be life threatening. Simply put, when the brain goes longer than 5 minutes with low oxygen, brain cells die, brain damage occurs, and death becomes more imminent.

Timely EMS response arrival affects all schools, regardless of whether they are located in urban or rural areas. Every minute counts. When considering the allowable EMS time before brain damage and death occurs almost triples in rural areas, the immediate positive impact becomes all the more transparent.

Due to staffing challenges and a dispersed population, rural schools oftentimes have part-time or shared school nurses. There is a brief period of time for bystander intervention between 911 system engagement and EMS arrival for properly equipped individuals with a last resort anti-choking device can assist the ill and injured in their time of need. Recognizing that "you are the help until help arrives" may be lifesaving. This bill was written with real-world logistical and workforce challenges in mind in order to increase access to medical tools that can potentially save lives and reduce the disparity and inequality of rural emergency service between the rural and urban areas.

Although this legislation is not a comprehensive, cure-all solution, it is a step in the right direction to fulfill the ADA obligation to Americans with disabilities.

I wish to thank co-author Senator Cabral-Guevara for her time and energy as well as Representatives Duchow, Mursau, Myers, and Rozar for being co-sponsors and making this a bipartisan piece of legislation.

I'm not just an Assembly Representative, but a parent and father of five children, please keep in mind Courtney's story and support this bill to keep students safe.



RACHAEL A. CABRAL-GUEVARA

STATE SENATOR • 19TH SENATE DISTRICT

Testimony before the Assembly Committee on Education

Senator Rachael Cabral-Guevara

July 20, 2023

Hello, Chairman Kitchens and members of the committee. Thank you for allowing me to provide testimony on Assembly Bill 163, an important piece of legislation that will not only keep our kids safe, but potentially save their lives.

Anti-choking devices can play a key role in protecting the well-being of particularly vulnerable populations. In our schools, especially those with younger students, there is a constant risk of choking. There have been so many heartbreaking stories, including the one of the Bruegmann family, where a child suddenly passed away due to blockages in their throat or windpipe.

Though many schools have staff trained in CPR, that is sometimes not enough. When hypoxia can kill a person in mere minutes and emergency response times are rarely that quick, having a device available that can clear blockages in the throat or windpipe makes the difference between life and death.

This bill would require that all schools have a Class I or II anti-choking device to prevent these tragic incidents. With these devices being readily available, schools will be empowered with the tools necessary to help in the precious minutes between placing a 911 call and the arrival of first responders.

I am hopeful you will be able to support this commonsense piece of legislation that will reassure parents and add a layer of protection for our kids' health.

Courtney Bruegmann Testimony on AB 163

Assembly Education Committee

July 20, 2023

Good Morning,

My name is Courtney Bruegmann and I live in Fennimore, WI. October 9th 2016 my life changed forever. My 9 month old son had put a bouncy ball in his mouth and started to choke. I immediately flipped him over and started doing the back blows on him. I yelled for my other two children to get their dad. My husband took our son and proceeded to do the back blows as I called 911. Our son was unconscious. Help had arrived, they immediately took him from us and were off to the hospital. The closest one was 10 miles away. We followed behind. After a minute to and minute in half the doctor was able to get the ball out with a suction device. They had to resuscitate him and call for a medflight to get him to UW Children's hospital so they could run tests to see the extent of the damage. That is when we received the worst news a parent could ever receive. Our sweet baby boy was brain dead.

We have learned a lot since his tragedy. After things settled down my husband and I thought to yourselves what could we have done differently that day to save our baby. Unfortunately there was nothing. The back blows failed. The people on the rescue squad are volunteers and the only thing they could do was CPR.

We did some internet search to see if there was anything out there that could have helped. That's when we came across Lifevac. We ordered five lifevac. We wanted to donate them to the rescue squad so no parents would have to live our nightmare. It was a process but after 18 long months the board of EMS approved for ambulances in WI to be able to carry lifevac. This was amazing news.

As you can imagine I had a really hard time sending my two other kids anywhere especially school as kids do silly things. Would the school be able to save my children if they were to choke? I couldn't save my child so would anyone else know how to save my child? We ended up getting more lifevac and donated them to Fennimore Schools.

We started using facebook as a platform and informing people to get order one. As you never know when something could happen. We had a great response. We were on a

few news stations getting the word out. I then decided to reach out to Travis Tranel. I told him my story. We decided to team up. That's what brings us here.

I would like to also say the bouncy ball my son choked on was 1.5 inches around. It was not a small ball. Did you know anything under 2 inches you can choke on? Getting the lifevac devices in school is so important as in a choking accident you have seconds before the person becomes unconscious.

After Camynns accident I had a lot of people message me saying they went through their child's toy box and threw away all their bouncy balls. Which is great but you can choke on anything.

would like to note that the heimlich and back blows do not always work. In my son's situation we had no second options. There is a second option now. Seventy dollars is cheaper than paying for a funeral.

Courtney Bruegmann
1425 11th street, Fennimore, WI 53809
608 642 0517

Jaelynn Bruegmann Testimony on AB 163

Assembly Education Committee

July 20, 2023

Hello,

I'm here today to not just talk about a device but about how my family and I turned a storm into a rainbow. What people don't realize is how much trauma I have experienced in my life. I was nine years old the day it happened and I remember it like it was yesterday. It was in October and my sister and I were trying on our Halloween costumes. We were laughing because my sister put hers on the wrong way. We went outside to show our dad and laugh our hearts out.

Later on we had lunch it was ham. Then we went to our toy room where my baby brother came to play with us. He was pushing my doll stroller. He was pushing it and I was once again laughing. He was smiling, laughing, and making his adorable baby noises. Later on, I heard him crying from downstairs. I was in my room playing with my dolls. I told my mom and she asked me to get him. Since she was helping my sister rearranging her room.

I got him and I tried to see if he would go back to bed but all he wanted was me. I took him upstairs and put him on the floor to crawl but he wanted me to hold him. I picked him back up and took him to my sister's room where my mom was. I asked my sister if she could watch him while I asked my mom a question. She did and they started to play. I went to my mom and asked her my question. That's when we heard him coughing. I will never forget what happened after that. My mom said she was going to check on him and I stood there waiting. Laying my head on the door frame.

I heard my mom scream and my heart started pounding. She was screaming for me to get my dad because Camynn was choking on a bouncy ball. I opened the door and didn't stop screaming for him. I don't remember when I stopped screaming. He ran in and I never saw him run so fast. Ira and I went outside. I remember falling to the ground screaming and crying. I didn't understand how a perfect day like that could turn into a nightmare. I kept asking out loud "why?" Why did this happen? I went into the mudroom to see what was going on and I will never ever forget this. How I am haunted by this memory.

How when I opened the door I saw my dad holding my brother upside down and how my sweet little brother wasn't smiling. How it looked like he wasn't even alive. His eyes were closed and my parents' eyes weren't shining like they normally do. My mom went to every neighbor house that we were close with to get help with us girls. They were waiting for the cops. I remember no one being there except a neighbor who I never expected would take us. The cops came and I remember him running to our house and not knowing if my brother was going to be okay. After a while the ambulance came.

As a child I didn't understand why they didn't come first. Later on my parents followed them and I stayed with the neighbor. While waiting for my grandparents we were outside with their kids. And I drew a bouncy ball on the ground with an X over it. And I remember telling him how I hated them now.

I used to always play with the toy balls and always tried to win them at arcade games. But my vision then completely changed after the incident. The whole ride to my grandparents was quiet. No one knew what to say. All of our eyes were dry and hearts were slowly breaking. That night my aunt came out and all of them were talking in the kitchen. My sister and I were in the living room trying to eavesdrop on their conversation. I kept asking my sister what she heard them say. She was smaller so it was easier for her to hide behind the door frame. When she told me she heard them say Camynn was dead. I felt like I was drowning.

My heart sank and everything went dizzy. I ran to the toy room screaming and bawling. I laid on the bed thinking in my mind how I couldn't live without my brother. I kept saying how I didn't know how to live without him.

How it wouldn't make sense in our life. My grandpa came back and rubbed my back while I was letting everything out. I couldn't believe those words and I didn't want to. I was determined to bring him home. I kept telling myself that everything would be okay. Grandma and grandpa decided to go up to Madison that night. We got there and my heart was racing. I didn't know what was going on. We got there and my parents were laying down in a small room they gave them. They stood up and hugged us. By the way they got up I had a feeling that everything wasn't okay. They took us to a waiting room where a nurse talked to us about how our brother looked and how he had wires all over him. In my head when I was going into the room Camynn would be standing in the crib laughing and making his funny screaming noises.

That he wanted to go home and that he was waiting for me. That his car seat was in the room and how my parents were waiting to take him home. But sadly that wasn't the reality.

He was in the hospital bed not moving. His eyes weren't open and he wasn't smiling at me. He didn't look like my brother. I went up to him and held his hand. That week at the hospital was one of the hardest things I have gone through. I kept blaming myself for what happened. At nine years old I blamed myself.

I want people to think about yourself at nine and how traumatic that was for me. Camynn's favorite song was twinkle twinkle little star and we sang it to him. I didn't want to say goodbye. I wanted to bring him home where he belonged. I remember crying to my mom and family who were in the room. Asking my mom why? Why isn't he going home? She cried with me and didn't have an answer. Because no one truly knows why a person has to leave. But deep down I know why. Camynn wanted to save so many people from what he went through. He wanted me to find Arthur and help people from choking. Choking is one of the leading deaths and this device helps people have another chance at life: not everyone does.

This saves lives and I don't want my little brother's dream to end. When we had to leave I didn't want to turn forward and leave him. My parents were holding my hand and I was staring back at him. We walked out and I kept staring at the door. I kept wanting to run back and see him smiling for me asking me where I was going. I wanted to just bring him home. He was my brother and the family needs to be together. I was so broken when I couldn't see the door and when I was in the car home. I didn't understand what had just happened.

Now I'm 16 and it's been 6 years without my sweet baby brother. Camynn is my superhero and I'm here today to help him follow his dreams. Please help kids like my little brother be able to live and dream.

Thank you for your time and consideration regarding this important bill. I know everyone here cares about kids, so it is my hope you will all vote yes to save lives and pass AB 163 .

Thank you again.



**Testimony to the Assembly Committee on Education in opposition to
Assembly Bill 163, relating to supplying anti-choking devices in schools
July 20, 2023**

Good morning. My name is Jamie Trzebiatowski. I am a school nurse in the School District of Waupaca, and I am President-elect of the Wisconsin Association of School Nurses or WASN.

WASN represents school nurses working in school settings across Wisconsin. Wisconsin's school nurses are committed to making our school settings the safest and healthiest they can possibly be.

While we appreciate the intent of the bill's authors to try to find ways to make schools better prepared to deal with choking situations, we do not believe that Assembly Bill 163 is the way to go. This is based on our commitment to supporting research-based initiatives and on our many years of combined experience working in schools. For these reasons, WASN is opposed to AB 163.

Following are some of our concerns with AB 163:

- There is very little conclusive research that demonstrates the efficacy of the anti-choking devices that currently exist. The American Red Cross, American Heart Association, and the 2022 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care all do not support the use of anti-choking devices at this time.

The Heimlich Maneuver, on the other hand, has high levels of success, 85% and higher.

- There are two anti-choking devices we are aware of at this time, LifeVac and Dechoker. It is our understanding that LifeVac is the only device registered with the FDA, as a Class II medical device to be used in surgery or at the patient's bedside. It is not registered to be used in the public domain.
- AB 163 would require schools to use manufacturers' "instructions" (i.e. training). It is our understanding that LifeVac's training does not include what to do if the product does not work or while waiting for the device to arrive on the scene.



- Based on our real-life experience with how non-health care school staff react in an emergency, school nurses know that staff will stand around waiting for “the device” to arrive. This itself will be very dangerous and even deadly.

What Wisconsin needs to make our schools healthier and safer is a more comprehensive, research-based approach. WASN has long advocated for volunteers/staff to be better trained in lifesaving skills. Unfortunately, there are currently no statutory requirements in Wisconsin for school staff to be trained in first aid or CPR. This is an area where WASN would love to work with legislators to strengthen our laws.

Our schools also need more trained medical professionals working on the front lines. The number of nurses working in schools in Wisconsin is dangerously low. Rather than advance the unfunded mandates contained in AB 163, it would make more sense for legislators to pass legislation that provides school districts with the resources they need to hire more school nurses. Again, we would welcome the opportunity to work with legislators on this legislation.

WASN is open to continuing dialogue on ways to deal with choking and other health care situations that arise in our schools. We welcome that discussion. We are not convinced, however, that AB 163 is the approach to take at this time.

Thank you for considering the views of the state’s school nurses.

Sam Megna's Story

My name is Carol Megna and my husband Mark and I are here to speak about our 9-year-old son Sam, who we lost due to a choking incident.

On July 20, 2017, exactly 6 years to the day, Sam choked on his lunch at a Milwaukee Public School Summer Day Camp and was brought to Children's Hospital unresponsive.

Not a single staff member in the school that day was trained or certified in any form of first aid, CPR, or the Heimlich maneuver. At the time of this incident, it was MPS Policy to not call 9-1-1 until the child collapsed. That call was not made for at least 10 mins.

9 days later on July 28, 2017; our Sam passed away from this incident.

Milwaukee Public Schools do not require CPR or Heimlich Maneuver training for staff. It is on a voluntary basis. We feel that having the LIFEVAC placed in schools adds another level of assistance in a choking emergency, especially if no one is trained in other first aid techniques such as the Heimlich Maneuver.

Many Schools have AED devices that assist with medical emergencies. LIFEVAC is another such medical device that is simple to use and is a cost-effective way to assist during a choking emergency until medical professionals arrive.

We strongly believe that if there was a device such as the LIFEVAC in that school on July 20, 2017, our Sam would still be here today.

Many things went wrong that tragic day, but passing Assembly Bill 163, is the right thing to do.

Thank You

CAROL & MARK MEGNA
3263 S. 67th ST.
Milw. WI 53219



CESA 3

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July 18, 2023

RE: Support for Legislative Proposal of Last Resort Anti-Choking Devices in Public Schools

Dear Assembly Committee on Education

My name is Dr. Jamie Nutter, and I serve as the agency administrator at CESA 3 in Southwest Wisconsin. Our agency provides and coordinates services to our thirty-one regional districts. My role also requires guidance and support to the superintendents and school boards who lead our area districts.

In October 2016, an infant in Fennimore died as a result of a choking incident. After experiencing this devastation, the parents learned that there is non-invasive technology available that can save a life in an air obstruction emergency called LifeVac. If this device were available, it would add another option for school officials if they were faced with saving a choking person's life.

The requirements of this legislation will bring awareness and extra tools to schools. Knowledge, training, and technological advances increase the likelihood school personnel can save a life if placed in that situation. Prior to automated external defibrillators (AEDs), when faced with a cardiac event our only option in public places was CPR training. We know technology in addition to training in cardiac events could mean the difference between life or death. In choking events, the LifeVac device provides an advancement in addition to the Heimlich Maneuver. It too could provide the difference between life or death. Whereas AED devices cost over \$1,000 for cardiac events, LifeVac devices can be purchased for under \$100 as an extra device for choking situations.

Courtney Bruegmann experienced the worst fear that any parent could face when her infant son died as a result of choking. She is raising awareness so when parents or those caring for children are faced in similar situations, they have a device available to save a choking child's life. She has worked with civic organizations and local EMS providers to ensure this device is available to many different locations, and her efforts have been welcomed and supported.

In summary, I fully support this legislation and would be willing to assist in leveraging leadership and time to raise awareness among school boards and school leaders.

Respectfully,

Jamie J. Nutter, EdD
CESA 3 Executive Director
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Fennimore, WI 53809

JAMIE NUTTER
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MEMORANDUM FOR RECORD

SUBJECT: Letter of Support for Anti-Choking Devices in Schools

March 24, 2023

To whom this may concern:

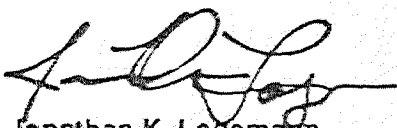
In my twelve years of teaching, I have encountered a couple incidents where students were suffering from mild choking incidents. Thankfully, in each scenario, the item was ultimately able to be dislodged from the child's throat.

I realize other students have not been so lucky throughout the country. We have seen and heard from too many schools that have reported on choking deaths of students across the country in the past decade. This is an entirely preventable death, given the proper equipment, and I am grateful for Ms. Courtney Bruegmann's advocacy for this bill. This bill will make children in our schools safer, even as I think about my own children in elementary school.

We have the resources in our nation to prevent these types of deaths from occurring, but a key component in this is awareness and resources. We must continue to raise awareness of this issue and then we must ensure districts are able to provide the resources to prevent these tragedies from occurring in the future. Government has the power to ensure that we act proactively to keep children safe in their learning in schools.

Please recognize your power to affect positive and substantive change for our children and their families in ensuring we take all necessary precautions to support our residents.

Thank you for your attention to this matter.



Jonathan K. Logemann
City of Rockford, 2nd Ward Alderman
Auburn High School, Teacher
Illinois Army National Guard, Company Commander
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Good afternoon to you all.

My name is Nathan Flynn, (former Chief/Service director of the Fennimore Area Ambulance Service)

I was asked by Mrs. Courtney Bruegmann to attend this hearing in reference to the Anti-Choking Device legislation. Unfortunately, my schedule wouldn't allow me to attend in person but would like to share my thoughts on this matter and truly hope you'll take what you've heard and learned here today in an effort to help keep not only the children within all public schools, but the teachers, staff and visitors safe in the event of a choking incident.

At the end of May, in 2017, Courtney and her husband Matt reached out to me on Facebook Messenger, at that time I was the Assistant Chief of the of the Fennimore Area Rescue Squad. She asked if we would accept a donation to our ambulance service of a "Life Vac". At that time, I didn't know Courtney and Matt, really didn't know about the Life Vac, and had only heard of their life shattering news, as I was not a part of the crew the day their life turned upside down. Unfortunately, while the gesture to donate these potential life saving devices was well received by our service, they would not be able to be used as these devices were not approved by the state's Department of Health Services at the time.

This began a 6-month journey with our then Service Director Brian Heisz and myself, who worked with directly with the state's Department of Health Services and Life Vac founder for the state to approve anti-choking devices to be used by ambulance services. At the beginning of January 2018, we received the approval. At that time Chief Heisz, stepped down from the Chief's role and I took over the position and continued the work to amend and re-write our protocols for choking incidents and sent that on to the state for approval. This process took quite some time, but alas, in November of 2018 our protocols were approved, and the Fennimore Area Rescue Squad started carrying the Life Vac Anti-Choking devices in the ambulances. It took what felt like forever and I couldn't have been more proud to have been a part of the journey with the Bruegmann family. Once their story aired, we had several agencies reaching out for a copy of the protocol so they too could carry these devices in their ambulances, as another tool that could be used.

Though I am no longer a member of the Fennimore Area Rescue Service, I fully support and encourage you all to consider having these or similar devices be mandated for in-school use, similarly to AED's. These devices are simple to use by most anyone, even without training, follow the instructions included with the device. Simply place, push, and pull.

I believe part of the reason I was asked to attend is to provide some perspective from the side of a Volunteer EMS service. You may already understand how critical oxygen is, but did you know that brain damage can start to occur in as little as 3 minutes without oxygen? And, that damage to the brain is likely moderate to severe after just 5 minutes. For those fortunate enough to live in an area that you have first responders ready and available at their station at the time of need, you can expect a response time to be anywhere from 2-5 minutes depending on distance and other obstacles. Now, consider if your children's school is in a city where you rely on volunteers to leave their jobs, families, or homes from sometimes a few miles away. It can take upwards of 5 minutes just to have your crew arrive at the station, and then add in the time it takes to arrive to the patient. A victim's chance of survival is greatly increased when you have appropriate tools readily available just like having AEDs for sudden cardiac arrest events.

Therefore, in my opinion, like an AED it is IMPARATIVE that these types of devices be readily and easily accessible where those most likely to choke, spend a great portion of their lives. Personally, I would love to see these types of devices be mandated not only in schools, but daycares and nursing homes as well.

Thank you for your time today!

FENNIMORE COMMUNITY SCHOOL DISTRICT

1397 9th Street
Fennimore, WI 53809



Jane Wonderling
District Administrator
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Representative Tranel, thank you for the opportunity to speak today. My name is Jane Wonderling and I am the District Administrator for Fennimore Community Schools.

Our school district is forever grateful to Matt & Courtney Bruegmann and their family for the generous donation to Fennimore Community Schools. In 2019, they donated LifeVac kits to each school building in memory of their son, Camynn. These LifeVac kits play a crucial role in saving choking victims when the Heimlich Maneuver is not successful.

Having nine LifeVac kits strategically placed throughout the elementary and middle/high schools in areas such as gyms, hallways, lunchrooms, and concession stands ensures quick access to these life-saving devices. Additionally, the availability of travel LifeVac kits for school field trips further enhances the safety measures for our students.

During in-service, the entire Fennimore staff receives training in various life-saving techniques, including the use of AEDs, Stop the Bleed, CPR, and the proper usage of the LifeVac. The recommendation by Dennis Connelly, our bus driver, to equip each bus with a LifeVac, resulted in the generous donation of 10 LifeVacs by Fennimore Area Health Services. This donation not only benefits the school buses but also extends to the city of Fennimore and the local library.

Mrs. Carl, our health teacher, is instructing middle school students on the proper procedure for the Heimlich maneuver and the correct usage of the LifeVac. This education empowers students with life-saving skills and prepares them to handle choking emergencies.

The plaque honoring Camynn Bruegmann with the inscription "Mission Statement – Stop Choking Tragedies" serves as a beautiful tribute and a reminder of the family's global commitment to saving lives. The plaque shares with our students and community that Camynn Bruegmann is our superhero who serves as a loving angel watching over all who enter the building.

Fennimore Community Schools is extremely grateful to the Bruegmann family, the Fennimore Area Health Services, and everyone involved in these initiatives for their generosity, commitment, and efforts to ensure the safety and well-being of the students and the community as a whole.

Fennimore Community Schools fully supports this legislation to provide school districts with another life-saving tool to protect our students, staff, and community members.

Respectfully,

A handwritten signature in black ink that reads "Jane Wonderling". The signature is fluid and cursive.

Jane Wonderling
Fennimore Community Schools District Administrator

Thursday, July 20, 2023

Testimony of Doug Wierzba in support of Assembly Bill #163

Committee on Education

Good morning, thank you for allowing me to speak in support of assembly bill 163.

My name is Doug Wierzba and I own Secure ID, LLC in Madison. We make custom identification products for people with medical concerns or disabilities, along with child ID cards to help locate missing children. Our moto is ***"We sell products that serve a purpose."***

I'm a former EMT and volunteer Firefighter from central Wisconsin, and I was a police officer here in Wisconsin for over 15 years. I have been the **first on scene to thousands of medical emergencies** over the course of my career.

I have literally had people die in front of me that were unable to breathe due to an obstruction in their airway when current BLS protocol failed. Out of frustration I sought out better ways to help them and that is when I came across LifeVac. I purchased a unit for myself when they were relatively new, and I saw how simple and effective they can be when all else fails.

When my company grew to be a full-time operation, I reached out to LifeVac and asked to carry them for my customers, something I have only done for two other products in our 22 years in business. Over the last 4 years I have sold thousands of LifeVacs to people around the country. I hear a familiar story from many of them, they had a close call with choking, or witnessed someone choking and the current protocol was unable to save them, so they, like me, were looking for additional help. We have also sold them to daycare centers, nursing homes, fire departments, churches, and law enforcement.

For **less than the cost of a single fire extinguisher**, a school, a place where hundreds of our children gather for 9 months out of the year, can have another option when current BLS protocol fails to remove the obstruction in a choking child or staff member.

LifeVacs have saved over 1100 lives, including over 700 children, **when all else has failed**. They can be **used on people who are confined to a wheelchair and have even been self-administered** by people to save their own life after they choked while they were alone.

It's not pleasant, but please imagine if you or one of your loved ones was choking on food, I mean really choking, full panic mode. You have two options; **Option A**, use basic lifesaving protocols and hope for the best, or **Option B**, use basic lifesaving protocols **AND** have a LifeVac available as a last resort. Which would you choose? I would ask that you please remember that decision when you vote on this bill because you are either giving or taking away that device, that last resort, for every student and their loved ones with your vote on this bill. Thank you.



July 20, 2023

Assembly Committee on Education

**Department of Public Instruction Testimony
2023 Assembly Bill 163**

I want to thank Chairman Kitchens and members of the committee for the opportunity to provide testimony on Assembly Bill 163 (AB 163). My name is Kevyn Radcliffe, Legislative Liaison for the Department of Public Instruction (DPI) and with me today is Louise Wilson, Licensed School Nurse and DPI School Nursing/Health Services Consultant.

Before I begin, on behalf of State Superintendent Jill Underly and our department, I would like to extend our deepest condolences on the loss of your son. That's something no parent should have to experience.

According to the National Safety Council (NSC), there were **5,325 choking deaths** in the U.S. in 2021, representing the #4 leading cause of death due to unintentional injury. Children under five years of age accounted for 73% of nonfatal injuries and 75% of choking fatalities. At least one child dies from choking on food every five days. Of the 3,000 people who died from choking in 2020, 1,430 were older than 74. Choking can be seen in individuals of any age, however, it tends to occur with the greatest frequency in either the very young or the elderly population.

DPI opposes AB 163 for several reasons:

- This bill is a solution in search of a problem. Infants, toddlers, and people over the age of 74 are most likely to be victims of choking injuries or death. We were unable to find any data on the number of school children who die or are seriously injured due to choking.
- AB 163 creates yet another unfunded mandate for schools requiring schools to stock and maintain an anti-choking device. In addition, they must provide annual training to teachers.
- Current law is adequate. Schools can purchase CRDs if they so desire.
- Choking Rescue Devices (CRD) are not mainstream devices like AEDs (Automated External Defibrillators), which have established themselves as a standard of care. Neither the American Red Cross nor the American Heart Association recommend CRD use.
- Medical experts doubt the claims regarding the minimal training needed to operate the devices and point out risk factors in use and after care. No reliable data exists on the efficacy of CRDs and appropriate training methods.
- DPI recommends requiring and fully funding a requirement that school staff to be trained in first aid and CPR/AED use. Such training would assist school staff in responding to medical emergencies for more than choking.

Now, I'll turn things over to my colleague, Louise Wilson.

On any given day, school staff may be faced with a health emergency. Choking is but one example. DPI is registering in opposition to this bill because we believe there are more critical changes that should be made around training of staff to make sure everyone within a school building is safe. We sympathize, deeply, with those who have lost anyone to a medical emergency. DPI and I as the state school nurse/health services consultant strive to have our professionals equipped to deal with any medical emergency that occurs.

Currently, every public and private school is required to provide a first aid kit. AB 163 would mandate that the first aid kit contain an anti-choking device registered as a class I or II medical device with the United States Food and Drug Administration (FDA). There are presently two such anti-choking devices on the market. One of which (Life Vac) is registered as a class II medical device to be used in surgery or at the patient's bedside. It is not registered to be used in the public domain. No such certificate for the other product (Dechoker) could be found on the FDA website. Dechoker devices are classified as a medical device, but there is nothing to indicate they have been approved by or registered with the FDA. These products are considered medical devices because they are intended for use in the diagnosis of disease or other conditions or in the cure, mitigation, treatment, or prevention of disease, or to affect the structure or function of the body.

Neither the American Red Cross (ARC) or the American Heart Association (AHA) include the use of an anti-choking device in their training or emergency care algorithm. The current recommendation of the 2022 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care include:

- Backslaps be used initially in adults and children with a foreign-body airway obstruction and an ineffective cough.
- Abdominal thrusts be used in adults and children (>1 y of age) with a foreign-body airway obstruction and an ineffective cough when backslaps are ineffective.
- Rescuers consider the manual extraction of visible items in the mouth.
- Suggest against the use of blind finger sweeps in patients with a foreign-body airway obstruction.
- Appropriately skilled health care providers use Magill forceps to remove a foreign-body airway obstruction in patients with OHCA (Out of Hospital Cardiac Arrest) resulting from foreign-body airway obstruction.
- Chest thrusts be used in unconscious adults and children with a foreign-body airway obstruction.
- Bystanders undertake interventions to support foreign-body airway obstruction removal as soon as possible after recognition.
- Suggest against the routine use of suction-based airway clearance devices.

In addition to the requirement that the school's first aid kit contain an anti-choking device, this bill requires that school boards and the governing bodies of private schools annually provide training on the use of anti-choking devices "according to the device manufacturer's instructions." Both manufactures now support basic life support (BLS) training. "LifeVac is to be used after BLS protocol (AHA/ARC) has failed, or cannot be administered (wheelchair, medical conditions etc)."

“Dechoker® recommends first action Red Cross/AHA protocol. If this fails, one should continue CPR and use the Dechoker®.”

Wisconsin currently has no statute that requires any school staff be trained in first aid, CPR, or use of an AED. There is a statute requiring students be trained in CPR and use of an AED, but not staff. While the anecdotal stories of parents who have used such anti-choking devices are compelling, DPI does not support the addition of a device to a first aid kit knowing that school nurses have struggled for decades to get volunteers to be trained in these life-saving skills. School nurses, including myself, have real life experience in how untrained and even trained school staff react in an emergency. The school setting is vastly different from a home setting. A parent or family member reacting to a choking incident at home is not the same as a choking incident occurring in a lunchroom full of hundreds of students, or in a classroom or hallway.

Adding a device could potentially create confusion and delay treatment for a choking victim, rather than help them. Having another piece of equipment does not make up for the fact that lay bystanders (school staff) are not trained or comfortable responding in an emergency nor even recognize one is occurring. Reading a manufacturer's package label or watching a few minutes of video does not make school staff competent to effectively respond.

Without having an experienced school nurse present, a school staff person responding to an emergency may be confused and not know what equipment might be needed when “an emergency” is called into the office. Furthermore, school nurses believe lay staff may simply wait until the anti-choking device arrives (which could take several minutes) because they do not know what to do without a device. Delays in administering care can be tragic. After four minutes without oxygen to the brain, death or permanent brain damage can result. If the airway cannot be cleared, CPR which includes rescue breathing, is required to oxygenate the brain. It is possible to circulate the oxygen that remains in the lungs and even provide new oxygen around the object if the airway is only partially obstructed, but the item cannot be removed.

As I stated earlier, choking is but one type of health emergency school staff may be called upon to respond on any given school day. Adding a piece of equipment which is not well researched or considered current standard of care does not make students safer or healthier.

As a school nurse with nearly 30 years of experience, I encourage this committee to reject AB 163 and explore avenues to improve school staff emergency response to health emergencies including, and beyond, choking.

Kevyn and I are happy to entertain any questions or work with the Wisconsin legislature to promote statutes that would make Wisconsin school children safer and healthier. Healthy children learn better and become more productive citizens.

If you have questions or would like additional information, please contact Kevyn Radcliffe, Legislative Liaison, at kevyn.radcliffe@dpi.wi.gov or (608) 264-6716.

EQUAL FIRST AID, INC
287 Jefferson Avenue
Franklin Square, NY 11010
Antonia L'Abbate, Executive Director
(631)873-0907

Good morning, members of the Committee, and thank you for holding this Public Hearing to discuss Assembly Bill 163.

Equal First Aid is a not-for-profit organization that stands with other organizations to strive for equity, inclusion and diversity. We raise awareness and advocate for our most vulnerable population in the event of a choking emergency. There are NO policies or procedures currently in place to rescue a person in a wheelchair or a person whom may be medically fragile (i.e., Duchenne Disease, Spina Bifida, Brittle Bone Disease, SMA – Spinal Muscular Atrophy or Down Syndrome to name a few).

I am here today as a representative of the many organizations mentioned above with their support and their blessing, as many could not attend today.


Our mission at Equal First Aid is to improve people's lives and bring an equal opportunity for ALL to be rescued in the event of a choking emergency. We believe this Bill will bring inclusion, diversity and equity to all.

This Bill is a proposal that is a step in the right direction to fulfill the obligations to the Americans with Disabilities Act (ADA) and to create an immediate positive impact that will generate peace of mind for parents.

Our outreach spans across the United States with 7 Bills being introduced so far. The following organizations are included in our outreach – National Association for Down Syndrome, Disability Rights Wisconsin, ADAPT Community Network, Alzheimer's Association, The ALS Foundation, Center for Independent Living, American Association of People with Disabilities, Parkinson Association, Autism Speaks, Center for Disability Rights, Cerebral Palsy Foundation, Disability Advocates, The Christopher Reeves Foundation, Multiple Sclerosis, Muscular Dystrophy, National Organization for Rare Disorders, State Independent Living Council, Special Olympics, Spina Bifida, United Cerebral Palsy, to name a few.

Your time in reviewing our Support for Bill 163 is greatly appreciated. Please take the time needed to know that we are just asking for an added rescue option to be present in the event someone chokes and for it to be placed in our first aid kits. We need a suction device in the event there is no other option to rescue an individual who is medically fragile.

Thank you again


Toni L'Abbate



**National Association for
Down Syndrome**

1460 Renaissance Drive
Suite 102
Park Ridge, IL 60068

(630) 325-9112
www.nads.org

October 4, 2022

Dear Equal First Aid,

The National Association for Down Syndrome would like to thank you for the support you have lent our organization. In today's world, it can be difficult to find generous donors such as you! Equal First Aid's contribution of both a LifeVac Home Kit and LifeVac Travel Kit to our recent "Fall in Love with Down Syndrome" Fashion Show was such a thoughtful donation. It helped NADS not only reach but far exceed our fundraising goals.

NADS is proud to work with companies like Equal First Aid to spread awareness to all individuals with disabilities that may have a choking emergency. Having the LifeVac non-invasive airway clearance device on hand can change the lives of so many! We are glad that companies like yours realize the importance of challenges like choking within the Down syndrome community and are working toward providing simple solutions for those challenges.

We look forward to continuing to work together toward NADS' mission of helping all individuals with Down syndrome reach their full potential, and that starts with keeping our constituents safe and healthy. Thank you again for your support.

Warm Regards,

National Association for Down Syndrome

National Association for Down Syndrome
1460 Renaissance Drive, Suite 102
Park Ridge, IL 60068
(630) 325-9112

CURE SMA

We want to thank you so much for the LifeVac product. Our daughter is a 25 year old with SMA (Spinal Muscular Atrophy) and we cannot perform the heimlich maneuver on her because of the way her muscles and body are. Plus she is in a wheelchair full time. The LifeVac portable suction device is absolutely critical for her safety in a choking situation. We carry it with us always.

We feel this could help many people, not just our daughter. We are great supporters of this product.

Thank you so much,

Vicki and Chris Genovese

From: dana edwards

Sent: Saturday, July 15, 2023 3:26 PM

To: Toni Labbate

Subject: Dana PL

Hi, my name is Dana Edwards and my son, Tanner Edwards suffers from Duchenne Muscular Dystrophy, a cruel muscle wasting disease that keeps him confined to a wheelchair.

I've always had a fear of what would happen if my son choked, I have taken CPR twice, for my 5 other able kids CPR might work but for Tanner in a wheelchair my arms can't reach around the chair to get to his chest it's too wide, I'm pretty sure everyone in my world would have this issue.

We would have no way to save him.

Thank GOD for LifeVac. LifeVac has allowed myself and families like me who have a loved one in a wheelchair keep a simple small device (LifeVac) in our backpacks, kitchens and schools giving us one less worry. I know personally of a family with a son with Duchenne that choked on his pills, if they did not have LifeVac he would not be here. This device should be mandated in every restaurant, school, hotel, cop car, all establishments. People choke everyday, CPR can not be the only answer and now there is a simple safe way to save lives ...LifeVac

Dana Edwards
63 Almond Drive
Toms River, NJ 08753

October 5, 2022

To Whom It May Concern,

Please allow this correspondence to serve as my support for a non-invasive airway clearance device, a device used to relieve airway obstruction in lieu of Basic Life Support (BLS). As you are aware, BLS includes abdominal thrusts and back blows, which can be impossible to perform on certain individuals. The American Disability Act (ADA) states that all individuals, regardless of disability, need to have the same measures to be rescued in a choking emergency. The only way to ensure that is to allow non-invasive airway clearance devices to be kept in areas that have an at-risk population.

It is crucial that non-invasive airway clearance devices be made readily available in facilities that have an at-risk population for aspiration, to maintain safety.

Please feel free to contact me with any questions. Thank you for your attention to this matter.

Julia Duff, Executive Director
Spina Bifida Association of New York State
133 Saratoga Road, Professional Building, Office 4
Scotia, NY 12302
518-399-9151
admin@sbanys.org

Sincerely,



Julia Duff
Executive Director

Sheirlie LaMantia

Grant Regional Health Center

507 Monroe St.

Lancaster, WI 53813

608-723-3349

To Whom it May Concern:

This letter is in support of having Life Vac anti-choking devices available in school districts within the state of Wisconsin. I am an ER physician that works in a rural emergency room and Southwestern Wisconsin and have a large service area. There are times that patients are 30 to 40 minutes out and I am the closest facility available for emergency care.

As I am sure you are aware choking can be a life-threatening event if the item fully obstructs the airway. Several bystanders and first responders make the mistake of putting their fingers in the mouth to try to remove an item and ended up pushing the item down and lodging it further. The traditional Heimlich maneuver is still effective but needs to be performed correctly and can cause injury and discomfort, as well as can be difficult in obese or pregnant population. Life VAC is a suction device that can help dislodge and clear the airway and remove the item being choked on. The device is affordable and easy to use and not harmful. We have one not only in our emergency room but also in our affiliated clinic and the hospital cafeteria. Moreover, all of the surrounding area EMS carry a Life Vac device in their ambulances. Staff are trained annually on it and it is a very quick and straight forward training. The device is easy to use and comes with clear printed instructions.

I believe Life Vac could easily be implemented into the first aid kit already present in Wisconsin schools. It will be rarely utilized such as the AED, but yet can be just as life-saving when needed.

Thank you for your consideration and time looking into this important and life-saving addition to our local schools currently available first aid.

Regards,

Sheirlie LaMantia, MD

GRHC Emergency Room Director

Carol VanHeeswyk

tkdcvh@sbcglobal.net

Submission Date May 20, 2023 3:30 PM

What State Bill are you supporting? Wisconsin – SB156

Name Carol VanHeeswyk

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Autumn Dominguez

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Submission Date May 20, 2023 12:03 PM

What State Bill are you
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John Masbaum

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Submission Date

May 20, 2023 7:46 AM

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Wisconsin – SB156

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Jeff Huff

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Submission Date May 20, 2023 3:38 AM

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Submission Date May 20, 2023 1:15 AM

What State Bill are you supporting? Wisconsin – SB156

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Submission Date May 19, 2023 11:19 PM

What State Bill are you supporting? Wisconsin – SB156

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SPK

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Submission Date

May 19, 2023 10:01 PM

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Wisconsin – SB156

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Submission Date

May 19, 2023 7:54 PM

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Wisconsin – SB156

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Submission Date

May 19, 2023 6:54 PM

What State Bill are you supporting?

Wisconsin – SB156

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Lilli Kroes

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Submission Date May 19, 2023 6:46 PM

What State Bill are you supporting? Wisconsin – SB156

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Kathy Pickel

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Submission Date May 19, 2023 6:44 PM

What State Bill are you supporting?

New York – Bill No. ~~AS 634/SZ 048~~ SB156

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Debby Sosic

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Submission Date May 19, 2023 6:41 PM

What State Bill are you
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Suzanne Kelter

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Submission Date

May 19, 2023 6:40 PM

What State Bill are you supporting?

Wisconsin – SB156

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Boy Dies After Choking In Lunchroom At Wis. School

OCTOBER 26, 2011 / 10:54 PM / CBS MINNESOTA

LINK: [HTTPS://WWW.CBSNEWS.COM/MINNESOTA/NEWS/BOY-DIES-AFTER-CHOKING-IN-LUNCHROOM-AT-WIS-SCHOOL/](https://www.cbsnews.com/minnesota/news/boy-dies-after-choking-in-lunchroom-at-wis-school/)

CLAYTON, Wis. (WCCO) -- A little boy from Wisconsin is dead after choking in the school lunchroom.

Griffin Randall, 6, died at the hospital Tuesday. It happened in Clayton, Wis., a town just east of Amery.

Students were able to talk to counselors when they got to school Wednesday in Clayton. There were concerns and questions about what happened in the lunch room to Randall.

Classmates said the first-grader, who used a wheelchair, choked on a meatball during lunch Tuesday. Griffin died at the hospital.

Shane Troff heard the news from his daughter, who is in kindergarten.

"I didn't know him or his family but my heart goes out to them. You never expect that to happen at school. You have questions and wonder how," Troff said.

No one from the school district was available to talk on camera but sent a statement to parents about the incident.

"The Clayton School community has been deeply saddened by the tragic death of one of our own students. Griffin will be remembered as a joyful, fun loving little boy," the statement reads.

Devonta Wallace heard the ambulance Tuesday but had no idea it was so serious.

"It sunk my heart. I know his sister," Wallace said.

A small town of just 500 people is now hurting after such a public tragedy.

"I just feel really bad for the family. Very bad for the family," Troff said.

Polk County dispatchers got a 911 call from the school Tuesday just after 11 a.m. Authorities said first responders got there and immediately took Griffin to the hospital in Amery about 10 minutes away, where he died.

First published on October 26, 2011 / 10:54 PM

From: Crystal VanHoof <catrahanrn@yahoo.com>
Sent: Thursday, July 20, 2023 12:51 AM
To: Rep.Tranel <Rep.Tranel@legis.wisconsin.gov>

Subject: Support for Assembly Bill 163

Dear Rep. Travis Tranel,

I cannot attend the public hearing in person, so I wish to write in my support of AB 163 (anti-choking devices in schools). I apologize for the short notice, but we were on a family vacation camping in South Dakota last week when I learned of this hearing.

My husband and I are parents of five young children (ages 8, 4, 2, and 11 month old twins). I have been a registered nurse, primarily in the peri operative setting (pre and post op/recovery room), for the last 20 years. I have my BSN from UW Madison, with certifications in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). I have dealt with airways most of my nursing career, as well as the advanced training to support critical situations for both adults and children, should they arise.

Our oldest two children will be attending a Catholic elementary school, St. John the Baptist, in Howard, WI (Green Bay) this fall. Grant, the younger of the two, has had issues with gagging and swallowing since he transitioned to solid foods as an infant. There were many times where I was worried that he may not clear his airway. He was unable to eat appropriately for his age. I had him evaluated by his pediatrician without any definitive diagnosis. Taking matters in my own hands, I came across the LifeVac Anti-Choking device, looked at all of the information and studies, and without hesitation, purchased two of them (one for my kitchen and one for my vehicle). When I looked at initially purchasing the device, I wrote to the company. Heidi Felix, the VP of sales contacted me. She explained all of the backstories about the scenarios in how this device was utilized. When this device is used to save a life, LifeVac requests the information from the consumer on how it was used. She explained many instances in how people have reported that the LifeVac had been utilized where the Heimlich would have never been successful (based on what was causing the obstruction). We live in the country outside of the Green Bay area and EMS response time is more than likely 15 minutes (or greater). I had always feared that if Grant had a choking event and I was unsuccessful in clearing and maintaining his airway, he would more than definitely succumb to some sort of brain damage or death, which no parent wants to ever think about. I most definitely feel confident that I would have a positive outcome having the LifeVac as a backup resource, both as a nurse, and as a parent. At age four, I still sit with him whenever he eats. I will not be able to sit with him when he starts 4K in the fall. Last month, we discovered that his gagging/swallowing issues are related to a misdiagnosed posterior tongue tie.

Last spring of 2022 (prior to this Assembly Bill being introduced), I reached out to St. John the Baptist School regarding implementing these devices out of concern for my children, as well as all of the other children in our school. The principal directed me to the Director of Dietary, and this was the Director's response:

"Thank you again for your time and conversations. As a follow up, please know I forwarded the Life Vac device and related questions and information to our GRACE Health Nurse. Our Nurse did additional research on the device, and also connected with a School Nursing and Health Services Consultant at the Wisconsin Department of Public Instruction. At this time, the recommendation from the individuals above is to not use the Life Vac device. However, please know we are exploring implementing training

programs for our food service staff to be administered by the American Red Cross (ARC) or American Heart Association (AHA), as these are the recommended training programs for food service per the GRACE Health Nurse and DPI."

I was shocked to hear that no one supervising our children while eating is even trained in basic CPR/Heimlich and that their suggestion was to "explore implementing" CPR training, much less utilize this device. I feel this was a very careless response. Since then, I have written to the Superintendent of the Green Bay Area Catholic Schools for follow up. I am awaiting his response.

Even trained professionals (with constant, continued re-certification courses) could potentially be unsuccessful at clearing an airway with the Heimlich maneuver (as in the case with the Bruegmann family and Fennimore EMS). The lay person (especially, without training) may not be able to recognize if a child (or adult) is even choking. They may "freeze" or not know what to do, or may not remember what to do in a true emergency. Response time is delayed, furthering a catastrophic outcome. I actually called the EMS department (Brown County 2) responsible for responding to our children's school. I talked to one of the paramedics. He stated that door to door response time is two minutes. He also stated that they do not have any anti-choking devices (LifeVac or DeChoker) on their squads.

So, at our particular school, if a child (or an adult) has a choking emergency, and there is a delay in recognition, which delays the activation of EMS response, and then EMS needs to find the child in the building, and then begin treating the child, this could easily amount to four to six minutes. And, this is if everything goes smoothly. At this time, brain damage more than likely will occur. If they are unsuccessful in clearing the airway, death. This sort of situation is very different, then, for example, sudden cardiac death. CPR is effective and may be performed for hours and the victim may survive and suffer minor complications. When there is no airway, there is no life; you cannot perform CPR. The thought of being helpless in a situation like this, as healthcare provider, and as parent, is devastating. This does not have to be the case with this device.

The LifeVac is such an inexpensive, effective, easy to use device (even for the lay person) which, in my opinion, after all of the information and research I have looked at regarding it's use, is a no brainer. With all of my experience as a nurse in maintaining airways, I wouldn't hesitate one second to use it in a true choking emergency. I graciously plead that this bill passes so that a back up method is available in all schools should it ever be needed. We should not have to wait for a choking death to occur to implement an anti-choking device like the LifeVac.

Thank you for your time,

Crystal VanHoof
Sobieski, WI

Hello,

While I cannot attend the public hearing, I fully support all schools having a Lifevac or similar suction anti-choking device. The devices are a proven tool to aid in choking emergencies when hemlich and back blows fail. Similar to the vital importance of an AED, suction anti choking devices can save lives when immediate treatment is necessary.

Thank you,

Karly Falkenburg of Pewaukee WI
262-989-9622
Karlypearson@gmail.com

Wisconsin Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



WIAAP

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July 20, 2023

The Honorable Rep. Kitchens, Chair
The Honorable Rep. Dittrich, Vice-Chair

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Dear Chair Kitchens, and Vice-Chair Dittrich:

Opposition to AB 163 – Supplying Anti-Choking Devices in Schools

On behalf of the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP), we write in opposition of AB 163, mandating the supply of anti-choking devices in schools. WIAAP represents over 900 pediatricians and other primary care pediatric providers, who are dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

Given there are no specialty societies (including The American Heart Association, The American Red Cross, and the 2022 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care) that support the use of anti-choking devices, and that the American Academy of Pediatrics does not have a policy in place, we cannot advocate in favor of the use of these.

In the school setting, there is significant apprehension that having anything like this would discourage personnel from performing CPR first. Unfortunately, there is no statutory requirement for any school personnel to be trained in first aid or CPR, which should be the first response. Any device promising to be "life-saving" could serve against that purpose in a group of untrained but well-meaning volunteers. Use of anti-choking devices is not research-based. Use of the Heimlich maneuver, however, is known to have an 85% and above rate of success.

(Our understanding is that of the two anti-choking devices on the market, only one, "LifeVac," is registered with the FDA, and it is as a Class II medical device intended to be used in surgery or at the patient's bedside, not in the public domain.)

WIAAP is in staunch support of maximizing the safe environments of schools and advocating for best practices for under-resourced school health personnel. Adding another layer of device(s) and procedure(s) for non-medical staff is potentially life-threatening.

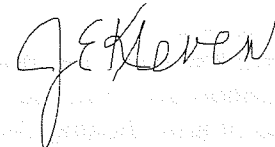
We believe that instead of trying to add non-recommended devices and unfunded equipment mandates to school protocols, we should be focusing on funding staffing models that provide safety to our students with trained medical personnel, as well as CPR and other life-saving training to non-medical staff expected to provide it.

While AB 163 is well-intended, its potentially negative consequences cannot be understated. We urge lawmakers to focus on supports for CPR and other evidence-based first line emergency training for the vast number of non-medical school-based staff.

Thank you for your consideration. Should you have any questions, please contact Kia Kjensrud at 262.751.7003 or kkjensrud@wiaap.org.

Sincerely,

AMERICAN ACADEMY OF PEDIATRICS
Wisconsin Chapter



Jennifer Kleven, MD, MPH, FAAP
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