



Substitute Senate Bill No. 1208

Public Act No. 05-259

***AN ACT CONCERNING PUBLIC HEALTH PREPAREDNESS AND
EMERGENCY MEDICAL SERVICE PERSONNEL.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) Any emergency medical technician or paramedic who is part of The Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Public Safety, shall be under the active surveillance, medical control and direction of the chief medical officer of such team or corps while engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps.

Sec. 2. Section 20-12c of the general statutes is amended by adding subsection (e) as follows (*Effective from passage*):

(NEW) (e) Notwithstanding the provisions of this section, a licensed physician assistant may provide patient services under the supervision, control, responsibility and direction of a licensed physician who has not registered with the Department of Public Health as a supervising physician pursuant to subsection (a) of this section, provided the physician assistant is part of the Connecticut

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Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Public Safety, and is engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps.

Sec. 3. Subdivision (5) of section 28-1 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) "Civil preparedness forces" means any organized personnel engaged in carrying out civil preparedness functions in accordance with the provisions of this chapter or any regulation or order [thereunder] adopted pursuant to this chapter. All the police and fire forces of the state or any political subdivision of the state, or any part of any political subdivision, including all the auxiliaries of these forces and emergency medical service personnel licensed or certified pursuant to section 19a-179, shall be construed to be a part of the civil preparedness forces. The Connecticut Disaster Medical Assistance Team and the Medical Reserve Corps, under the auspices of the Department of Public Health, the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Emergency Management and Homeland Security, and the Connecticut behavioral health regional crisis response teams, under the auspices of the Department of Mental Health and Addiction Services and the Department of Children and Families, and their members, shall be construed to be a part of the civil preparedness forces while engaging in authorized civil preparedness duty or while assisting or engaging in authorized training for the purpose of eligibility for immunity from liability as provided in section 28-13 and for death, disability and injury benefits as provided in section 28-14. Any member of the civil preparedness forces who is called upon either by civil preparedness

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personnel or state or municipal police personnel to assist in any emergency shall be deemed to be engaging in civil preparedness duty while assisting in such emergency or while engaging in training under the auspices of the Department of Emergency Management and Homeland Security, the Department of Public Safety, the Division of State Police within the Department of Public Safety or a municipal police department, for the purpose of eligibility for death, disability and injury benefits as provided in section 28-14.

Sec 4. Section 28-8b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any paid or volunteer firefighter, police officer or emergency medical service personnel who successfully completes a training course in the use of automatic prefilled cartridge injectors may carry and use such injectors containing nerve agent antidote medications in the event of a nerve agent exposure for self-preservation or unit preservation. Such training course shall be approved by the commissioner and provided by the Connecticut Fire Academy, the Capitol Region Metropolitan Medical Response System or the federal government.

(b) The state of Connecticut shall save harmless and indemnify any sponsor hospital or the medical director or designated staff of a sponsor hospital certified by the Department of Public Health to oversee the training, distribution or quality assurance of nerve agent antidote kits for purposes of subsection (a) of this section, from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or other act resulting in personal injury, which acts are not wanton, reckless or malicious, provided such person at the time of the acts resulting in such injury was acting in the discharge of such person's duties in providing such training, distribution or quality assurance of nerve agent antidote kits.

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(c) For purposes of this section, "sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical control, supervision and direction to an emergency medical service organization and its personnel and that has been approved for such activity by the Office of Emergency Medical Services.

Sec. 5. (NEW) (*Effective from passage*) Notwithstanding any provision of the general statutes or any regulation adopted pursuant to chapter 368d of the general statutes, the scope of practice of any person certified or licensed as an emergency medical technician-basic, emergency medical technician-intermediate or emergency medical technician-paramedic under regulations adopted pursuant to section 19a-179 of the general statutes may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by the Connecticut Emergency Medical Services Medical Advisory Committee established pursuant to section 19a-178a of the general statutes and the Commissioner of Public Health, and (2) administered at the medical control and direction of a sponsor hospital, as defined in section 28-8b of the general statutes, as amended by this act.

Sec. 6. Subsection (a) of section 52-557b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or an automatic external defibrillator, or a person trained in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the

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standards set forth by the American Red Cross or American Heart Association, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the standard set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (1) Is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

Approved July 13, 2005