

CHAPTER I

PURPOSES AND DEFINITIONS

[This chapter is repealed.]

~~Section 1. — Purpose. — The Department of Health has promulgated these regulations relating to cardiopulmonary resuscitation directives to ensure the timely and appropriate implementation and application of the Wyoming Cardiopulmonary Resuscitation Directive Statute.~~

~~Section 2. Authority. The specific statutory authority is W.S. 35-22-203(a).~~

~~Section 3. Definitions. Unless the context otherwise requires, the following definitions shall apply in the interpretation and enforcement of these rules and regulations:~~

~~(a) — “Act” shall mean W.S. 35-22-201 through 35-22-208 relating to cardiopulmonary resuscitation directives.~~

~~(b) — “Adult” shall mean a person at or over the age of 18 who is competent to execute a directive.~~

~~(c) — “Airway” shall mean a route for the passage of air into and out of the lungs.~~

~~(d) — “Ambulance attendant” shall mean an individual affiliated with an ambulance service located in this state who has been certified by the Division to render emergency medical care to patients.~~

~~(e) — “Ambulance Service” shall mean any organizational entity utilizing ambulances and providing authorized care to patients by attendants at the scene of an emergency and the transportation to a destination, and the authorized care during such transportation.~~

~~(f) — “Artificial airway” shall mean a device that is inserted through the nose or mouth to allow passage of air and oxygen to the lungs.~~

~~(g) — “Attending Physician” shall mean a person licensed by the State of Wyoming to practice medicine and who is the physician that assists the declarant in executing a cardiopulmonary resuscitation directive by explaining the purposes and countersigning the form.~~

~~(h) — “Cardiopulmonary resuscitation” or “CPR” means measures to restore cardiac function or to support breathing in the event of cardiac or respiratory arrest. “CPR” includes, but is not limited to, chest compression, delivering electric shock to the chest, manual or mechanical methods to assist breathing or placing tubes in the airway to assist breathing.~~

~~(i) — “Cardiopulmonary resuscitation bracelet” shall mean the unique, immediately recognizable bracelet of uniform size and design issued by the Department to the declarant, to be worn for immediate identification of the declarant by emergency medical service personnel and health care providers. The bracelet shall be considered the same as and have the same effect as an apparent, immediately available and identified CPR directive.~~

(j) —“Cardiopulmonary resuscitation directive” or “CPR directive” means an advance medical directive pertaining to the administration of cardiopulmonary resuscitation, consistent with this Act.

(k) —“Cardiopulmonary resuscitation directive form” means the document provided by the Department that is printed on distinctive security paper and is filled out by the declarant and attending physician to execute a CPR directive.

(l) —“Decisional capacity” means the ability to make an informed decision by being of sound mind.

(m) —“Declarant” shall mean a person at or over eighteen years of age who has the decisional capacity to provide informed consent to or refusal of medical treatment or any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of a person, including a minor, who lacks such decisional capacity and who has executed a cardiopulmonary resuscitation directive, and which declaration remains unrevoked.

(n) —“Defibrillation” shall mean automatic, semi-automatic or manual application of electro countershock therapy to persons in asystole, ventricular fibrillation or ventricular tachycardia.

(o) —“Department” shall mean the Emergency Medical Services Office of the Wyoming Department of Health.

(p) —“Emergency medical service personnel” means any emergency medical technician who is certified at any level by the Department of Health. “Emergency medical service personnel” includes a first responder certified by the Department.

(q) —“First Responder” shall mean an individual who has completed an approved training program sponsored or approved by the Department in locating, providing initial basic emergency treatment, and removing individuals from imminent danger, and who is presently certified.

(r) —“Health care facility” shall mean any ambulatory surgical center, assisted living facility, birthing center, boarding home, freestanding diagnostic testing center, freestanding emergency center, home health agency, hospice, hospital, intermediate care facility, and renal dialysis center as defined in W.S. 35-2-901.

(s) —“Health Care Provider” shall mean a person who is licensed, certified or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession.

(t) —“Person” shall mean an individual, firm, partnership, corporation, company, association, joint stock company or association, political subdivision, governmental agency, or other legal entity and shall include any trustee, receiver, assignee, or other legal representative thereof but shall not include any agency of the United States Government.

(u) —“Provider agency” shall mean any law enforcement agency, fire department, ambulance service, or other entity which is in the business of providing emergency response services.

CHAPTER II

IMPLEMENTATION

[This chapter is repealed.]

~~Section 1. — General Provisions. — Persons eligible to execute a cardiopulmonary resuscitation directive:~~

~~(a) — Any adult who has the decisional capacity to provide informed consent to or refusal of medical treatment.~~

~~(b) — Any other person who is, pursuant to the laws of this or any other state, authorized to make medical treatment decisions on behalf of a person, including a minor, who lacks such decisional capacity, may execute a cardiopulmonary resuscitation directive.~~

~~Section 2. — Cardiopulmonary Resuscitation Directive Form:~~

~~(a) — The cardiopulmonary resuscitation directive form shall be a unique document printed on distinctive security paper and sequentially numbered, as provided by the Department, and consistent with these rules. The form shall contain:~~

~~(1) — The person's name, date of birth and sex;~~

~~(2) — The person's eye and hair color;~~

~~(3) — The person's race or ethnic background;~~

~~(4) — The name of a hospice program in which the person is enrolled, if applicable;~~

~~(5) — The name, address and telephone number of the person's attending physician;~~

~~(6) — The person's signature or mark or, if applicable, the signature of a person authorized by regulation to execute a cardiopulmonary resuscitation directive;~~

~~(7) — The date on which the cardiopulmonary resuscitation directive form was signed;~~

~~(8) — The person's directive concerning the administration of cardiopulmonary resuscitation, countersigned by the person's attending physician.~~

~~Section 3. — Cardiopulmonary Resuscitation Bracelet:~~

~~(a) — A cardiopulmonary resuscitation bracelet, as approved and supplied by the Department of, shall be issued to the declarant after the cardiopulmonary resuscitation directive has been executed as provided by the Act, and submitted to the Department. The bracelet should be worn by the declarant at all times for rapid identification of the declarant.~~

~~(b) — Such a bracelet shall be a unique and easily recognizable identification bracelet and may contain the person's name or identification number assigned to the cardiopulmonary resuscitation directive form.~~

~~(c) — The bracelet shall be obtained from the Department at the time of submission of the completed CPR directive form, at a fee determined to cover costs, with the bracelet remaining property of the State of Wyoming, to be returned to the Department upon revocation of the directive or the death of the declarant.~~

~~Section 4. — Distribution of Cardiopulmonary Resuscitation Directive Forms:~~

~~(a) — The Department may make cardiopulmonary resuscitation directive forms available to attending physicians, and to home health agencies, hospice programs and other licensed or certified health care facilities as such are defined in W.S. 35-2-901.~~

~~(b) — Authenticity for compliance with cardiopulmonary resuscitation directive form:~~

~~(i) — Only those items listed below shall be valid for the purpose of directing emergency medical service (EMS) personnel, health care providers or health care facilities to withhold or withdraw cardiopulmonary resuscitation in the event of cardiac arrest or respiratory arrest:~~

~~(A) — The original unaltered cardiopulmonary resuscitation directive form.~~

~~(B) — A cardiopulmonary resuscitation directive bracelet.~~

~~(C) — An appropriately executed living will.~~

~~(D) — A verbal or written directive from an individual who is authorized by an appropriately executed durable power of attorney for health care purposes to make medical decisions on behalf of the patient.~~

~~(ii) — The original copy of the CPR directive form shall be retained by the declarant, when returned from the Department along with the bracelet, to be on the person if traveling, or in one of the designated places identified on the form while at home or in a facility. The form shall provide secondary identification of the declarant, the primary method shall be the CPR directive bracelet.~~

~~Section 5. — Duty to comply with cardiopulmonary resuscitation directive; immunity; effect on criminal charges against another person:~~

~~(a) — All emergency medical service personnel, health care providers and health care facilities shall comply with a person's cardiopulmonary resuscitation directive when said CPR directive form is apparent, immediately available and identified;~~

~~(b) — Any emergency medical service personnel, health care provider, health care facility or any other person who, in good faith, complies with a cardiopulmonary resuscitation directive presented in any manner identified in Chapter II, Section 4(b)(i) which is perceived to be valid shall be immune from and not be subject to civil or criminal liability or regulatory sanction for such compliance. Nothing in this section shall be deemed to grant any such immunity to any person causing damage or injury by his or her willful, wanton, or grossly negligent act of commission or omission.~~

~~(c) — Compliance by emergency medical service personnel, health care providers or health care facilities with a cardiopulmonary resuscitation directive shall not affect the criminal prosecution of any person otherwise charged with the commission of a criminal act;~~

~~(d) — In the absence of an apparent and immediately available cardiopulmonary resuscitation bracelet or directive form, a person's unrestricted consent to cardiopulmonary resuscitation shall be presumed and emergency medical service personnel or health care providers shall initiate cardiopulmonary resuscitation according to their standard procedures and transport and deliver the patient to the most appropriate health care facility.~~

~~Section 6. — Effect of cardiopulmonary resuscitation directive; absence; on life or health insurance;~~

~~(a) — Neither a cardiopulmonary resuscitation directive nor the failure of a person to execute one shall affect, impair or modify any contract of life or health insurance or annuity or be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefor.~~

~~Section 7. — Revocation of cardiopulmonary resuscitation directive;~~

~~(a) — A cardiopulmonary resuscitation directive may be revoked at any time and in any manner by the person who is the subject of such directive or by any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of the person who is the subject of such directive. Written notice of the revocation shall be provided in writing as soon as practical to the Department, the attending physician and to those who have actual notice of the cardiopulmonary resuscitation directive. Upon revocation, the bracelet will be returned to the Department.~~

CHAPTER III
RESPONSIBILITIES

[This chapter is repealed.]

~~Section 1. — Attending Physician Responsibilities:~~

~~(a) — An attending physician who is assisting a declarant shall ensure that the declarant:~~

~~(i) — Receives an explanation of the expected consequences of withholding or withdrawing cardiopulmonary resuscitation;~~

~~(ii) — Is informed that if the cardiopulmonary resuscitation directive form or bracelet is not apparent and immediately available, or has been altered, cardiopulmonary resuscitation will be initiated by emergency medical service personnel;~~

~~(iii) — Receives an explanation of how and by whom the cardiopulmonary resuscitation directive may be revoked, and the importance of personnel not accessing the emergency response system inappropriately.~~

~~(b) — The attending physician shall countersign the cardiopulmonary resuscitation directive by signing and dating the CPR directive form after a signature is obtained from the declarant.~~

~~(c) — The attending physician shall assist the declarant in determining the appropriate person(s) or agencies to be contacted in the event of an anticipated death.~~

~~Section 2. — Declarant Responsibilities:~~

~~(a) — The declarant is responsible for making informed decisions concerning the refusal of resuscitative procedures in the event of their cardiac or respiratory arrest, signing the original form, obtaining a countersigned signature of an attending physician, sending the form into the Department, affixing the bracelet, and informing his or her family members, next of kin or person holding a medical durable power of attorney for health care of the execution of the cardiopulmonary resuscitation directive form and its location.~~

~~(b) — The declarant is encouraged to notify the local EMS provider agency of the cardiopulmonary resuscitation directive, and inform family members, next of kin or person holding a medical durable power of attorney for health care whom to contact in the event of an anticipated death.~~

~~Section 3. — Family Responsibilities:~~

~~(a) The family members, next of kin or person holding a medical durable power of attorney for health care, if applicable, should be aware of the cardiopulmonary resuscitation directive location and whom to contact in the event of an anticipated death. Family members should also be aware of the expected pre-hospital response should they activate an emergency 9-1-1 call and should realize the responsibility of all persons concerned to abide by the declarant's cardiopulmonary resuscitation directive. Family members, next of kin or person holding a medical durable power of attorney for health care also should be aware of their duty whether to activate emergency medical services in the event of a cardiac arrest.~~

~~Section 4. — Emergency Medical Services Personnel Responsibilities:~~

~~(a) — Emergency medical services personnel shall perform patient assessment and treatment. If an unaltered cardiopulmonary resuscitation directive form or bracelet is found during assessment, emergency medical service personnel shall obtain reasonable assurance that the patient is the person for whom the cardiopulmonary resuscitation directive or bracelet applies.~~

~~(b) — In the event of cardiac or respiratory arrest of a patient with a valid cardiopulmonary resuscitation directive form or bracelet, the following procedures shall be immediately withheld or immediately withdrawn by qualified emergency medical service personnel:~~

~~(i) — chest compression;~~

~~(ii) — defibrillation;~~

~~(iii) — manual or mechanical methods to assist breathing.~~

~~(c) — In order to provide comfort care, and depending upon the needs of the patient, the following interventions may be provided to a patient with a valid cardiopulmonary resuscitation directive or bracelet:~~

~~(i) — assist in the maintenance of an open airway, excluding advanced airway procedures such as the insertion of EOA, EGTA, PTL, combitubes or endotracheal intubation;~~

~~(ii) — provide suction;~~

~~(iii) — provide oxygen;~~

~~(iv) — provide pain medications, if authorized;~~

~~(v) — control bleeding;~~

~~(vi) — provide comfort care and emotional support; and/or~~

~~(vii) — be supportive to patient and family.~~

~~(d) — If a cardiopulmonary resuscitation directive is revoked by the declarant or by a person having written authorization to make health care decisions on behalf of the patient, emergency medical service personnel shall perform full resuscitation and administer any form of appropriate emergency medical care to the patient.~~

CHAPTER IV

REQUIREMENTS AND PRINCIPLES

[This chapter is repealed.]

Section 1. — Documentation:

(a) — ~~When responding to a patient who has a cardiopulmonary resuscitation directive for or who is wearing a CPR directive bracelet, emergency medical service personnel shall document the response in the following manner, using the pre-hospital trip report form to obtain the following information:~~

~~(i) — A detailed description of the patient's status upon the arrival of emergency medical service personnel;~~

~~(ii) — Document the manner in which emergency medical services personnel were able to confirm cardiopulmonary resuscitation directive status, e.g. (either via form or bracelet);~~

~~(iii) — Record actual cardiopulmonary resuscitation directive form number as well as name of patient's attending physician;~~

~~(iv) — Any variations in procedures which contradict the honoring of a cardiopulmonary resuscitation directive.~~

~~(b) — If the patient is transported to a health care facility, the cardiopulmonary resuscitation directive form or bracelet shall be transported with the patient.~~

Section 2. — General Principles:

~~(a) — The following general principles shall apply to a cardiopulmonary resuscitation directive.~~

~~(i) — A patient with a cardiopulmonary resuscitation directive form or bracelet shall be provided appropriate comfort care and treatment by emergency medical service personnel.~~

~~(ii) — The original cardiopulmonary resuscitation directive form or bracelet shall be apparent and immediately available. If there is a misunderstanding with family members or others at the scene, or other questions concerning the cardiopulmonary resuscitation directive form or bracelet, emergency medical service personnel may utilize on line medical control for guidance.~~

~~(iii) — If there is any question about the validity of the cardiopulmonary resuscitation directive form or bracelet, or the identity of the patient, resuscitation shall be initiated.~~

Section 3. — Restrictions:

~~(a) Nothing in these rules shall be construed to restrict any other manner in which a person may make for himself an advanced medical directive pertaining to the administration of cardiopulmonary resuscitation.~~

Section 4. — Recognition of other directives:

~~(a) — A CPR directive executed in a manner substantially similar to this Act in another state and in compliance with the law of that state is effective for the purposes of this Act.~~