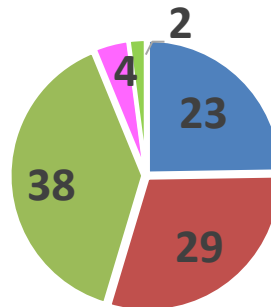




MINNESOTA 9-1-1 PUBLIC SAFETY ANSWERING POINT: CARDIAC ARREST SURVEY DATA



■ No PAI/No transfer ■ Use PAI protocol ■ Transfer to EMS ■ PAI on own ■ Some PAI protocol/Some transfer
Pre-arrival instructions (PAI)

Minnesota has 102 public safety answering points (PSAPs).

- There are **96 primary¹ PSAPs**, excluding the Fort Snelling federal military PSAP.
- There are **5 secondary² PSAPs** that are emergency medical dispatch (EMD) certified and perform telephone assisted cardiopulmonary resuscitation (T-CPR).

29 primary Minnesota PSAPs are EMD certified and perform T-CPR using one of three nationally recognized protocols.

- 1) Priority dispatch (**10 PSAPs**)
 - a. The PSAP is not required to have a medical director.
 - b. Quality assurance (QA) is strongly recommended, but is left to the discretion of the PSAP.
- 2) Power phone (**15 PSAPs**)
 - a. The PSAP is not required to have a medical director.
 - b. Requires QA, but the number of medical calls reviewed is left to the discretion of the PSAP.
- 3) Association of Public-Safety Communications Officials or APCO (**4 PSAPs**)
 - a. The PSAP is required to have a medical director.
 - b. Requires QA on seven to ten percent of medical calls.

27 primary Minnesota PSAPs would be impacted by proposed T-CPR legislation.

- Approximately **250 telecommunicators** working in these PSAPs must either:
 - Become trained to perform T-CPR.
 - Become trained to identify a cardiac arrest³ call and transfer the call to a PSAP who performs T-CPR.
- Approximately **half of the PSAPs in this group** expressed interest in transferring cardiac arrest calls to a PSAP who performs T-CPR rather than becoming trained themselves.
- **17 PSAPs in this group** reported an estimated combined total of 450 cardiac arrest calls annually, resulting in a negligible number of calls needing to be transferred for T-CPR PAI.

1 Primary PSAP: 9-1-1 calls are routed directly.

2 Secondary PSAP: 9-1-1 calls are transferred from a primary PSAP. All secondary PSAPs are affiliated with emergency medical services.

3 Cardiac arrest recognition criteria: Patient is not awake, is not able to speak, and is not breathing normally.