

Delaware AED Legislation

HOUSE OF REPRESENTATIVES

140th GENERAL ASSEMBLY

HOUSE BILL NO. 430

AS AMENDED BY

HOUSE AMENDMENT NOS. 1 & 2

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS UNDER CERTAIN CIRCUMSTANCES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Part II, Title 16 of the Delaware Code by adding thereto a new chapter, designated as Chapter 30, which new chapter shall read as follows:

"CHAPTER 30. AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)

§3001. Findings and Purpose.

The General Assembly of the State of Delaware has found that each year more than 350,000 Americans experience out-of-hospital sudden cardiac arrest. More than 95% of them die. In many cases, people die because life saving defibrillators arrives on the scene too late, if at all. It is estimated that more than 100,000 deaths could be prevented each year if defibrillators were more widely available to designated users (responders). Many communities around the country have invested in 911 emergency response systems, emergency personnel, and ambulance vehicles. However, many of these same communities do not have enough defibrillators. It is therefore the intent of this General Assembly to encourage greater acquisition, deployment, and use of automated external defibrillators in communities within the State of Delaware.

§3002. Definitions.

The following words, terms and phrases, when used in this Chapter, shall have the meanings ascribed to them herein, except where the context clearly indicates a different meaning:

(a) "Automated external defibrillator," (AED) shall mean a medical device which is both a heart monitor and defibrillator that has received approval of its pre-market notification, filed

with the Food and Drug Administration pursuant to United States Code, Title 21, section 360(k).

(b) "Records" shall mean the recordings of interviews and all oral or written reports, statements, minutes, memoranda, charts, statistics, data and other documentation generated by the State EMS Medical Director.

§3003. Correct use of defibrillator; training in order to ensure public health and safety

(a) Any entity to whom AEDs are distributed shall insure that:

(1) each prospective defibrillator user receives appropriate training by the American Red Cross, the American Heart Association, Delaware State Fire School or by another nationally recognized provider of training for cardio-pulmonary resuscitation and AED use; provided however, that such training shall be approved by the State EMS Medical Director;

(2) the defibrillator is maintained and tested according to the manufacturer's guidelines; and

(3) any person who renders emergency care or treatment on a person in cardiac arrest by using an AED shall notify the appropriate EMS units as soon as possible, and report any clinical use of the AED to the appropriate licensed physician or medical authority.

(b) The State EMS Medical Director shall maintain a file containing the name of each person or entity that acquires an AED with State funding.

§3004. Quality Review Program

All quality management proceedings shall be confidential. Records of the State EMS Medical Director, and EMS quality care review committee relating to AED reviews and audits shall be confidential and privileged, are protected, and are not subject to discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. Raw data used in any AED review or audit shall not be available for public inspection; nor is such raw data a "public record" as set forth in the Delaware Freedom of Information Act.

§3005. Provision of limited liability protections.

(a) Any person or entity, who in good faith and without compensation, renders emergency care or treatment by the use

of an AED shall be immune from civil liability for any personal injury as a result of such care or treatment, or as a result of any act or failure to act in providing or arranging further medical treatment, if such person acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances and such act or acts do not amount to willful or wanton misconduct or gross negligence.

(b) Any individual who authorizes the purchase of an AED, any person or entity who provides training in cardiopulmonary resuscitation and the use of an AED, and any person or entity responsible for the site where the AED is located, shall be immune from civil liability for any personal injury that results from any act or omission that does not amount to willful or wanton misconduct or gross negligence."

HOUSE OF REPRESENTATIVES

140th GENERAL ASSEMBLY

HOUSE BILL NO. 332

AS AMENDED BY

HOUSE AMENDMENT NOS. 2,4,5, 6, 7 & 8

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO PARAMEDIC AND OTHER EMERGENCY MEDICAL SERVICE SYSTEMS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

WHEREAS, the Delaware Emergency Medical Services (EMS) system is made up of over 1700 emergency care providers including paramedics, emergency medical technicians, volunteers, dispatchers and first responders;

WHEREAS, the dedication of the emergency care providers has helped thousands of Delawareans in times of need and crisis;

WHEREAS, these individuals have a long history of dedication and commitment to improving and protecting the health and safety of all Delawareans;

WHEREAS, notwithstanding the dedication and commitment of these emergency care providers, the current EMS system has several weaknesses that must be addressed in order for the system to achieve optimal performance for the citizens of our State;

WHEREAS, Delaware's EMS system must focus on achieving specific goals for an optimal system that, if attained, will result in an improved system for the people of Delaware;

WHEREAS, specific goals for response times and other performance measures do not currently exist;

WHEREAS, the General Assembly hereby establishes a goal that the Delaware EMS system provide cardio-pulmonary resuscitation (CPR) within 4 minutes of the receipt of Delta calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that the Delaware EMS system provide Automatic External Defibrillation (AED) within 6 minutes of Delta calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each Advanced Life Support (ALS) paramedic agency within the Delaware EMS system provide an ALS paramedic unit, as defined by recognized state standard, on the scene within 8 minutes of the receipt of Delta calls on at least 90 % of the times.

WHEREAS, the General Assembly hereby establishes a goal that each Basic Life Support (BLS) ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 10 minutes of the receipt of Delta calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each ALS paramedic agency within the Delaware EMS system provide an ALS paramedic unit, as defined by recognized state standard, on the scene within 8 minutes of the receipt of Charlie calls on at least 90 % of the times.

WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12 minutes of the receipt of Charlie calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12 minutes of the receipt of all Bravo calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 18 minutes of the receipt of all Alpha calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that in cases involving cardiac arrest, each EMD center within the Delaware EMS system

process all calls for assistance within 45 seconds in at least 90 % of such cases.

WHEREAS, timely pre-hospital and inter-facility air medical transport should be available in 95% of cases where helicopter transport is appropriate;

WHEREAS, the General Assembly hereby establishes a goal that in all other cases, each EMD center within the Delaware EMS system process all calls for assistance within 72 seconds in at least 90 % of such cases.

WHEREAS, all components of the system should uniformly and electronically collect the data necessary to measure performance against the previously stated goals;

WHEREAS, the performance of each component of the system against the above stated goals should be routinely made available to the public;

WHEREAS, attainment of these goals will require changes to the current EMS system;

WHEREAS, the availability of CPR and AED within medically required time frames will require utilization of BLS as first responders, law enforcement officers on patrol and increased public awareness and access to AED;

WHEREAS, for the Delaware EMS system to meet its response time goals, the public must be active participants especially in providing CPR and the use of AEDs;

WHEREAS, current law overly restricts the ability of ALS managers to deploy their resources effectively and efficiently thus hampering performance;

WHEREAS, ALS managers need flexibility to deploy ALS resources, subject to appropriate medical oversight;

WHEREAS, the State Fire Commission lacks the statutory authority to manage BLS in terms of response times and performance;

WHEREAS, the regulatory authority of the State Fire Prevention Commission over BLS services should be significantly broadened and strengthened;

WHEREAS, the Delaware EMS system is a medical system that requires comprehensive medical involvement and oversight;

WHEREAS, medical oversight should be increased and restructured to ensure that all components of the system are performing according to generally accepted medical protocols;

WHEREAS, members of the General Assembly, the Governor, the public and other policy makers should know the costs of Delaware's EMS system in order to measure its effectiveness;

WHEREAS, all components of the EMS system should report revenues and expenses so that the system can be continually evaluated for its cost effectiveness;

WHEREAS, emergency medical services is a system with several providers and proper oversight of that system is necessary to ensure effectiveness and to reduce fragmentation;

WHEREAS, an EMS Oversight Council charged with the on-going responsibility of monitoring the system and making recommendations for system is necessary; and

WHEREAS, the General Assembly, the Governor and the public and other policy makers should recognize that in order to meet the goals of this legislation a commitment of money and other resources may have to be provided by the State of Delaware or other sources.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. This Act shall be known as the Delaware Emergency Medical Services System Improvement Act of 1999.

Section 2. Amend § 9703, Title 16, Delaware Code by deleting said section in its entirety and inserting in lieu thereof the following:

"§ 9703. Delaware Emergency Medical Services Oversight Council.

- a. There is established the Delaware Emergency Medical Services Oversight Council (DEMSOC). The Council shall consist of the following members:
1. 10.A representative of the Office of the Governor appointed by the Governor;
 2. The Secretary of the Department of Public Safety;
 3. The Secretary of the Department of Health and Social Services;
 4. The Chair of the Delaware State Fire Prevention Commission or another Commissioner selected by the Chair;
 5. The President of the Delaware Volunteer Fireman's Association;
 6. The New Castle County Executive or, at the Executive's discretion, the Colonel of the New Castle County Police Department;
 7. The Kent County Administrator or, at the Administrator's discretion, the Kent County EMS Chief;
 8. The Sussex County Administrator, or at the Administrator's discretion, the Sussex County EMS Director;
 9. The President of the Delaware Chapter of the American College of Emergency Physicians;
 1. The State EMS Medical Director;

2. The Chair of the Trauma Systems Committee;
 3. A practicing paramedic, certified and employed in the State of Delaware, appointed by the Governor;
 4. The Chair of the DVFA Ambulance Advisory Committee;
 5. Two (2) additional at-large members appointed by the Governor; and
 6. The President of the Delaware Healthcare Association or, at the President's discretion, a representative of the Delaware Healthcare Association.
 7. The Executive Director of the Medical Society of Delaware or, at the Executive Director's discretion, a representative of the Medical Society of Delaware; and
 8. The Chair of the Delaware Police Chiefs' Council or, at the Chair's discretion, a representative of the Delaware Police Chief's Council.
- a. The members of the Council may not designate a voting alternate representative more than two (2) times per year.
 - b. The Council shall meet at a minimum of one (1) time per year.
 - c. The Chairperson of the Council shall be designated from among the members by the Governor and shall serve at the pleasure of the Governor.
 - d. The Council shall monitor Delaware's emergency medical services system to ensure that all elements of the system are functioning in a coordinated, effective, and efficient manner in order to reduce morbidity and mortality rates for the citizens of Delaware and to ensure quality of emergency care services.
- (f) The Council shall have the following duties and responsibilities:
1. 9. To examine policies and procedures and evaluate the effectiveness of the EMS system, specifically the respective roles, responsibilities, effectiveness and efficiency of the Office of Emergency Medical Services (OEMS), the State Fire Prevention Commission, the Department of Public Safety, the EMS provider agencies, and the medical community;
 2. To study, research, plan, evaluate as well as offer guidance to, cooperate with and assist public agencies and private institutions and organizations on methods for the coordination and effective utilization of their emergency medical service programs;

3. To formulate goals and recommendations, based on objective criteria and data, to be used in evaluating EMS provider agency performance;
 4. To review and make recommendations concerning quality improvement efforts pursuant to this chapter;
 5. To make recommendations to the Office of EMS, the Department of Public Safety, the EMS provider agencies, and the medical community for improving EMS in Delaware;
 6. To make legislative recommendations to the Governor and General Assembly;
 7. To provide an annual report on or before March 15 of each year to the Governor, General Assembly, interested parties, and the public which will outline the performance of all EMS system agencies, comparing that performance to established goals and performance measures. The report shall also estimate the costs of Delaware's EMS medical system. Automatic external defibrillator and cardio-pulmonary resuscitation program performance shall be included in this report. The first report will cover service provided in calendar year 2000 and will be delivered by March 15, 2001;
 8. To make recommendations concerning EMS to the State Fire Prevention Commission. The Commission will consider and act upon those recommendations; and
 - (9) To conduct a full review of EMS in the State at a minimum of every 5 years.
- g. The Council may request and shall receive from any department, division, commission or agency of the State such reasonable assistance and data as will enable it to properly carry out its functions hereunder.
- h. OEMS shall staff the Council. "

Section 3. Amend § 9804, Title 16, Delaware Code by deleting said section in its entirety.

Section 4. Amend § 6717(a), Title 16, Delaware Code by deleting said subsection in its entirety and replacing it as follows:

"(a) As the responsible agency for the regulation of ambulance services within the State, the Commission shall adopt regulations applicable to ambulance service providers including but not limited to the establishment of ambulance service districts, establishment of operational and administrative requirements and requirements for certification of ambulance service providers. The Commission shall also

have the authority to establish a process for certification renewal and shall have the authority to decertify any agency for noncompliance with its regulations. "

Section 5. Amend § 6717, Title 16, Delaware Code by inserting as new subsections (c), (d), (e) and (f) the following:

"(c) The Commission shall produce and make available an annual list of certified ambulance service providers. Ambulance service providers not certified will not be eligible to receive state funding, including but not limited to the special fund established pursuant to 18 Del. C. § 713 and Medicaid payments, and federal funding requiring certification. Nothing in this provision shall be construed to effect the eligibility of BLS agencies to receive state funding related to the operation of a rescue truck.

- d. The Commission shall, in consultation and cooperation with other components of the Delaware EMS system, develop and maintain a contingency plan for uninterrupted provision of service in the event an ambulance service provider is no longer able to provide service within an ambulance service district.
- e. The Commission shall monitor the occurrence of scratches by each ambulance service provider and take action to decertify any ambulance service provider that has excessive scratches. For purposes of this subsection, 'scratches' are defined as instances when a BLS ambulance is alerted but does not respond to a call for assistance. For purposes of this subsection, 'excessive scratches' shall mean a number of scratches exceeding a pre-established number or percentage for each BLS provider, determined and communicated annually in advance to the provider by the State Fire Prevention Commission.
- f. This section shall not pertain to the operation of paramedic service as outlined in Chapter 98 of this title."

Section 6. Amend § 6708 (5), Title 16, Delaware Code by deleting the word "permitted" as it appears therein and replacing it with the word "certified".

Section 7. Amend § 9802(9), Title 16, Delaware Code by deleting the words "providers of advanced life support services" and substituting in lieu thereof the words "EMS providers".

Section 8. Amend § 9802(10), Title 16, Delaware Code by deleting the words "a paramedic" as they appear therein and substituting in lieu thereof the words "an EMS provider" and by inserting after the words "in-transit" the words "basic and".

Section 9. Amend § 9802 (11), Title 16, Delaware Code by deleting the words "a paramedic" as they appear therein and substituting in lieu thereof the words "an EMS provider".

Section 10. Amend § 9802 (12), Title 16, Delaware Code by deleting the words "Office of Paramedic Administration, an agency within the" as they appear therein.

Section 11. Amend § 9802(16), Title 16, Delaware Code by deleting the existing § 9802(16) in its entirety and inserting in lieu thereof the following:

"(16) 'State EMS Medical Director' shall mean a physician who is board-certified by the American Board of Emergency Medicine and/or by the Osteopathic Board of Emergency Medicine and who shall be the chief physician for the statewide emergency medical system and under whose license all EMS providers shall operate for the purpose of delivering the standing orders of the statewide standard treatment protocol;"

Section 12. Amend § 9802(17), Title 16, Delaware Code by deleting the existing

§ 9802(17) in its entirety and replacing it as follows:

"(17) 'Statewide ALS treatment protocol' shall mean written and uniform treatment and care plans for emergency and critical patients statewide that constitute the standing orders of paramedics. The treatment protocol for advanced life support must be approved and signed by the State EMS Medical Director and the Director of the Division of Public Health, Department of Health and Social Services. The treatment protocol shall be prepared by the Board of Medical Practice. In preparing and, from time to time, amending the statewide ALS treatment protocol, the Board shall consult with the State EMS Medical Director and the ALS Standards Committee of the Board of Medical Practice."

Section 13. Amend § 9802, Title 16, Delaware Code by renumbering the current §9802(8) through (13) as §9802(10) through (15) and inserting as new § 9802(8) and § 9802(9) the following:

"(8) 'Emergency medical services (EMS) provider' shall mean individual providers certified by the Delaware State Fire Prevention Commission or the Office of EMS, or emergency medical dispatchers certified by the National Academy of Emergency Medical Dispatch.

(9) 'Emergency medical services (EMS) provider agency' shall mean a provider agency certified by the Delaware State Fire Prevention Commission or the Office of EMS, or an emergency medical dispatch center under contract with the Department of Public Safety."

Section 14. Amend § 9802, Title 16, Delaware Code by renumbering the current § 9802 (14) through (17) as § 9802 (17) through (20) and inserting as new § 9802(16) the following:

"(16) 'Paramedic staff hour' shall mean one full hour of a paramedic on duty."

Section 15. Amend § 9802, Title 16, Delaware Code by inserting as new § 9802(21) the following:

"(21) 'Statewide BLS treatment protocol' shall mean written and uniform treatment and care plans for emergency and critical patients statewide that constitute the standing orders of basic life support providers. The treatment protocol shall be prepared by the Board of Medical Practice. The treatment protocol for basic life support must be approved and signed by the State EMS Medical Director, the BLS Medical Director, and the Director of the Division of Public Health, Department of Health and Social Services. The treatment protocol for basic life support shall be adopted and enacted by the State Fire Prevention Commission. In preparing and, from time to time, amending statewide BLS treatment protocol, the Board shall consult with the EMS Medical Director, the ALS Standards Commission and the State Fire Prevention Commission. The Statewide BLS treatment protocol shall be adopted by June 30, 2000, and in use by all EMS providers by January 1, 2002."

Section 16. Amend § 9803, Title 16, Delaware Code by inserting as new § 9803(c) and § 9803(d) the following:

"(c) In order to provide statewide paramedic services, the counties shall provide the following minimum number of paramedic staff hours: 122,640 paramedic staff hours per year for New Castle County; 52,560 paramedic staff hours per year for Kent County; and 87,600 paramedic staff hours per year for Sussex County. The Secretary of the Department of Health and Social Services shall have the authority, subject to appropriation, to increase the minimum number of paramedic staff hours to ensure the efficient and effective operation of the statewide paramedic services program. At any time after enactment into law, following submission of an application by New Castle County subject to approval by the Secretary of the Department of Health and Social Services, the paramedic staff hours for New Castle County shall increase by 17,520 paramedic staff hours per year until January 1, 2001, at which time it shall increase by an additional 17,520 paramedic staff hours.

(d) Each operating paramedic unit should be continuously staffed by 2 paramedics. Notwithstanding this requirement, the Board of Medical Practice, following review and approval by the State EMS Medical Director and ALS Standards Committee, shall have the authority to grant approval to the county paramedic services to conduct pilot programs utilizing other staff configurations including but not limited to the number and type of staff on each operating ALS unit."

Section 17. Amend § 9805, Title 16, Delaware Code by deleting subsection (10) in its entirety and inserting in lieu thereof the following:

"(10) Monitoring paramedic staff hours in each county."

Section 18. Amend § 9814(b), Title 16, Delaware Code by deleting the words "each county's component of the statewide paramedic service" as they appear therein and substituting in lieu thereof the words "the minimum paramedic staff hours established for each county in § 9803 (c)".

Section 19. Amend § 9806, Title 16, Delaware Code by deleting said section in its entirety and replacing it as follows:

"§ 9806. EMS medical directors.

(a) There shall be 5 part-time EMS medical directors: 1 State EMS Medical Director, 3 county EMS medical directors, and 1 SFPC Medical Director. Each county medical director shall reside in the county in which the county director serves as director. The State EMS Medical Director shall supervise the 3 county directors and the SFPC Medical Director. The SFPC Medical Director shall serve as an advisor for BLS to the State Fire Prevention Commission. Each county medical director shall be available at all times to advise supervising physicians, EMS providers and EMS provider agencies.

(b) As part of their responsibilities, the 3 county EMS medical directors shall:

1. Provide medical oversight and prospective, concurrent and retrospective medical quality control of advanced life support, basic life support and emergency medical dispatch;
2. Establish and ensure compliance with standing orders and treatment protocols;
3. Provide review and evaluate the medical interventions of the paramedics;
4. Coordinate with and advise the Office of EMS, State Fire Prevention Commission and provider agencies of any deficiencies within the system with suggested remedies;
5. Monitor the EMS providers for skill degradation and recommend appropriate remedies to the Office of EMS, the State Fire Prevention Commission and the provider agencies;
6. Offer technical assistance to all EMS providers within the county they serve as medical director; and
7. Have authority to suspend EMS providers immediately from patient treatment for a period not to exceed 30 days, if they

determine that it is necessary in order to prevent a clear and immediate danger to the public health.

(c) Each EMS medical director shall be employed by the State, by contract or otherwise, and shall be a board certified emergency physician actually involved in the practice of emergency medicine.

(d) The EMS medical directors shall be appointed by the Director of the Division of Public Health who shall consult with the Board of Medical Practice as part of the selection process."

Section 20. Amend § 9702, Title 16, Delaware Code by renumbering the current

§ 9702(8) through (16) as § 9702(10) through (18) and inserting as new § 9702(8) and (9) the following:

"(8) 'Early Defibrillation Provider' shall mean a member or employee of an Early Defibrillation Service certified to operate Semi-Automatic External Defibrillator (SAED) equipment under the requirements set forth in regulations promulgated by the Department of Health and Social Services.

(9) 'Early Defibrillation Service' shall mean any agency, organization or company, certified as such by the State Office Of Emergency Medical Services, that employs or retains providers certified in the use of semi-automatic defibrillation equipment."

Section 21. Amend § 9702, Title 16, Delaware Code by renumbering the current § 9702(17) and (18) as § 9702(20) and (21) and inserting as new § 9702(19) the following:

"(19) 'Semi-Automatic External Defibrillator' shall mean a device capable of analyzing a cardiac rhythm, determining the need for defibrillation, automatically charging and advising a provider to deliver a defibrillation electrical impulse."

Section 22. Amend § 9705, Title 16, Delaware Code by inserting as new § 9705(p) the following:

"(p) Semi-Automatic External Defibrillators.

1. The Department of Health and Social Services shall promulgate regulations specific to the use of semi-automatic external defibrillators and shall seek input and review from the Board of Medical Practice, the Delaware EMS Oversight Council, and the Delaware State Fire Prevention Commission.

2. The Office shall coordinate a statewide effort to promote and implement widespread use of semi-automatic external defibrillators and cardio-pulmonary resuscitation to increase the number of publicly available SAEDs to 100 by January 1, 2002, and 200 by January 1, 2004. In addition, the Office shall coordinate a statewide effort to provide, train and maintain a minimum of five qualified individuals for each publicly available SAED.
3. All law enforcement vehicles on patrol shall be equipped with a semi-automatic external defibrillator by January 1, 2001, subject to appropriations.

Section 23. Amend § 6801, Title 16, Delaware Code by inserting as new § 6801(16) the following:

"(16) One practicing paramedic, certified and employed in the State of

Delaware. The chief or director of each county paramedic service shall

submit one name for selection to the Board of Medical Practice."

Section 24. Amend § 9705 (k), Title 16, Delaware Code by inserting the following sentence at the end of said subsection: "EMS agency certification will be contingent upon agency participation in the Statewide EMS data collection system maintained by the Office."

Section 25. Amend § 9705(l), Title 16, Delaware Code by deleting said subsection in its entirety and inserting in lieu thereof the following:

"(l) *Public information, prevention and education.* – The Office shall provide programs of public information and education designed to inform residents of Delaware and visitors to the State of the availability of, proper use of and access to emergency medical services. The Office shall also support prevention activities designed to address key categories of illness and injury as identified through data collection. The Office will serve as a clearinghouse for illness and injury prevention activity, and will work to coordinate EMS prevention efforts statewide. These programs shall include elements related to citizen involvement in the administration of pre-hospital care, such as cardio-pulmonary resuscitation and first aid, and information concerning the availability of training programs in Delaware. In addition, the Office shall monitor public information and education programs offered by other EMS providers in Delaware. All EMS provider agencies shall provide a report on

their prevention and education activities conducted during the previous year to the Office by January 15 of each year. The Office shall publish an annual report outlining the status of prevention and public education activities throughout the State by May 15 of each year."

Section 26. Amend § 10002, Title 16, Delaware Code by adding as a new § 10002(4) the following:

"(4) 'Emergency Medical Dispatch (EMD) Center' shall mean any dispatch center that receives 911 calls requesting emergency medical assistance, processes those calls, or dispatches emergency medical services resources."

Section 27. Amend Chapter 100, Title 16, Delaware Code by adding a new § 10006 to read as follows:

"§ 10006. Establishment of 911-Emergency Medical Dispatch System.

- a. There is hereby established a statewide 911 Emergency Medical Dispatch System whereby all 911 Emergency Report Centers in this State providing emergency medical dispatch shall, through a contract with the Department of Public Safety:
 1. Provide systematized caller interrogation questions; systematized pre-arrival instruction; and use and adhere to State EMD dispatch protocols matching the dispatchers valuation of injury or illness severity with vehicle response mode and configuration;
 2. Electronically collect data regarding calls for assistance and all times related thereto, EMD dispatch protocol information, and ANI/ALI information;
 3. Measure all time increments in increments of seconds;
 4. Electronically transfer all required information collected to a central database maintained by OEMS on a real time basis;
 5. Use computerized case entry, case management and quality inspection software approved by OEMS;
 6. Have the capability of handling multiple (two or more) calls simultaneously, including the ability to provide pre-arrival instructions consistent with the medical protocols. This capability must exist twenty-four hours per day throughout the entire year; and
 7. Have the capability to one-button transfer all data related to a call for medical assistance to the county PSAPs and must utilize that capability. Specifically, when a local PSAP determines that a call for assistance requires ALS, an immediate one-button

transfer of all data must be made to the county PSAP. The transferred data must include the first call pickup time (time call received by local PSAP) and the time the local PSAP transferred the call to the EMD.

8. Be accredited by the National Academy of Emergency Medical Dispatch (NAEMD) by January 1, 2003.
 - a. All 911 Emergency Report Centers in this state receiving 911 calls and transferring them to a center providing emergency medical dispatch shall, through a contract with the Department of Public Safety:
 1. Electronically collect data regarding calls for assistance including all times related thereto and ANI/ALI information;
 2. Measure all time increments in increments of seconds; and
 3. Have the capability to one-button transfer all data related to a call for medical assistance to the county PSAPs and must utilize that capability. The transferred data must include the first call pickup time (time call received by local PSAP) and the time the local PSAP transferred the call to the EMD.

Section 28. Amend § 9706, Title 16, Delaware Code by deleting the word "DEMSAC" as it appears therein and replacing it with the word "DEMSOC".

Section 29. Amend § 9808(f), Title 16, Delaware Code by deleting the words "unit deployment" as they appear therein and replacing them with the words "number of paramedic staff hours". Further amend § 9808(f), Title 16, Delaware Code by deleting the last sentence in its entirety.

Section 30. Amend § 9803(a), Title 16, Delaware Code by deleting the words "of Paramedic Administration" as they appear therein.

Section 31. Amend § 9808, Title 16, Delaware Code by deleting the words "of Paramedic Administration" as they appear therein.

Section 32. Amend §6801(b), Title 16 of the Delaware Code, by deleting the number "19" as it appears therein and substituting in lieu thereof the number "20".

§2150-E. __Immunity

1. Immunity for provider prescription. Except in the case of intentional misconduct, a physician is not liable for civil damages for injury, death or loss to person or property for providing a prescription for an automated external defibrillator approved for use as a medical device by the United States Food and Drug Administration.

2. Immunity for providing training. Except in the case of intentional misconduct, a person is not liable for civil damages for injury, death or loss

to person or property for providing training in automated external defibrillation.

3. Immunity for providing defibrillation. Except in the case of intentional misconduct or when there is no good faith attempt to notify an emergency medical services system organization in accordance with section 2150-D, subsection 3, a person is not criminally responsible nor liable for civil damages for injury, death or loss to person or property for performing automated external defibrillation in good faith, regardless of whether the person has obtained appropriate training on how to perform automated external defibrillation.

SUMMARY

This bill requires certain training for designated uses of a defibrillator; requires notification of a defibrillator with the emergency medical services system; requires activation of the emergency medical services system in an emergency situation where a defibrillator is used; and provides immunity from liability for persons who use such a defibrillator.