

To: Public Health Committee
From: Evelyn M. Pontbriant
Re: H.B.5812, An Act Concerning the Availability of Automatic External Defibrillators
For Public Use
Date: March 10, 2008

Good Afternoon Senator Handley, Representative Sayers, and Members of the Public Health Committee.

The sudden death of a child is a horrible thing to bear.

When you realize that death could have been prevented, it's inexcusable.

Our son, Larry Pontbriant, collapsed from Sudden Cardiac Arrest (SCA) August 16th, 2007, half-way through a 3 mile fun run in his hometown of Norwich, CT, right in front of us. 911 was called, CPR was performed, but no Automated External Defibrillator or AED was available. When the EMTs arrived and Larry was hooked up to their defibrillator, his heart was in ventricular fibrillation, just fluttering. A shock from their device returned his heart to a more normal rhythm. Unfortunately, too much time had elapsed, his brain did not receive adequate oxygen and he was declared brain dead 3 days later at Connecticut Children's Medical Center in Hartford. Larry's organs were donated so that others might have a second chance at life. Without an AED though, Larry had no second chance; our world was turned upside-down.

We vowed while we were still in Pediatric Intensive Care that we would do all we could to prevent this devastation from happening to another person, another family. The Larry Pontbriant Athletic Safety Fund was set up to acquire AEDs, fund training, promote CPR/AED awareness, and make AEDs available for athletic events and schools.

According to the American Heart Association, SCA is an abrupt loss of heart function and it kills more than 325,000 Americans each year. Electrical impulses in the heart may become rapid or chaotic or both and this irregular heart rhythm causes the heart to suddenly stop beating. The victim may or may not have any heart disease. Larry was a well-conditioned, multi-sport athlete, only 15 years old, rarely sick, no known medical problems. In cases of SCA, though, sudden death occurs within minutes after symptoms appear, namely, loss of consciousness, no breathing, no pulse. Brain death and permanent death occur in just 4 to 6 minutes after a SCA, hardly enough time for an ambulance to arrive. CPR helps to keep blood and oxygen flowing to the brain and heart-- to an extent; in the case of a SCA, an electrical shock to the heart called defibrillation is required within a few minutes of an arrest to restore a normal heartbeat and reverse the SCA. Survival is reduced 7-10% with every passing minute without CPR and defibrillation. This shock can be provided with an AED. Besides heart disease and heart attack, SCA can also be caused by respiratory arrest, electrocution, drowning, choking, and trauma (as in a hit to the chest with a baseball or hockey puck). Or it may occur with no known cause, as in Larry's case.

In a TIME/CNN article dated May 2007, SCA is the leading cause of death in competitive athletes (one every 3 days). This includes your child as well as mine, not just high-profile athletes. SCA events occur more often than we realize. Originally, it was thought about 20 fatal cases occurred per year in the US among young athletes. But according to Dr. Barry Maron of the Minneapolis Heart Institute Foundation, the number of deaths among athletes under 35 is nearly 6 times higher than reported. In the absence of symptoms, 95% of SCA victims die on the scene. The average time for an EMS team to respond to a call is 6-12 minutes; brain death starts to occur in 4-6 minutes after SCA. As a result, the US National Athletic Trainer's Association recommended that every school in the country have an AED on site.

With Sen. Edith Prague's help, we met with Rep. Sayers and Sen. Handley on 11/27/07 to request expanding CT's Good Samaritan Law so that immunity from liability would be provided to all persons and entities associated with AEDs used to give emergency care. Bill No. 5812 was the result. We appreciate the Committee raising Bill 5812 but must agree with the American Heart Association's concerns about it, especially involving the need to expand the Good Sam law. This would alleviate the public's fear of having and using an AED.

This is not the first time AED and Good Sam legislation have been introduced. Raised S.B.No.1339 from 2007 stated: "AN ACT CONCERNING AUTOMATIC EXTERNAL DEFIBRILLATORS. To require each school and public building to have at least one AED on its premises and to provide immunity from liability to any person or entity that owns an AED used to render emergency care." This bill never made it to a vote. Mike Papale from Wallingford survived SCA because an EMT a few buildings away just happened to have an AED to shock his heart. He and his mom Joan testified to this last year. What happened to Bill 1339? We were told again liability was the issue.

Since Bill 1339 was introduced last year, these events have occurred in CT:

- 10/26/07 Shelton. An amateur 22 year old hockey player, Nathan Crowell, died after a puck struck him in the chest and caused him to go into cardiac arrest. No AED reported.
- 8/30/07 Illing Middle School, Manchester. Teacher Clifford Bernier, 55, collapsed at school; school nurses intervened. He died of a heart attack. Unknown if AED was present.
- 8/16/07 Norwich. Our son Larry collapsed during a race and died 3 days later from SCA. No AED available was.
- 1/28/08 Weaver High School, Hartford. Teachers save a 17 year old student after she passed out and hit her head. She had no pulse. CPR was performed; both teachers had EMT backgrounds. AEDs are available on site. A previous incident at Weaver: student died from heart problems (on basketball court?). Heart condition was unknown to school officials.
- 2/12/08 New Milford. Health club saves heart attack victim in his 70s by doing CPR and using an AED before the ambulance arrived.

And these are only the reported cases in a small state like Connecticut.

Other surrounding states have begun to adopt AED policies. New York law requires schools to have AEDs based on the work of the Accompra family in their son's honor. Rhode Island schools have AEDs through the efforts of the Monteleone family's fund set up in their son's memory. Why must it take a tragedy to get things done?

We as concerned citizens are asking our state legislators to seriously look at AED/Good Samaritan legislation to pave the way to getting AEDs in schools and on playing fields. We aren't doing this for ourselves. My husband and I have nothing to lose; we already lost the most precious thing we had, our son Larry. We just don't want it to happen again, if we can help it. The AEDs will benefit not only students and athletes, but also parents, grandparents, siblings, coaches, referees, and the community. And these AEDs must not be locked up in a nurse's office but made available and properly maintained and clearly labeled. There should also be consistency statewide. We have the technology to save lives. Let's do the right thing; rather than making it a liability to possess an AED, let's work towards making it a liability to NOT have an AED available.