

HB

361



Alaska State Legislature

Representative Anna Fairclough – House District 17

House Bill 361

“An Act requiring 911 dispatchers to be trained in cardiopulmonary resuscitation; and providing for an effective date”

Currently in Alaska State Statute there is no provision requiring 911 dispatchers to be certified in cardiopulmonary resuscitation (CPR). Most people are told that during an emergency you should call 911 immediately and someone will be able to help you. In the event that the caller does not know how to perform CPR, is unsure or panicking during the 911 call the operator should be able to not only calm the person down, but also be able to walk the caller through the process while help is on the way.

Most of the 911 dispatchers in the state are certified as Emergency Medical Dispatchers (EMD) which covers CPR. But for those remote regions in the state that don't have certified EMDs or dispatchers trained in CPR the passage of this bill may ultimately save lives.

Thank you for your consideration and I urge your support on the passage of legislation.

CS FOR HOUSE BILL NO. 361()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY

**Offered:
Referred:**

Sponsor(s): REPRESENTATIVES FAIRCLOUGH, Dahlstrom

A BILL

FOR AN ACT ENTITLED

1 **"An Act moving the statewide 911 coordinator position to the Department of Public**
2 **Safety; requiring 911 dispatchers to be trained in cardiopulmonary resuscitation; and**
3 **providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 *** Section 1.** AS 18.60 is amended by adding a new section to read:

6 **Article 13. Statewide 911 Coordinator.**

7 **Sec. 18.60.870. Statewide 911 Coordinator.** A statewide 911 coordinator is
8 established in the Department of Public Safety to coordinate and facilitate the
9 implementation of 911 systems throughout the state. The 911 coordinator shall

10 (1) participate in efforts to set uniform statewide standards for
11 automatic number identification and automatic location identification data
12 transmission for telecommunications systems;

13 (2) make recommendations as necessary for implementation of basic
14 and enhanced 911 service;

1 (3) facilitate and monitor the training of emergency dispatchers in
2 cardiopulmonary resuscitation; in this paragraph, "dispatcher" has the meaning given
3 in AS 29.35.132.

4 * Sec. 2. AS 29.35 is amended by adding a new section to read:

5 **Sec. 29.35.132. Training of emergency dispatcher.** A municipality shall
6 require that emergency dispatchers on the 911 system be trained and currently
7 certified in cardiopulmonary resuscitation. In this section, "dispatcher" has the
8 meaning given the term "call taker" in AS 29.35.131(k).

9 * Sec. 3. AS 26.23.170(b) is repealed.

10 * Sec. 4. This Act takes effect September 1, 2010.

Carson City 911 dispatcher gives instructions to save baby

BY F.T. NORTON

A Carson City dispatcher likely saved a newborn's life Wednesday morning.

When a call came in to emergency dispatch at 8:22 a.m., communications supervisor Cindy Merrell heard a distraught mother, barking dogs and a crying toddler. But what anyone else would have missed in the cacophony was what the woman said between screams — "My baby's not breathing!" Merrell heard it right away.

"The baby's not breathing," the veteran emergency dispatcher can be heard repeating on the 911 call recording.

Merrell said she turned to coworker Liz Hertz and relayed the information. Hertz called out medics. Then Merrell, herself a mother of four and grandmother of six, went to work. She opened flip cards and tried to get the woman's attention.

"I'm going to help you," Merrell shouted over the din. "I need you to calm down so we can help your baby. OK!" When the mother responded that she understood, Merrell began giving her directions. "I need you to put your baby on a flat surface," said Merrell. "Tilt the head back and see if he's breathing."

The woman wailed as a toddler could be heard in the background crying.

"I want you to breathe two puffs of air into the baby's lungs, just enough to make the chest rise," said Merrell.

The line became silent as the mother did as she was told. Then the woman can be heard crying. "Oh my God. My son's dead, my son's dead."

"Don't give up," said Merrell. "I need you to help the baby." She instructed the mother to do chest compressions. Through the line Merrell could hear the thumping as the woman did as she was told.

Everyone in the dispatch center became fixated on what was unfolding, including John Mason, a system technician with AT&T, who hours later was still in awe of what he'd witnessed. "It was just so amazing," he said.

Merrell worried the mother was going to stop because she kept repeating her son was dead.

"Don't give up. Just keep going until the medics get there. Keep going. Keep going," Merrell said. "I need you to help the baby. Don't give up."

For six minutes, Merrell remained calm while the frantic mother wailed, the dogs barked and a toddler cried.

And then, Merrell heard a weak cry.

"Oh, he just started crying," the mother yelled.

When paramedics arrived, Merrell hung up.

The baby's family declined to comment. According to Renown Regional Medical Center in Reno, the 3-week-old infant is in good condition.

"It's absolutely amazing — Cindy staying on the phone, calming the lady down and talking her through it, probably saved the baby's life," said Sheriff Ken Furlong. "Cindy doesn't get rattled. She's an amazing woman."

Merrell said normally after an emotional call, she will get up from her desk and go into another room to cry.

"But John Mason was in the room," she said with a laugh. "I turn around and he's got these tears, and Liz has got these tears, so I had to be like, 'Oh, it's just a job.'"

For Mason, however, the experience was unforgettable.

"I got to just sit there and listen to this dispatcher and the way she took control of the situation and actually saved the baby's life," said Mason, a former Marine. "I've seen a lot of stuff that didn't affect me. This actually touched me. When that baby coughed we were (cheering).

"We were just overwhelmed with joy that one life was saved by the training and composure of this particular dispatcher," Mason said. "I think she's a hero." Merrell was more humble about her actions.

"I was just glad that the baby was alive and I could help the mom," said Merrell.

<http://www.nevadaappeal.com/apps/pbcs.dll/article?>

Brookline 911 dispatcher praised for helping to save a life

E-mail|Link|Comments (0) Posted December 18, 2009 12:01 PM

By Brock Parker, Globe Correspondent

Authorities in Brookline are praising the work of a rookie 911 dispatcher who helped a local man perform CPR on his wife last month until emergency medical technicians arrived.

The woman survived, and now Emergency Dispatcher Siobhan McIntyre, who has been on the job since May, has received a commendation from police for her efforts.

"There's nothing like it," McIntyre said. "I saved a life. I had a hand in this."

David Connolly, the chief emergency dispatcher for Brookline, said McIntyre was working on Nov. 13 at 5:22 a.m. when a Brookline man called 911 because he'd found his wife unresponsive in their home.

The woman, who asked to remain anonymous, was in cardiac arrest and her husband did not know how to perform CPR, Connolly said.

"He asked me numerous times: 'What do I do? What do I do?'" McIntyre said. "I was just trying to calm him down. It was frightening to say the least."

McIntyre began walking the man through the steps to perform CPR. She instructed him about how to breathe into his wife and how to perform chest compressions, which he did. At that point, emergency responders arrived and used a defibrillator to revive the woman, Connolly said.

Connolly said McIntyre gets the credit for helping to save the woman's life because she was able to stay calm, get emergency responders in route and help talk the man through performing CPR all at the same time.

"And she's only been on the job since May," Connolly said.

McIntyre, 26, said that while she started in May, she had been training with a partner until she began working on her own in October.

While she is happy to have helped save a life, McIntyre said she's hoping the situation won't arise again any time soon.

"I hope it's a while," she said. "You never want to be in that position again."

INTRODUCTION TO CPR

IMPORTANT ANNOUNCEMENT: In March 2008 the American Heart Association published an advisory statement outlining "hands-only" or "compression-only" CPR. This statement is a clarification addendum to the 2005 AHA Guidelines for CPR and ECC which dictates that lay persons who are unable or unwilling to provide rescue breaths may perform hands-only CPR. This updated recommendation does not apply to first responders and/or medical personnel with access to CPR barrier or a mechanical respirator; unwitnessed cardiac arrest, cardiac arrest in children and infants, or cardiac arrest presumed to be of non-cardiac origin (drowning, trauma, airway obstruction, acute respiratory diseases, drug overdose, etc). AHA study concedes that when performed correctly, conventional CPR continues to prove a more effective rescue method for victims of cardiac arrest and as such we will continue to educate our students in ventilation as well as compressions.

Recent statistics suggest that sudden cardiac arrest is rapidly becoming the leading cause of death in America. Once the heart ceases to function, a healthy human brain may survive without oxygen for up to 4 minutes without suffering any permanent damage. Unfortunately, a typical EMS response may take 6, 8 or even 10 minutes.

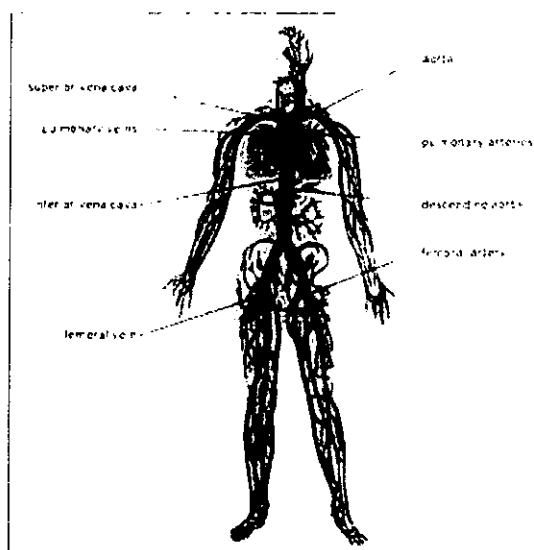
It is during those critical minutes that Cardio Pulmonary Resuscitation can provide oxygenated blood to the victim's brain and the heart, dramatically increasing his chance of survival. And if properly instructed, almost anyone can learn and perform CPR.



HOW CPR WORKS

The air we breathe in travels to our lungs where oxygen is picked up by our blood and then pumped by the heart to our tissue and organs. When a person experiences cardiac arrest - whether due to heart failure in adults and the elderly or an injury such as near drowning, electrocution or severe trauma in a child - the heart goes from a normal beat to an arrhythmic pattern called ventricular fibrillation, and eventually ceases to beat altogether. This prevents oxygen from circulating throughout the body, rapidly killing cells and tissue. In essence, Cardio (heart) Pulmonary (lung) Resuscitation (revive, revitalize) serves as an artificial heartbeat and an artificial respirator.

CPR may not save the victim even when performed properly, but if started within 4 minutes of cardiac arrest and defibrillation is provided within 10 minutes, a person has a 40% chance of survival.



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Invented in 1960, CPR is a simple but effective procedure that allows almost anyone to sustain life in the first critical minutes of cardiac arrest. CPR provides oxygenated blood to the brain and the heart long enough to keep vital organs alive until emergency equipment arrives. To make learning CPR easier, a system was devised that makes remembering it as simple as "ABC":

- Airway
- Breathing
- Circulation

WHEN TO DIAL 9-1-1

It is critical to remember that dialing 9-1-1 may be the most important step you can take to save a life. If someone besides you is present, they should dial 9-1-1 immediately. If you're alone with the victim, try to call for help prior to starting CPR on an adult and after a minute on a child. Before we learn what to do in an emergency, we must first emphasize what NOT to do:

- DO NOT leave the victim alone.
- DO NOT try to make the victim drink water.
- DO NOT throw water on the victim's face.
- DO NOT prompt the victim into a sitting position.
- DO NOT try to revive the victim by slapping his face.

Always remember to exercise solid common sense. When faced with an emergency situation we may act impulsively and place ourselves in harm's way. Although time should not be wasted, only approach the victim after determining that the scene is safe: always check for cars, fire, gas, downed electrical lines, and any other potential hazards before attempting to perform CPR.

ADULT CPR

Definition

Because there is no single anatomic or physiologic characteristic that distinguishes a "child" victim from an "adult" victim and no scientific evidence that identifies a precise age to initiate Adult rather than Child CPR techniques, the ECC scientists made a consensus decision for age delineation that is based largely on practical criteria and ease of teaching. However, American Heart Association's guidelines dictate that Adult CPR is performed on any person over the age of approximately 10 to 14 years (or post-adolescence, as defined by the presence of secondary sex characteristics).

Assessing the situation

If you suspect that the victim has sustained spinal or neck injury, do not move or shake him.

1 person CPR

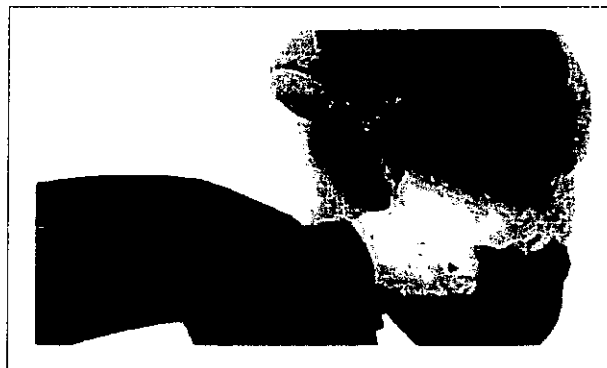
- Verify that the victim is unresponsive by shaking the victim gently and shouting "Are you okay?"
- If there is no response, dial 9-1-1
- Retrieve an AED if one is available
- Begin CPR and use the AED as appropriate

2 person CPR

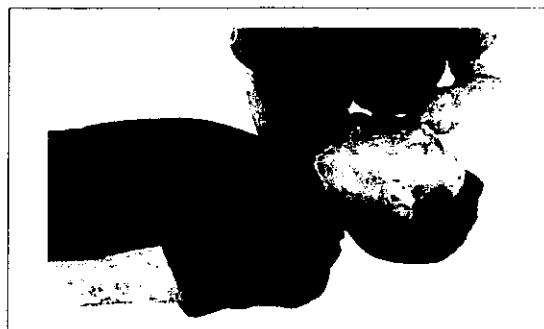
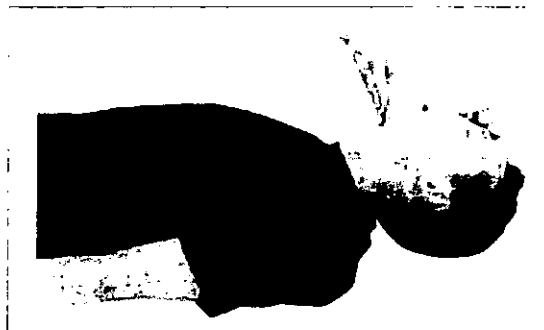
- Verify that the victim is unresponsive by shaking the victim gently and shouting "Are you okay?"
- A trained rescuer should remain with the victim to begin CPR
- Second rescuer telephones 9-1-1 and, if available, retrieves an AED
- Continue CPR and use the AED as appropriate

A-B-C of CPR

"A" is for AIRWAY. If the victim is unconscious and is unresponsive, you need to make sure that his airway is clear of any obstructions. The breaths may be faint and shallow - look, listen and feel for any signs of breathing. If you determine that the victim is not breathing, then something may be blocking his air passage. The tongue is the most common airway obstruction in an unconscious person and it may be necessary to perform a finger sweep in order to move the tongue or any other foreign object away from the air passage. With the victim lying flat on his back, firmly hold his chin with one hand while using the finger of your other hand in a sweeping motion. Once the airway is unblocked, place your hand on victim's forehead and your other hand under the tip of the chin and gently tilt his head backward. In this position the weight of the tongue will force it to shift away from the back of the throat, opening the airway. If the person is still not breathing on his own after the airway has been cleared, you will have to assist him breathing.



"B" is for BREATHING. With the victim's airway clear of any obstructions, gently support his chin so as to keep it lifted up and the head tilted back. Pinch his nose to prevent air from escaping once you begin to ventilate. Take a full breath, place your mouth tightly over the victim's (use a shield barrier if one is available) and blow until the victim's chest rises. Maintain a tight seal around his mouth and be careful not to over-inflate his lungs as this may force air into the stomach, causing him to vomit. If this happens, turn the victim's head to the side and sweep any obstructions out of the mouth before proceeding. Between each breath allow the victim's lungs to relax - place your ear near his mouth and listen for air to escape and watch the chest fall as he exhales. If the victim remains unresponsive (no breathing, coughing or moving), check his circulation.



"C" is for CIRCULATION. In order to determine if the victim's heart is beating, place two fingertips on his carotid artery, located in the depression between the windpipe and the neck muscles, and apply slight pressure for several seconds. If there is no pulse then the victim's heart is not beating, and you will have to perform chest compressions.

Chest compressions

When performing chest compressions, proper hand placement is very important. Place two fingers on the victim's sternum and then put the heel of your other hand next to your fingers. Now you need to place your hand on top of that hand and interlace the fingers. Lock your elbows and using your body's weight, compress the victim's chest. The depth of compressions should be approximately 1½ to 2 inches - remember: 2 hands, 2 inches at a rate of 100 compressions per minute. If you feel or hear slight



cracking sound, you may be pressing too hard. Do not become alarmed and do not stop your rescue efforts! Damaged cartilage or cracked ribs are far less serious than a lost life. Simply apply less pressure as you continue compressions.

1 person CPR

Count aloud as you compress 30 times at the rate of about 3 compressions for every 2 seconds. Finish the cycle by giving the victim 2 breaths. This process should be performed 5 times - 30 compressions and 2 breaths - after which remember to check the victim's carotid artery for pulse (for no longer than 10 seconds) and other signs of consciousness. If you definitely not feel a pulse within 10 seconds, you should begin cycles of chest compressions and ventilations. Continue until an advanced airway is in place or victim regains consciousness.



2 person CPR

Count aloud as you compress 30 times at the rate of about 3 compressions for every 2 seconds. Finish the cycle by giving the victim 2 breaths. To prevent fatigue and deterioration in quality and rate of chest compressions the rescuers should change compressor and ventilator roles every 2 minutes - the switch should be accomplished as quickly as possible to minimize interruptions in compressions. Continue until an advanced airway is in place or victim regains consciousness.



Click here to print or select **File** then **Print** from your browser.

Close Window

911 Claims Operators Don't Need to Know CPR

A Shocking Revelation by the *Today Show* Reveals 18 State Behind the Curve

By Ryan Christopher DeVault

The 911 system in this country is broken, and the *Today Show* showed us just how broken it is. In a *Today Show* investigation of the 911 system, it was revealed that 18 states around the country do not require that their operators know CPR to be on the job. It seems that one of the reasons that the story was being done in the first place was that a city manager in Murphy, Texas said that his operators didn't know CPR because they weren't required to know it. Does this sound like a good excuse? Or does it sound like laziness where the city could be putting its residents at risk by not actually taking on training that could save lives?

Let's all just agree that knowing CPR is an important tool and that when someone takes the initiative to actually learn CPR that they are working towards the greater good. The fact is that nobody does CPR to help themselves out because obviously CPR is a tool you use to help out someone else in need. Those who go through the training to help save the lives of other people are commendable, and it creates more and more people that are capable of helping people with a medical emergency. With that in mind shouldn't anyone that could be placed in a position to use CPR go through the training simply because they can?

If you haven't learned CPR, and your child is suddenly having trouble breathing, who do you call? We are all told that you should call 911 immediately, but what are you expecting when you call 911? As a parent I would hope for immediate help with the situation, but there are 18 states (listed on page 2) around the country that don't care enough to make sure that the callers can receive help from their operators. I am of the opinion that it is important for parents to learn CPR, but if they haven't had the money to pay for the training, what are their options in those 18 states where you can't rely on 911 to help you out? I wish I had the answer to that question.

The reason that the city of Murphy, Texas is being brought up in this article is that they had a woman whose child had stopped breathing call into their 911 dispatch to receive help with CPR. The operator couldn't help, and the excuse that the city is giving is that they aren't required to know how to do CPR in Texas, and that they did nothing wrong. Maybe they learned their lesson in Murphy though, because the claim by the city manager of Murphy (to the *Today Show*) is they are now going to train their operators. It won't bring back the child that died in the sad case, but maybe it can be a warning sign for residents to take up the cause in their states for 911 operators to be required to know CPR. Unless you can answer for me the following question, "who do I call for help with CPR while in the middle of trying to save a life?"

States that DON'T require CPR Training for 911 Operators

Idaho
Nevada
Colorado
South Dakota
Nebraska
Kansas
Oklahoma
Wisconsin
Michigan
Indiana
Arkansas
Mississippi
Alabama
Florida
New York
West Virginia
Alaska
Hawaii

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