CR 10-085

ORDER OF
DEPARTMENT OF HEALTH SERVICES
TO ADOPT RULES

The Wisconsin Department of Health Services proposes to repeal chs. DHS 111, 112, 113, and 119; and to repeal and recreate ch. DHS 110, relating to emergency medical services, including first responders, emergency medical technicians (EMTs), first responder service providers, non-transporting EMT service providers, and ambulance service providers.

SUMMARY OF PROPOSED RULE

Statute(s) interpreted:
Sections 256.01 to 256.18, Stats.

Statutory authority:
Sections 256.08 (4) (k), 256.15 (4) (c), (5) (b), (6) (b) 2., (9m) and (13), and 227.11 (2) (a), Stats.

Explanation of agency authority:

- Section 227.11 (2) (a), Stats., gives state agencies general rulemaking authority.

- Section 256.08 (4) (e) and (k), Stats., requires the Department to set standards for organizations offering training to first responders and EMTs regarding the topics that should be included in initial and continuing training, and to promulgate rules that set forth the authority and duties of medical directors.

- Section 256.08 (4) (g), Stats., authorizes the Department to promulgate any rule changes necessary to implement recommendations of the emergency medical services board.

- Section 256.15 (4) (c), Stats., authorizes the Department to promulgate rules that establish standards for staffing ambulances in which the primary services provided are those which an emergency medical technician-intermediate or an emergency medical technician - paramedic is authorized to provide.

- Section 256.15 (5) (b), Stats., requires the Department to promulgate rules establishing a system for issuing training permits and specifying the period for which an individual may hold a training permit.

- Section 256.15 (6) (b) 2., Stats., requires the Department, in conjunction with the Wisconsin Technical College System Board (WTCS), to promulgate rules specifying training, education, or examination requirements, including requirements for training for response to acts of terrorism and for license renewals for EMTs.

- Section 256.15 (6) (c), Stats., authorizes the Department to promulgate rules establishing qualifications for licensure as an ambulance service provider.

- Section 256.15 (6g), Stats., requires the Department to promulgate rules setting standards for certifying qualified individuals to perform defibrillation.

- Section 256.15 (9m), Stats., requires the Department to promulgate rules requiring EMTs, first responders, and individuals who provide instruction to EMTs and first responders to successfully complete training on the use of an automated external defibrillator (AED). Section 256.15 (9m), Stats., requires the rules to specify the content of the training, qualifications for providers of the training, and the frequency with which EMTs, first responders, and individuals who provide instruction to EMTs or first responders must complete the training.

- Section 256.15 (13) (a), Stats., authorizes the Department to promulgate rules necessary for the administration of s. 256.15, Stats.

- Section 256.15 (13) (b), Stats., requires the Department to establish by rule initial and renewal certification requirements, training requirements, including training for response to acts of terrorism, and requirements for use of AED and other medical techniques for first responders. Section 256.15 (13) (b), Stats., also requires the Department to develop by rule qualifications for medical directors serving ambulance service providers. Section 256.15 (3) (c), Stats., requires the Department to promulgate rules that specify actions that EMTs may take and the required involvement of physicians in actions undertaken by EMTs.

Related statute or rule:
Section 250.01, Stats., and ch. 257, Stats.

Plain language analysis:
Currently, rules for each of the 5 levels of emergency medical care, including for ambulance service providers and non-transporting service providers, are in separate rule chapters. Over the years, previous rule revisions have unintentionally resulted in inconsistent standards, inconsistent application of standards, and other conflicts between the rules. In addition, several advances in the emergency medical services (EMS) have occurred that make existing rules outdated.

In this order, the department proposes to clarify and update existing standards, establish new standards, and consolidate existing rule chs. DHS 110 to 113 and 119, relating to EMS, which include rules regulating the operations of ambulance services, non-transporting services, first responders, and EMTs, into a single administrative rules chapter. The department also proposes to do the following:

- Create a critical care level of emergency medical care as an endorsement to the EMT-paramedic license. The proposed rules outline the requirements for the endorsement and the requirements for an ambulance service provider to be qualified to provide this level of care.

- Establish an endorsement to the EMT license for tactical EMS.

- Create an additional level of instructor. The creation of the EMS Instructor I level is based on the need to assure that all people who assist in a classroom are properly qualified. The rule outlines the qualifications and documentation that will be required by the certified

training center to assure that EMS instructors are qualified and have verifiable qualifications.

- Create rules for air medical services. The focus on qualifications is the basis for the development of the proposed air medical services rules. There has been a national focus on air medical services and the air medical consortia in Wisconsin have asked the department to develop rules. The proposed rules set out basic parameters for service operation which are in addition to the existing ambulance service requirements for which air medical services are currently responsible.

- Remove rules specifying scopes of practice, including required skills, medication, and treatments, for EMS personnel. Current rules specify treatments, skills, and procedures that are no longer current or that may not be in the best interest of the patient. In order to maximize the department's ability to keep up with the frequent advances in treatment, skills, procedures and other standards, the department will establish the scopes of practice in a document that may be modified as needed in conjunction with the Governor-appointed EMS Advisory Board and the Physician Advisory Committee.

- Create administrative fees to offset the costs of administering the EMS program. With the increased flexibility and expansion of emergency medical care, there is an increased need to assure that EMS personnel are properly qualified and licensed. Currently, no licensing fees are assessed to EMS personnel or ambulance services. The department's EMS section has limited revenue resources to support the 19,000 licensed individuals in the state. Increasingly, significant time is required to review the applicants for any criminal history or driver license issues. Applicants from other states must be reviewed to assure they are legally qualified to hold a license in Wisconsin. In order to recover these costs, the department proposes to assess administrative fees that are indexed to the consumer price index for urban consumers (CPI-U) for late renewal of a license, reinstatement of a lapsed license, returned renewal notification, and verification of out-of-state license to another state. The department also proposes to assess a fee to be licensed in Wisconsin based on training and licensure from another state (reciprocity), and a manual processing fee for manually processing applications outside of the department's electronic licensing system.

Summary of, and comparison with, existing or proposed federal regulations:
There appear to be no existing or proposed federal regulations that address the activities to be regulated by these rules, with the exception of s. 256.15 (8) (b) 3. and (c), Stats., which require individuals applying for initial or renewal certification as a first responder to complete an initial and refresher course that meets or exceeds the guidelines established by the National Highway Traffic Safety Administration (NHTSA) under 21 CFR 1205.3 (a) 5. The department's EMS system, including licensing and certification requirements, is operated under the standards set forth by the Highway Safety Act of 1966 (P.L. 89-564, 80 Stat. 731) as administrated by NHTSA.

Comparison with rules in adjacent states:
The licensing standards in Wisconsin and the adjacent states are generally the same. Wisconsin and the other 49 states operate an EMS system under standards set forth by NHTSA. In addition, most of the adjacent states (Iowa, Minnesota, and Michigan) use the licensing examination of the

National Registry of Emergency Medical Technicians (NREMTs) as their state's licensing examination

Illinois

Similarities:

Illinois rules specify requirements for licensure or certification and training of first responders, EMTs, paramedics, ambulance service providers, including helicopter and air medical service providers (critical care) , and specify enforcement provisions, including suspension, revocation, and administrative fees similar to the requirements specified in the department's existing and proposed rules.

Differences are as follows:

1. The department proposes to endorse the licenses of EMTs as tactical EMS if the individual participates with law enforcement or military teams and receive the appropriate training. Illinois has no similar license provisions.

2. Illinois' administrative fees are limited to late renewal fees.

Iowa

Similarities:

Iowa rules specify requirements for licensure or certification and training of first responders, EMTs, paramedics, critical care paramedic (called paramedic specialist), ambulance service providers, including helicopter and air medical service providers, and specify enforcement provisions, including suspension, revocation, and administrative fees similar to the requirements specified in the department's existing and proposed rules.

Differences are as follows:

1. The department proposes to endorse the licenses of EMTs as tactical EMS if the individual participates with law enforcement or military teams and receives the appropriate training. Illinois has no similar license provisions.

Michigan

Similarities:

Michigan rules specify requirements for licensure or certification and training of first responders, EMTs, paramedics, ambulance service providers, including helicopter and air medical service providers, and specify enforcement provisions, including suspension, revocation, and administrative fees similar to the requirements specified in the department's existing and proposed rules.

Differences are as follows:

1. The department proposes to endorse the licenses of EMTs as tactical EMS if the individual participates with law enforcement or military teams and receive the appropriate training. Michigan has no similar license provisions.

2. The department proposes to endorse the license of a paramedic as critical care provided they complete the appropriate training. Michigan has no similar license provisions.

3. Michigan charges application fees.

4. Administrative actions are handled through a formal hearing process and do not allow the state EMS office to make any disciplinary decisions without a formal hearing.

Minnesota

Minnesota does not address emergency medical services in administrative rules.

Summary of factual data and analytical methodologies:

The department did all of the following to revise and consolidate the EMS rules:

1. Reviewed existing rules chs. DHS 110 to 113 and 119, and ss. 256.01 to 256.18, Stats.

2. Worked with the Governor appointed EMS Advisory Board to identify proposed changes, and to review and comment on draft language.

3. Solicited and reviewed comments and ideas for changes from emergency medical services personnel and other system stakeholders through state-wide public meetings.

Analysis and supporting documents used to determine effect on small business:
The proposed rules will affect EMS training centers and emergency medical service providers, including first responder service providers, non-transporting EMT providers, and ambulance services providers. The department does not currently keep records that specifically identify the size of an enterprise or whether an emergency medical services provider or training center is government owned and operated or privately owned and operated. The department has discerned, however, through its licensing and certification records, that the majority (approximately 96% of the 488 ambulance service providers and approximately 80% of training providers) are owned and operated by local government (Wisconsin Technical College System) or municipally owned. Regardless of the size or ownership status of the provider or training center, the proposed rules should have little to no negative fiscal impact on providers or training centers because the proposed rules consolidate, clarify, and by inserting new standards of care, update existing rules. These changes should make compliance easier and more efficient for small and large private sector providers.

Effect on small business:
The proposed rules will not have a negative fiscal impact on small or large private sector emergency medical service providers or training centers.

Agency contact person:

Brian Litza, EMS Section Chief
1 W Wilson Street, Room 133
Madison, WI 53701
(608) 261-6870
Brian.Litza@dhs.wisconsin.gov

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to the agency contact person that is listed above until **August 6, 2010, 7:00 p.m**.

Public hearings are scheduled as follows:

Date and Time		Location
August 2, 2010 6:00 PM to 7:00 PM	Monday	North Central Technical College Health Sciences Building Auditorium 1000 W. Campus Drive Wausau, WI 54401 715.675.3331
August 4, 2010 2:00 PM to 3:00 PM	Wednesday	Department of Health Services 1 W Wilson St Madison, WI 53701 608.266.1568
August 4, 2010 6:00 PM to 7:00 PM	Wednesday	Blackhawk Technical College Room 1315 – Blackhawk Room 6004 South County Road G Janesville WI 53546-9458 608.758.6900
August 5, 2010 6:00 PM to 7:00 PM	Thursday	Moraine Park Technical College A-112 World Link Room 235 N. National Avenue Fond du Lac WI 920.922.8611
August 6, 2010 6:00 to 7:00 PM	Friday	Wisconsin Indian Head Technical College Conference Center 2100 Beaser Ave. Ashland, WI 54806 715.682.4591

TEXT OF PROPOSED RULE

SECTION 1. Chapters DHS 111, 112, 113, and 119 are repealed.

SECTION 2. Chapter DHS 110 is repealed and recreated to read:

CHAPTER DHS 110
EMERGENCY MEDICAL SERVICES
LICENSING, CERTIFICATION, AND TRAINING REQUIREMENTS

SUBCHAPTER I GENERAL PROVISIONS

DHS 110.01 Authority and purpose
DHS 110.02 Applicability
DHS 110.03 Waivers
DHS 110.04 Definitions

SUBCHAPTER II EMERGENCY MEDICAL PROFESSIONALS; LICENSING; CERTIFICATION; TRAINING; CREDENTIAL; FEES

DHS 110.05 License or certificate and credential required
DHS 110.06 Application for initial license or certificate; initial training requirements; endorsements
DHS 110.07 Application for renewal license or certificate; refresher training requirements
DHS 110.08 Practice level upgrades; downgrades
DHS 110.09 Expiration date; expired license or certification; late renewal; reinstatement
DHS 110.10 Department decision on applications
DHS 110.11 Credential requirement
DHS 110.12 Authorized actions; scope of practice
DHS 110.13 Professional responsibilities
DHS 110.14 Written and practical examination retakes
DHS 110.15 EMT training permit application; authorized actions and limitations
DHS 110.16 Department administrative fees

SUBCHAPTER III CPR TRAINING ORGANIZATIONS; TRAINING CENTERS

DHS 110.17 CPR and AED training and instruction
DHS 110.18 Training center initial and renewal certification requirements
DHS 110.19 Course approval requirements
DHS 110.20 First responder training course content and hours
DHS 110.21 EMT training course content and hours
DHS 110.22 Accreditation of training programs
DHS 110.23 Records and recordkeeping requirements
DHS 110.24 Required training center personnel; personnel responsibilities
DHS 110.25 Program director; application for department approval

DHS 110.26 Training center medical director; application for department approval
DHS 110.27 EMS instructor I; application for department approval
DHS 110.28 EMS instructor II; application for initial and renewal certification
DHS 110.29 Training center oversight
DHS 110.30 Department decision on applications
DHS 110.31 Expiration dates; approvals and certifications

SUBCHAPTER IV EMERGENCY MEDICAL SERVICE PROVIDER LICENSING AND OPERATION

DHS 110.32 Emergency medical service provider licensing required; license levels
DHS 110.33 Authorized services
DHS 110.34 Responsibilities
DHS 110.35 License and application requirements
DHS 110.36 Phase-in period; service level upgrades and downgrades
DHS 110.37 Service level downgrades
DHS 110.38 Interfacility transports
DHS 110.39 Critical care and specialty care transports
DHS 110.40 Intercept service
DHS 110.41 Air medical services
DHS 110.42 Tactical emergency medical services
DHS 110.43 Special units
DHS 110.44 Special events
DHS 110.45 Department decisions on applications
DHS 110.46 License duration
DHS 110.47 Required personnel and responsibilities
DHS 110.48 Service director
DHS 110.49 Service medical director
DHS 110.50 EMS provider staffing requirements
DHS 110.51 Preceptors
DHS 110.52 EMS personnel credentialing
DHS 110.525 Field training requirements

SUBCHAPTER V ENFORCEMENT

DHS 110.53 Authority to investigate
DHS 110.54 Reasons for enforcement actions
DHS 110.55 Warning letter
DHS 110.56 Reprimand
DHS 110.57 Summary suspension of a license, permit or certification
DHS 110.58 Denial; refusal to renew; conditional issuance; issuance with limitation; suspension; revocation
DHS 110.59 Appeals

SUBCHAPTER I GENERAL PROVISIONS

DHS 110.01 Authority and purpose. This chapter is promulgated under the authority of ss. 256.08 (4) and 256.15 (13), Stats., to establish standards for all of the following:

(1) Certifying, training, and credentialing first responders.

(2) Licensing, training, and credentialing emergency medical technicians.

(3) Licensing emergency medical services providers.

(4) Certifying emergency medical services training centers.

(5) Certifying EMS instructors.

(6) Approving medical directors.

(7) Approving providers of CPR and AED training.

DHS 110.02 Applicability. This chapter applies to all of the following:

(1) First responders.

(2) Emergency medical technicians-basic.

(3) Emergency medical technicians-intermediate technicians.

(4) Emergency medical technicians-intermediate.

(5) Emergency medical technicians-paramedics.

(6) Emergency medical services training centers.

(7) Emergency medical services providers.

(8) Medical directors.

(9) Program directors.

(10) EMS instructors.

(11) CPR and AED training providers.

DHS 110.03 Waivers. The department may waive any non-statutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the emergency medical services provider or the public in meeting the emergency medical service needs of the provider's primary service area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public. The department's denial of a request for a waiver shall constitute the final decision of the department and is not subject to a hearing under s. DHS 110.59.

DHS 110.04 Definitions. In this chapter:

(1) “Advanced life support” means prehospital and interfacility emergency medical care consisting of basic life support procedures and invasive lifesaving procedures including the placement of advance airway adjuncts, intravenous infusions, manual defibrillation, electrocardiogram interpretation, administration of approved drugs and other advanced skills identified in the Wisconsin scopes of practice.

(2) “Air medical service” means a licensed ambulance service provider that specializes in transport by helicopter or airplane.

(3) “Algorithm protocol” means a graphical representation or flow chart of a written patient care protocol.

(4) “Ambulance” means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

(5) “Ambulance service provider” means a person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(6) “Ambulance staffing configuration” means the different ways that an ambulance can be staffed based on level of services as described in s. DHS 110.50.

(7) "As needed services” means that with respect to special events the EMS service provider will provide emergency medical services as its resources are available and will not commit resources exclusively for the event.

(8) “Automated external defibrillator,” or “AED,” has the meaning given in s. 256.15 (1) (cr), Stats.

(9) “Backup agreement” means a written agreement between nearby licensed ambulance service providers to provide response when the primary service provider is unable to do so.

(10) “Basic life support” has the meaning given in s. 256.15 (1) (d), Stats.

(11) “Biennial licensing period” or “biennium” means the 2-year period beginning on July 1 of an even-numbered year and ending on June 30 of the next even-numbered year.

(12) “CPR organization” means an entity whose program is authorized to provide CPR certification based on national standards and is approved by the department to fulfill the CPR requirement for certified first responders and licensed EMT’s.

(13) “Cardiopulmonary resuscitation” or “CPR” means a combination of rescue breathing and chest compressions delivered to victims believed to be in cardiac arrest.

(14) “Clinical training” means training received in a hospital or other health care facility.

(15) “Coverage agreement” means a written agreement between two neighboring ambulance service providers that each will cover the other’s 9-1-1 area when the other knows in advance that it will be unable to do so.

(16) “Credential” means written authorization by the service director and medical director of a licensed emergency medical services provider permitting a certified first responder or licensed emergency medical technician to perform specified emergency medical care while in the service of the provider. To be “credentialed” means to hold a credential issued by a licensed emergency medical services provider.

(17) "Critical care paramedic" means an emergency medical technician – paramedic who is licensed and endorsed by the department to provide an advanced level of paramedic care based on completion of an advanced level of paramedic training.

(18) "Dedicated services" means that with respect to special events the emergency medical services provider will have resources dedicated and immediately available on the grounds of the event that will not be subject to responses other than requests from the event.

(19) “Defibrillation” has the meaning given in s. 256.14 (1) (dm), Stats.

(20) “Department” means the Wisconsin department of health services.

(21) “Emergency medical care” means medical care to sick, disabled, or injured individuals at the scene of an emergency, during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities, which is based on department approved patient care protocols.

(22) “Emergency medical services” or “EMS” means an arrangement of personnel, communications, equipment, and supplies for the delivery of emergency medical care.

(23) “EMS instructor” means a person approved by the department or, if employed by the Wisconsin technical college system board, jointly approved by the department and the Wisconsin technical college system board, at a specified level or levels, to train individuals in the provision of emergency medical services.

(24) “EMS professional” or "EMS personnel" means a certified first responder, licensed emergency medical technician, registered nurse, physician assistant or physician, who is authorized to provide emergency medical care.

(25) "Emergency medical service provider" or "EMS provider" means an emergency medical services program under s. 256.12, Stats., that provides emergency medical services as a first responder service provider, non-transporting EMT provider, or ambulance service provider.

(26) “Emergency medical technician” or “EMT” has the meaning given in s. 256.01 (5), Stats.

(27) “Emergency medical technician–basic” or “EMT-B” has the meaning given in s. 256.01 (6), Stats.

(28) "Emergency medical technician-intermediate” or “EMT-I” has the meaning given in s. 256.01 (7), Stats.

(29)“Emergency medical technician – intermediate technician” or “EMT-IT” means an emergency medical technician – intermediate who has completed the Wisconsin intermediate technician curriculum.

(30) “Emergency medical technician – paramedic” or “paramedic” "has the meaning given in s. 256.01 (8), Stats.

(31) “Endorsement” means validation by the department that a licensed EMT has received the training and education required to be a specialist within a license level.

(32) “Field training” means a training experience where a student is placed with an ambulance service provider and, under direct supervision of an approved preceptor, cares for patients to gain proficiency in the skills, medications, and treatments taught in the training program in which the student is enrolled.

(33) “First responder” means a person who is certified by the department as a first responder under s. 256.25 (8) (a), Stats., and this chapter and who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to sick, disabled or injured individuals before the arrival of an ambulance, but who does not provide transportation for a patient.

(34) "First responder service provider" means an emergency medical services provider that provides emergency medical care with staff certified as first responders to sick, disabled or injured individuals before hospitalization and the arrival of an ambulance, but that does not provide transportation for patients.

(35) "Hospital" has the meaning given in s. 50.33 (2) (a), Stats.

(36) "Individual" means a natural person, and does not include a firm, corporation, association, partnership, institution, public agency, joint stock association or any other group of individuals.

(37) "Interfacility transport" means any transfer of a patient between health care facilities or any non-emergent transfer of a patient.

(38) "Intercept service" means a specialized EMS service provider that sends higher trained EMS professionals to assist a lower level EMS service provider in caring for a patient who requires a higher level of emergency medical care than the lower level EMS service provider is able to administer.

(39) "Manual defibrillator" has the meaning give in s. 256.15 (1) (im), Stats.

(40) "Medical control" means all of the following:

a. Direction of patient care through written or verbal orders.

b. Supervision and quality control of patient care by the service medical director or by a physician designated by the service medical director.

c. Coordination of all medical-related activities of EMS personnel in a pre-hospital setting or interfacility transport of a patient.

(41) “Medical control facility” means a hospital that provides medical advice via wireless communication to first responders and emergency medical technicians who are with a sick or injured person.

(42) “Medical director” means a physician with the qualifications specified under this chapter who is associated with an EMS service provider and trains, medically coordinates, directs, supervises, establishes standard operating procedures for, designates physicians for direction and supervision of, and reviews the performance of the service's first responders or emergency medical technicians, as required under s. 256.15 (8m), Stats.

(43) “Mutual aid agreement” means a written agreement between licensed ambulance service providers whereby each provides emergency medical care in the other's primary service area when the primary ambulance service provider requires additional resources because it has already committed all its resources to other 9-1-1 emergency responses.

(44) "National registry of emergency medical technicians" or “NREMT” means the non-profit, independent, non-governmental agency that certifies the proficiency of EMS professionals through provision of a standardized examination for individuals who have completed state-approved EMS training.

(45) "National standard curriculum for training EMS personnel" or "national standard curriculum" means the most recent edition of the first responder or emergency medical technician national standard curriculum published by the national highway traffic safety administration of the U.S. department of transportation.

(46) “9-1-1 emergency response” means the dispatch and movement of an ambulance in response to a request for emergency medical services, which was initiated by a 9-1-1 phone call and dispatched through a 9-1-1 dispatch center.

(47) "Non-transporting EMT service provider" means an emergency medical service provider that provides emergency medical care with staff licensed as EMTs to sick, disabled or injured individuals before hospitalization and the arrival of an ambulance, but that does not transport patients.

(48) "Nonvisualized airway" means a department-approved device that is inserted through a patient's mouth into the patient's esophagus or trachea without direct visualization of the larynx.

(49) “On-line medical control” means direct voice contact between a physician at the medical control hospital and EMS professionals for the purpose of medical direction.

(50) “On-site medical direction” means that a medical director is located at a special event and directs EMS professionals in the treatment of patients.

(51) “Operational plan” means a written plan of operations prepared by or for an emergency medical service provider that describes the provider’s methods and procedures for providing emergency medical services in the provider’s primary service area and other areas served through mutual aid or contract.

(52) “Patient” means individual of any age who may require assessment, treatment or transport.

(53) “Patient care report” means the written documentation that is the official medical record that documents events and the assessment and care of a patient treated by EMS professionals.

(54) "Patient care protocol" means a written statement signed and dated by the service medical director and approved by the department that lists and describes the steps within the applicable scope of practice that EMS professionals are required to follow when assessing and treating a patient.

(55) “Person” has the meaning specified in s. 256.15 (1) (L), Stats

(56) “Phase-in period” means a period of time during which an EMS service provider is upgrading its level of service and begins to provide service at the higher level before it is able to meet the staffing requirements for that level.

(57) “Physician” means a person licensed in Wisconsin under chapter 448, Stats., to practice medicine and surgery.

(58) "Physician assistant" means a person licensed in Wisconsin under chapter 448, Stats., to perform as a physician assistant.

(59) "Preceptor" means any of the following who provides direct supervision of clinical or field training for EMT students: an EMT licensed at or above the level of the training he or she provides, a physician, a registered nurse or a physician assistant.

(60) "Primary service area" means the geographical area in which an ambulance service provider is designated to provide first-in emergency medical services under contract with a local government. "Primary service area" does not include areas that the provider serves through mutual aid or back-up arrangements.

(61) “Program director” means the person at a training center who is responsible for the actions of the training center and for directing day to day activities.

(62) "Quality assurance program" means a program of formalized review of patient care reports, statistical information, and training evaluation by the medical director or designee to verify current and improve future performance.

(63) "Regional trauma advisory council" or “RTAC” has the meaning as defined in DHS 118.03 (36).

(64) "Registered nurse" means a person who is licensed in Wisconsin as a registered nurse under s. 441.06, Stats.

(65) "Reprimand" means an enforcement action under s. DHS 110.56.

(66) “Service director” means the person designated by the emergency medical service provider to oversee operations and ensure compliance with applicable statutes, administrative rules and the approved operational plan.

(67) “Special event” means a public event, such as a fair, concert or automobile race, for which an EMS service provider may provide on-site medical care that is in addition to its normal day to day operations and may exceed its normal personnel or equipment resources.

(68) “Subject matter expert” means someone who has advanced knowledge in a specific area related to emergency medical services. Expertise is verifiable through degree, work experience, or specific education or certification.

(69) "Supervised field training" means training received on an ambulance under the direct supervision of an approved preceptor.

(70) “Tactical team” means a paramilitary special operations tactical unit typically found in law enforcement or the military that responds to threats to public safety.

(71) "Tactical emergency medical services" means medical services provided by licensed EMS professionals operating as part of a tactical team.

(72) “Training center” means an entity certified by the department to provide first responder and emergency medical technician training.

(73) "Training center medical director" means the physician who is responsible for medical coordination, direction and conduct of an EMS training program at a training center.

(74) “Training permit” has the meaning as specified under s. 256.15 (5) (a), Stats.

(75) “Wisconsin ambulance run data system” or "WARDS" means a web-based reporting system emergency medical service providers use to enter and submit patient care data via the internet.

(76) “Wisconsin Emergency Medical Services Communications Plan” means the written plan for emergency medical services communication throughout the state that specifies what communication equipment is required on all ambulances.

(77) “Wisconsin first responder curriculum” means the course of study approved by the department for training first responders.

(78) “Wisconsin scope of practice” means the skills, equipment, and medications approved by the department for a level of expertise for emergency medical personnel.

(79) "Wisconsin Standards and Procedures of Practical Skills" means the document published and approved by the department that outlines the appropriate ways to perform certain skills used by all EMS professionals.

(80) "WTCS " means the Wisconsin technical college system.

SUBCHAPTER II EMERGENCY MEDICAL PROFESSIONALS; LICENSING; CERTIFICATION; TRAINING; CREDENTIAL; FEES

DHS 110.05 License or certificate and credential required. (1) Before an individual may perform emergency medical care or advertise for the provision of emergency medical care as an EMS professional, the individual shall be certified as a first responder or licensed as an EMT by the department and shall be credentialed by each emergency medical service provider with which the individual serves, except under the following conditions:

(a) The individual provides emergency medical care as a volunteer practitioner under s. 257.03, Stats.

(b) The individual provides emergency medical care as a trainee under s. DHS 110.15, while under supervision of a preceptor.

(2) Except when acting under sub. (1) (a) or (b), a person acting or advertising as an EMT or first responder without a license or certificate issued by the department or without appropriate credentialing may be subject to department action under subch. V or s. 256.15 (11) (c), (d), or (f) Stats., as applicable.

DHS 110.06 Application for initial license or certificate; initial training requirements; endorsements. (1) ELIGIBILITY. To apply for an initial license as an EMT or certificate as a first responder, the applicant shall meet all of the following requirements:

(a) The individual is 18 years of age or older.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual satisfies one of the following training requirements:

1. If trained in Wisconsin, the individual has successfully completed training in the applicable Wisconsin curriculum within the 24 months immediately preceding submission of the application to the department for an initial license or certificate.

2. If trained in another state, the applicant presents documentation of a current license or certificate issued by another state at or above the level being applied for and presents a completed verification of education form documenting completion of an initial course equivalent to the training required for an initial license or certificate under subd 1., as determined by the department.

If initial training was completed prior to the current licensing period, the applicant also presents documentation of completion of an approved refresher course, as determined by the department

(d) The individual has current registration with the NREMT at or above the practice level for which the application is made. If the individual does not hold certification with the NREMT, he or she must complete a written and practical assessment exam through the NREMT which must be authorized by the department.

Note: Verification of education forms may be obtained electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems . The form must be printed out and sent to the training institution, which will complete and return the form directly to the department. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

(e) The individual is certified in CPR at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1). If the application is for licensure at the EMT-intermediate or EMT-paramedic level, the applicant is also certified by an organization specified under s. DHS 110.17 (1) in all of the following:

1. Advanced cardiac life support.

2. Pediatric advanced life support, pediatric education for pre-hospital professionals at the advanced life support level, or an equivalent approved by the department.

(f) Subject to ss. 111.321, 111.322, 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of a first responder or EMT, as determined by the department.

(g) If the application is for the critical care paramedic endorsement, the applicant shall be licensed as an EMT-paramedic and have completed training based on the Wisconsin critical care paramedic curriculum or be certified by a department-approved critical care program or an equivalent program as approved by the department. Training completed through an ambulance service provider that meets the content of the Wisconsin critical care paramedic curriculum and was completed prior to December 31, 2011, may meet the educational requirements if approved by the department.

(h) If the application is for the tactical EMS endorsement, the applicant shall be licensed as an EMT and affiliated with a department-recognized tactical team. The applicant shall present documentation of an affiliation with a department recognized tactical team.

Note: The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at www.dhs.wisconsin.gov/ems. Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant

shall submit the application and documentation to the department in the manner or method specified by the department.

Note: Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.07 Application for renewal license or certificate; refresher training requirements. (1) ELIGIBILITY. To apply for renewal of an EMT license or first responder certificate, the applicant shall meet all of the following eligibility and training requirements:

(a) The individual is 18 years of age or older.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual has received refresher training as follows:

1. 'First responder'. The individual has completed an 18-hour first responder refresher course from the Wisconsin first responder curriculum during the biennium for which the current certification expires.

2. 'Emergency medical technician–basic'. The individual has completed a 30-hour EMT-basic refresher course based on the Wisconsin EMT-basic curriculum or other training, approved by the department, during the biennium for which the current license expires. Recertification through examination by the NREMT or the completion of a department-approved initial EMT-basic course, initial EMT-intermediate technician course, or the didactic portion of the initial EMT-intermediate or initial EMT-paramedic course during this period may be used to fulfill the refresher course requirement under this paragraph.

3. 'Emergency medical technician-intermediate technician'. The individual has completed a 30-hour EMT-basic refresher course based on the Wisconsin EMT-basic curriculum or other training approved by the department, and either a 12-hour EMT-IT refresher course or 12 hours of continuing education that is based on the Wisconsin EMT-IT curriculum and approved by the medical director of an emergency medical service provider with which the individual is credentialed. The training shall be obtained during the biennium for which the current license expires.

4. 'Emergency medical technician – intermediate'. The individual has completed a 48 hour EMT-I refresher course based on the Wisconsin curriculum for the EMT-I or 48 hours of continuing education that is based on the Wisconsin EMT-I curriculum and covers the subject areas identified by the department. The training shall be obtained during the biennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.

5. ‘Emergency medical technician-paramedic’. The individual has completed a 48-hour EMT-paramedic refresher course based on the Wisconsin curriculum for the EMT-paramedic or 48 hours of continuing education that is based on the Wisconsin EMT-paramedic curriculum and covers the subject areas identified by the department. The training shall be obtained during the biennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.

6. ‘Critical care endorsement’. The individual is licensed as an EMT-paramedic with a critical care endorsement, has completed a 48-hour paramedic refresher course based on the Wisconsin EMT-paramedic curriculum and an additional 24 hours of training specified by the department for the critical care paramedic during the biennium for which the current license expires.

7. Successful completion of an initial training course above the current license level of the individual may be used to fulfill the refresher requirements of this paragraph. If the course is an initial EMT-intermediate or initial EMT-paramedic course, completion of the didactic portion fulfills this requirement.

(d) The individual is certified in CPR at the professional level by an organization specified under s. DHS 110.17 (1).

(e) Subject to ss. 111.321, 111.322, 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of an EMS professional, as determined by the department.

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The application and documentation shall be submitted to the department in the manner or method specified by the department

Note: Application for license or certificate renewal is submitted by the applicant to the department electronically through the department’s E-Licensing system available at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.08 Practice level upgrades; downgrades. (1) UPGRADING EMT PRACTICE LEVELS. To upgrade an EMT practice level, the EMT shall complete the application requirements under s. DHS 110.06 for the desired EMT practice level.

(2) DOWNGRADING EMT PRACTICE LEVELS. To downgrade an EMT practice level, the EMT shall complete the application requirements under s. DHS 110.06 for the practice level to which the EMT wishes to downgrade. When the downgrade occurs at renewal, the individual shall submit proof of refresher training at the downgraded level or the previous license level.

(3) UPGRADING TO THE EMT PRACTICE LEVEL. To upgrade from first responder certification to EMT-basic licensure, the first responder shall complete the application requirements under s. DHS 110.06 for the EMT-basic license level.

DHS 110.09 Expiration date; expired license or certification; late renewal; reinstatement. Licenses and certificates expire on June 30 of the even numbered year of the biennium. If a license or certificate expires, the following as applicable, applies:

(1) LATE RENEWAL. An individual may renew a license or certificate that has been expired for less than 6 months by applying to the department for license or certificate renewal as specified under s. DHS 110.07 and submitting the late renewal fee specified under s. DHS 110.16 (1). Upon the department's renewal of the applicant's license or certificate, the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care as an EMT or first responder.

(2) REINSTATEMENT OF LICENSE OR CERTIFICATE. (a) A license or certificate that has been expired for over 6 months but less than 2 years has lapsed. To reinstate a lapsed license or certificate, the applicant shall do all of the following:

1. Apply to the department for reinstatement of licensure or certification in the manner specified under s. DHS 110.06 (2).

2. Receive permission from the department to take the NREMT written and practical examination.

3. Successfully complete the NREMT written and practical examination.

4. Submit the reinstatement fee specified under s. DHS 110.16 (1) (b).

(b) A license or certificate that has been expired for 2 years or more may be reinstated only if the applicant has successfully completed the training and examination requirements for the initial license or certificate within the 24 months immediately preceding submission of the application for reinstatement.

(c) Upon reinstatement of licensure or certification by the department under par. (a) or (b), the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care.

DHS 110.10 Department decision on applications. (1) COMPLETE APPLICATION. The department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license, certificate or permit. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) INCOMPLETE APPLICATION. When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application. To be considered further by the department, the applicant shall meet the eligibility requirements and submit a new application as required under s. DHS 110.06.

DHS 110.11 Credential requirement. (1) CREDENTIAL AGREEMENT. Before an EMS professional may provide emergency medical care, the EMS professional shall be credentialed under s. DHS 110.52. To be credentialed, the EMS professional shall submit to the department a credential agreement for each emergency medical service provider with which the EMS professional serves, in the manner specified by the department.

Note: A credential agreement is obtained from and submitted to the department electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems. Completed agreements are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St, P.O. Box 2659, Madison, WI, 53701-2659.

(2) CREDENTIAL PERIOD. A credential is valid until the individual voluntarily surrenders the credential, the service medical director withdraws the credential under s. DHS 110.52 (7) or the department suspends or revokes the EMS professional's license, certificate or endorsement under s. DHS 110.57 or 110.58.

DHS 110.12 Authorized actions; scope of practice. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.

Note: The Wisconsin scope of practice for each practice level may be found on the department's website at www.dhs.wisconsin.gov/ems. The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and published and posted on the department website by January 31 of each year.

DHS 110.13 Professional responsibilities (1) An EMS professional shall maintain a current credential with each emergency medical service provider with which the EMS professional serves. An EMS professional may not provide emergency medical care if the EMS professional does not have a current credential.

(2) An EMS professional may only perform emergency medical care that is within the Wisconsin scope of practice for the practice level at which the EMS professional is licensed or certified.

(3) An EMS professional shall follow the patient care protocols of the emergency medical service provider with which the EMS professional is serving while performing patient care, regardless whether the EMS professional is licensed at a practice level higher than that of the provider.

(4) An EMS professional shall notify the department of any change in his or her name, address, or other information kept by the department within 30 days of the change, using the department's electronic licensing system or, at the department's request, submitting updated information to the department in paper form.

(5) An EMT-intermediate or EMT-paramedic shall maintain current certification in advanced cardiac life support throughout the biennial license period.

Note: The Wisconsin scope of practice for each practice level may be found on the department's website at www.dhs.wisconsin.gov/ems. The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and is published and posted on the department website by January 31 of each year.

DHS 110.14 Written and practical examinations retakes. **(1)** An individual who fails a state approved written or practical examination required for first responder certification after 3 attempts shall successfully take an 18 hour first responder refresher course before being eligible to retake the examination.

(2) An individual who fails a state approved written or practical examination required for any EMT level after 3 attempts shall take a refresher course for the level he or she failed. After completion of the refresher course the individual may attempt the examination 3 more times. After six failed attempts the individual shall retake the entire initial training course before being eligible to retake the examination.

(3) An individual who has successfully completed training from the Wisconsin curriculum for EMT-paramedic and who fails the state approved examination for the EMT-paramedic practice level after 3 attempts may take the state approved EMT-IT examination for licensure at the EMT-IT level. Successful completion of both the written and practical parts of the state approved EMT-IT examination is required.

DHS 110.15 EMT training permit application; authorized actions and limitations. (1) APPLICATION. To apply for a training permit, the applicant shall submit to the department, in the manner specified by the department, an application with documentation acceptable to the department showing that the applicant meets all of the following eligibility requirements:

(a) The individual is 17 years of age or older.

(b) If applying for an EMT-basic training permit, the individual has completed the first 46 hours of the initial EMT-basic training or has current certification as a first responder.

(c) If applying for an EMT training permit above the EMT-basic level, the individual has a current EMT license.

(d) The individual is enrolled in an initial EMT training course offered by a training center certified by the department.

(e) The applicant provides any additional information the department requests during its review of the application.

Note: Application for training permit is submitted by the applicant to the department electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this

system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

(2) AUTHORIZED ACTIONS AND LIMITATIONS. (a) A training permit granted by the department authorizes the training permit holder to participate in field and clinical training and to perform the duties of an EMT at the practice level for which the permit is issued while enrolled as a student with the training center.

(b) A person who holds a training permit issued under this section may serve as part of a legal ambulance service provider crew for 9-1-1 emergency response or inter-facility transport only if supervised by a preceptor authorized under s. DHS 110.51 (2).

(c) A person holding an EMT-basic training permit may serve as part of the required ambulance staff but may not be the primary care giver during transport.

(d) A person holding a training permit may only perform those skills for which he or she has been adequately trained in the course in which he or she is actively enrolled.

(3) DURATION OF PERMITS. Training permits are issued and valid for the following periods:

(a) An EMT-basic training permit is valid for 12 months from date of issuance, unless the student fails to complete the training under the permit, in which case the permit expires when the trainee leaves the training program.

(b) The training permit at the EMT-intermediate technician, EMT-intermediate, or EMT-paramedic level expires on the date the student completes the training course. An ambulance service provider may extend the permit up to 12 months from the completion date of the training course. To extend the permit the service must have in place a training plan approved by the department that includes participation of the medical director and is tied to the provider's quality assurance program.

(c) A training permit may not be renewed.

DHS 110.16 Department administrative fees. **(1)** The department may assess the following fees as applicable. The fees may be increased each year at the annual rate of inflation as determined by movement in the consumer price index for all urban consumers, published each month in the CPI detailed report by the U.S. department of labor's bureau of labor statistics with the approval of the EMS board:

(a) *Late renewal fee*. If an application for renewal is not received by the department before the expiration date of the certificate or license, the individual shall pay to the department a late renewal fee of $50 prior to issuance of the renewal certificate or license.

(b) *Reinstatement fee*. If an individual's certificate or license is expired for more than 6 months but less than 24 months, the individual shall pay to the department a late fee of $75 prior to reinstatement of the certificate or license.

(c) *Returned renewal fee*. If a renewal notice is returned due to an incorrect address, the individual shall pay to the department a fee of $30 prior to issuance of the renewal certificate or license.

(d) *Verification of Wisconsin certification or license*. If a certified first responder or licensed EMT asks the department to verify Wisconsin certificate or license information to another state, the individual shall pre-pay to the department $25 for the service and provide to the department a self-addressed, stamped envelope for mailing.

(e) *Reciprocity fee*. If an applicant applies for a certificate or license based on training or licensing from another state, the individual shall pre-pay a fee of $50 to the department.

(f) *Manual processing fee.* If an applicant or licensee is unable or chooses not to use an available electronic processing method, the individual shall submit a manual processing fee of $35 with the application and supporting paperwork and the department shall have 90 business days to respond instead of the normal 60 business days.

(2) Payment of a fee shall be by cashiers check or money order payable to "Department of Health Services" or "DHS", or may be charged to a VISA or MasterCard. The department will not accept cash payment or personal checks. Fees are nonrefundable and nontransferable.

(3) (a) If the department permits the payment of a fee by a credit card, the department may charge a cost recovery fee of no more than $2.50 per transaction in addition to the fee under sub. (1).

(b) The department may contract for services relating to the payment of fees by credit card under this section.

SUBCHAPTER III CPR TRAINING ORGANIZATIONS; TRAINING CENTERS

DHS 110.17 CPR and AED training and instruction. (1) ORGANIZATIONS APPROVED FOR CPR TRAINING. All of the following organizations are approved by the department to provide CPR training:

(a) American Heart Association.

(b) American Red Cross.

(c) American Safety and Health Institute.

(d) American Academy of Orthopedic Surgeons.

(e) Medic First Aid.

(f) EMS Safety Services.

(g) Any other organization identified and approved by the department.

(2) TRAINING CONTENT AND FREQUENCY. (a) Any person who provides CPR and AED instruction to an EMT or first responder shall successfully complete any one of the following courses with a certification period not to exceed 2 years:

1. American Heart Association – CPR for the Healthcare Professional course.

2. American Red Cross-CPR for the Professional Rescuer course.

3. American Safety and Health Institute-CPR Pro–Professional Level CPR and AED course.

4. Emergency Care and Safety Institute-American Academy of Orthopedic Surgeons Professional Rescuer CPR course.

5. Medic First Aid-Basic Life Support for Professionals course.

6. EMS Safety Services-Professional Rescuer

7. Any other course identified and approved by the department.

(b) All of the training courses specified under par. (a) shall be taught by an instructor who is affiliated with, employed by, or under contract with an organization specified under sub. (1), and shall include instruction in all of the following:

1. How to recognize life-threatening cardiac emergencies.

2. How to perform adult, child and infant CPR at the professional level, including the performance of CPR by one person and by 2 persons, and the use of medical devices to help an individual breathe.

3. How to use an automated external defibrillator on persons of any appropriate age.

4. How to clear the airway of a conscious or unconscious person who is choking.

(3) INSTRUCTOR QUALIFICATIONS. (a) An individual who provides CPR or AED instruction to an EMT, first responder, or a person who is required as a condition of licensure, certification, or registration to have current proficiency in the use of an AED, shall meet all of the qualifications, including qualifications for frequency of training, that are specified by the approved provider with whom the instructor is affiliated, employed or under contract.

(b) An instructor certification in CPR or AED that is issued to an individual by an approved provider may not be valid for more than 2 years from the date the certification is issued.

DHS 110.18 Training center initial and renewal certification requirements. (1) AUTHORIZED ACTIONS AND QUALIFICATIONS. No person may provide training that is represented as qualifying an individual for first responder certification or EMT licensure or renewal unless the person is certified by the department as a training center.

(2) APPLICATION REQUIREMENTS. An applicant for training center certification shall submit a fully and accurately completed application obtained from the department, which shall include all of the following:

(a) Documentation of the community need, showing that there are not adequate resources for EMS training available through any current training center in the area.

(b) A description of the organization's capabilities to train students in the provision of emergency medical care in pre-hospital, interfacility and hospital settings.

(c) A copy of the résumé and Wisconsin physician license of the training center's medical director.

(d) A copy of the résumé of the training center's program director.

(f) A copy of the résumé of the center's EMS instructor II.

(e) A copy of the position description for the EMS instructor II, which shall specify the responsibilities of the EMS instructor II.

(f) An explanation of how the training center will evaluate the training program and the instructors and a statement of how often the evaluations will occur.

(g) A completed training center application including the requested check list items contained within the application.

(h) Proof of national EMS education program accreditation if applying for a training center certification to train paramedics.

(i) Any other information requested by the department.

Note: Training center applications are submitted by the applicant to the department electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

(3) RENEWAL REQUIREMENTS. A training center shall renew its certification by every June 30 of the even year of the biennium by submitting to the department an updated application and materials required under sub. (2). If a training center does not timely renew its certification, its certification expires and any training provided before the training center has renewed its certification will not count toward qualifying a student for department certification or licensure.

DHS 110.19 Course approval requirements. A training center shall obtain prior department approval for each initial or refresher course it offers. Once a training center obtains approval, all subsequent course offerings based on that approval are automatically approved when entered in the department's training database, provided the training center has renewed its certification under DHS 110.18 (3). If the training center changes any component of an approved course, it shall submit the change to the department for approval prior to implementation. To request course approval, the training center shall submit all of the following to the department:

(1) A fully and accurately completed department application form signed and dated by the applicant.

(2) Identification of the number of hours that will be devoted to classroom training, clinical training, and supervised field training.

(3) If modifying the course curriculum, identification of the specific changes to all of the following:

(a) Any changes to content and behavioral objectives for classroom, clinical training, or supervised field training.

(b) Any increase in hours for classroom, clinical training, or supervised field training.

(c) Any additional skills or medications that are taught.

(4) A written explanation of how students will be screened for acceptance into the course and a list of any prerequisites to entrance.

(5) A list of the locations of classroom training and an explanation of how the training will be conducted.

(6) If applicable, a written description of the clinical training, which shall include all of the following:

(a) The names and physical addresses of the clinical sites.

(b) At least one sample of a written agreement that will be used with the clinical sites.

(c) How the clinical training will be conducted.

(d) A list of the emergency medical care and training capabilities of the clinical site.

(e) A list of the areas of the clinical site that will be used for hands-on experience and observation for all skills specified in the curriculum.

(f) Name and qualifications of each person supervising the students at the clinical site.

(g) A list of the qualified preceptors for each clinical site.

(h) Examples of any records or forms that will be used to document the clinical process.

(i) A written description of the audit process used to assure accuracy of the clinical documentation.

(7) If applicable, a written description of the supervised field training, which shall include all of the following:

(a) The names and physical addresses of the field sites.

(b) At least one example of a written agreement that will be used with the field sites.

(c) An explanation of how the supervised field training will be conducted.

(d) A list of the emergency medical care and training capabilities of each field site.

(e) Name and qualifications of the persons supervising the students at the field site.

(f) A list of the qualified preceptors for each field site.

(g) Examples of records or forms that will be used to document the clinical and supervised field training.

(h) A written description of the audit process used to assure accuracy of the clinical and supervised field training documentation.

(i) An explanation of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

(j) Samples of the handouts and checklists used, which shall be consistent with the knowledge and skills standard of the department-approved curriculum appropriate to the level of instruction and the Wisconsin Standards and Procedures of Practical Skills manual.

(k) Other information requested by the department.

DHS 110.20 First responder training course content and hours. (1) The first responder training course shall include content and behavioral objectives that meet or exceed the Wisconsin curriculum for first responders. Each course shall include training for responding to acts of terrorism that covers the content required by the department.

(2) A training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for first responders before the training may be included in a course.

(3) A first responder training course shall include the minimum number of hours outlined in the approved Wisconsin curriculum for first responders.

Note: All training curricula may be found on the department's website at www.dhs.wisconsin.gov/ems.

DHS 110.21 EMT Training course content and hours. **(1)** COURSES. All EMT training courses shall include content and behavioral objectives that meet or exceed the appropriate Wisconsin curriculum. Each course shall include training for responding to acts of terrorism that covers the content required by the department.

(2) CERTAIN APPROVALS REQUIRED. The training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for EMT level training provided before the training can be included in the course.

(3) EMT TRAINING COURSE HOURS. An EMT training course shall include the minimum number of hours specified in the department approved curriculum. The clinical and supervised field training shall satisfy the minimum skill and patient assessment requirements identified by the department.

(4) FIELD TRAINING AGREEMENTS. (a) The training center shall arrange for supervised field training of students with an ambulance service provider that is licensed at or above the level of training provided to the students. The arrangement shall be set out in a written agreement between the training center and the ambulance service provider.

(b) A training center shall ensure that any student who enters supervised field training holds a training permit issued by the department under s. DHS 110.15.

DHS 110.22 Accreditation of training centers. Effective July 1, 2013, all EMT-paramedic training centers shall be accredited by a national EMS education credentialing body.

DHS 110.23 Records and recordkeeping requirements. (1) The training center shall retain at a minimum all of the following records for each student for at least 5 years after course completion and make the records available for review upon request by the department:

(a) Attendance records.

(b) Evaluations of student progress, such as quizzes, exams, and practical evaluations and their scores.

(c) Clinical training records.

(d) Field training records.

(e) Other documentation identified by the department.

(2) The training center shall keep its applications and supporting documentation for EMS instructor approvals and a list of all individuals approved as EMS instructors. Documents shall be made available upon request by the department.

DHS 110.24 Required training center personnel; personnel responsibilities. A training center shall have all of the following personnel:

(1) PROGRAM DIRECTOR. The training center shall have a program director who has a current certificate of approval issued by the department under s. DHS 110.25. The program director shall be responsible for all of the following:

(a) Coordinating and overseeing all training offered by the training center.

(b) Assuring the center's compliance with all relevant requirements under this chapter.

(c) Supervising and evaluating each EMS instructor who teaches for the training center. Evaluation shall include a determination whether the instructor is capable, qualified and prepared to provide EMS training at the levels of instruction he or she provides.

(d) Notifying the department of students' successful completion of each course using a method determined by the department.

(2) MEDICAL DIRECTOR. The training center shall have a medical director who is a Wisconsin licensed physician and who has experience in emergency medicine, medical director training, and current approval by the department as specified in s. DHS 110.26. The training center may have a different medical director for each level of licensure for which training is provided. The medical director shall be responsible for all of the following:

(a) Authorizing instructors to teach with the recommendation of the program director.

(b) Assuring that EMS training meets medical standards of practice.

(c) Liaising with the medical community concerning medical care provided by students during training.

(3) EMS INSTRUCTOR I. The training center may have an EMS instructor I. If the training center has an EMS instructor I, the individual shall be licensed at or above the level of instruction provided, be certified in CPR at the professional level, have 2 years experience as an EMT at or above the level being taught, and have current approval by the department under s. DHS 110.27. The EMS instructor I shall be responsible for all of the following:

(a) Assisting in small group learning in the classroom.

(b) Presenting core course content in small groups.

(c) Teaching as lead instructor for a refresher course, if approved by the training center.

(d) In an emergency, replacing an EMS instructor II for a single class session, provided the EMS instructor I is a subject matter expert in the topic covered in the class.

(4) EMS INSTRUCTOR II. The training center shall have an EMS instructor II who has current approval by the department. The EMS instructor II shall be responsible for all of the following:

(a) Proper delivery of course content and objectives.

(b) Course oversight and logistics.

(c) Supervision of any EMS instructor I who is involved in a course taught by the EMS instructor II.

DHS 110.25 Program director; application for department approval. (1) ELIGIBILITY. Before an individual may act as a program director, the individual shall be approved by the department under this section. The applicant shall be 18 years of age or older and shall successfully complete an EMS instructor orientation workshop conducted by the department and the WTCS board or equivalent training or experience as approved by the department prior to, or within 6 months after accepting the position of program director.

(2) APPLICATION. To apply for approval the applicant shall submit all of the following to the department:

(a) A letter from the training center designating the individual as the program director.

(b) Documentation of successful completion of an EMS instructor orientation workshop conducted by the department and the WTCS board or equivalent training or experience as determined and approved by the department, or a letter indicating intent to complete the EMS instructor workshop within six months and to submit documentation of successful completion of the workshop.

(c) Any other documentation required by the department.

DHS 110.26 Training center medical director; application for department approval. (1) ELIGIBILITY. Before an individual may act as a training center medical director, the individual shall be approved by the department under this section. The applicant shall be licensed as a physician in Wisconsin, shall have experience in emergency medicine, and shall have completed the department-approved medical director training.

(2) APPLICATION. To apply for approval, the applicant shall submit all of the following to the department:

(a) In the manner specified by the department, a fully completed application for training center medical director.

(b) A letter from the training center stating that the applicant will serve as training center medical director.

(c) A copy of the individual's physician license.

(d) Documentation that the individual has experience in emergency medicine as a physician.

(e) Documentation that the individual has successfully completed the department approved medical director training or will do so within 6 months of accepting the position of training center medical director.

(f) Other information requested by the department.

Note: Medical director application is submitted by the applicant to the department electronically through the department's E-Licensing system available at

www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.27 EMS instructor I; application for department approval. (1) ELIGIBILITY. Before an individual may act as an instructor I, the training center shall approve the individual under this section. The individual shall be licensed by the department at or above the level of the instruction the individual will provide and shall have current certification in CPR at the healthcare provider level and 2 years experience as an emergency medical technician at or above the practice level for which the individual will provide instruction. Once approved there is no renewal requirement.

(2) APPLICATION. To apply for EMS instructor I approval for an individual, the individual shall submit all of the following to the training center:

(a) In the manner specified by the department, a fully completed application for instructor approval.

(b) Documentation of the individual's current licensure by the department at or above the level of instruction the individual will provide.

(c) Documentation of the individual's current certification in CPR at the healthcare provider level.

(d) Documentation that the individual has at least 2 years experience as an emergency medical technician at or above the level the individual will teach.

DHS 110.28 EMS instructor II; application for initial and renewal certification. (1) ELIGIBILITY. Before an individual may act as an EMS instructor II, the individual shall be certified by the department under this section. The individual shall be licensed by the department at or above the level of instruction the individual will provide and shall have: current certification with the NREMT at or above the level for which the individual requests approval; the equivalency of 2 years experience as a licensed, practicing EMT at or above the level of EMS instructor certification being requested or equivalent critical care experience as determined by the department; supervised teaching experience; and EMS instructor II orientation training.

(2) APPLICATION. To apply for EMS instructor II certification, the applicant shall submit to the department, in the manner specified by the department, all of the following:

(a) Documentation of current certification with the NREMT at the EMT basic level or higher and at or above the level for which the applicant seeks department certification. If the applicant is an EMT- paramedic licensed under this chapter before January 1, 2013, certification with the NREMT is not required. Certification with the NREMT at the EMT-paramedic level is required for critical care paramedic EMS instructor II certification.

(b) Proof of licensure by the department at or above the practice level for which the EMS instructor II approval is sought.

(c) Proof of equivalency of 2 years experience as a licensed, practicing EMT at or above the level of EMS instructor II certification sought, or equivalent critical care experience as determined by the department.

(d) Proof of prior supervised teaching experience sufficient for the training center to consider the instructor competent and to authorize the EMS instructor II to lead a training course.

(e) Proof of successful completion of an EMS instructor II orientation workshop conducted by the department and the WTCS board, or an equivalent determined by the department.

(f) If previously certified at any level as an EMS instructor, demonstration of competent instruction as evidenced by a minimum 70% pass rate on the state approved examination for the last course taught.

(g) Any other information requested by the department.

(3) WTCS APPROVAL. If employed by the WTCS board, the applicant shall be jointly approved by the department and the WTCS board.

(4) EMS INSTRUCTOR II RENEWAL CERTIFICATION. (a) Certification for EMS instructor II shall expire on June 30 of the even numbered year of the biennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

(b) To renew EMS instructor II certification, the individual shall submit in the manner specified by the department the application and documentation required under sub. (2) and documentation of continued affiliation with the training center on or before June 30 of the even numbered year of the biennial licensing period.

Note: Instructor **a**pplication is submitted by the applicant to the department electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.29 Training center oversight. (1) QUALITY ASSURANCE. (a) The department is responsible for quality assurance of training centers and instructors. If a training center or instructor is part of the WTCS, quality assurance is a joint responsibility of the department and the WTCS.

(b) The department may review the performance or training centers and instructors and conduct quality assurance assessments and audits to assure quality education and compliance with educational standards and curriculum. Failure to meet educational, professional, or ethical standards may result in department action under subchapter V against a training center or instructor.

(2) WISCONSIN TECHNICAL COLLEGE SYSTEM. The WTCS office and the department will work to assure that the training centers and instructors under their authority are jointly regulated. The responsibilities of the department and the WTCS will be outlined in a

memorandum of understanding, which will be reviewed at least once every 5 years and updated as appropriate.

DHS 110.30 Department decision on applications. (1) COMPLETE APPLICATION. The department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a certificate of approval. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) INCOMPLETE APPLICATION. When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application. To be considered further by the department, the applicant shall meet the eligibility requirements and submit a new application as required under this subchapter.

DHS 110.31 Expiration dates; approvals and certifications. (1) MEDICAL DIRECTOR AND PROGRAM DIRECTOR APPROVAL. Department approval of the training center medical director and the training center program director shall remain in effect as long as all requirements continue to be met or until the approval is revoked, suspended, or voluntarily surrendered.

(2) EMS INSTRUCTOR II CERTIFICATION. Certification for EMS instructor II shall expire on June 30 of the even numbered year of the biennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, under s. DHS 110.28 (2), the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

SUBCHAPTER IV EMERGENCY MEDICAL SERVICE PROVIDER LICENSING AND OPERATION

DHS 110.32 Emergency medical service provider license required; license levels. (1) No person may act as or advertise for the provision of services as a first responder service, a non-transporting EMT service provider, or an ambulance service provider unless the person is licensed by the department to do so.

(2) A person licensed as a first responder service provider may provide emergency medical services at the first responder level of care before hospitalization and the arrival of an ambulance but may not transport patients.

(3) A person licensed as a non-transporting EMT service provider may provide emergency medical services before hospitalization and the arrival of an ambulance at the EMT-basic, EMT-intermediate technician, EMT-intermediate, or EMT-paramedic level of care, but may not transport patients.

(4) A person may be licensed as an ambulance service provider to provide 9-1-1 emergency response, interfacility transport or both, and at one of the following levels of care: EMT basic,

EMT-intermediate technician, EMT-intermediate, or EMT-paramedic. An ambulance service provider licensed to provide both a 9-1-1 emergency response and interfacility transports shall be licensed at the same level of care for both services.

DHS 110.33 Authorized services (1) An emergency medical services provider may advertise and provide only those services for which it has been licensed by the department.

(2) An emergency medical services provider may advertise and provide only those services that are within the Wisconsin scope of practice for the level at which the provider is licensed.

(3) An emergency medical services provider may advertise and provide only those services that are described in its department-approved operational plan. The provider shall keep the operational plan and any addendums current. Any changes to the operational plan, including addendums, shall be submitted to the department for approval not less than 60 days before the intended implementation date and may not be implemented until the service receives department approval.

DHS 110.34 Responsibilities. An emergency medical service provider shall do all of the following:

(1) Comply with the requirements of this chapter and ch. 256, Stats.

(2) Advertise and provide only those services it is authorized to provide under this subchapter.

(3) Designate a hospital that will provide day-to-day medical control.

(4) Designate the primary service area in which it will operate.

(5) Assure response to 9-1-1 emergency response requests 24 hours-a-day, 7 days-a-week, unless it is not licensed to do so. First responder services are exempt from this requirement but should assure every effort is made to respond to 9-1-1 requests.

(6) Meet the staffing requirements identified in s. 256. 15 (4), Stats., and s. DHS 110.50.

(7) If the emergency medical services provider is an ambulance service provider, submit a written report to the receiving hospital upon delivering a patient and a complete patient care report within 24 hours of patient delivery. A written report may be a complete patient care report or other documentation approved by the department and accepted by the receiving hospital. A non-transporting EMT service provider or first responder service provider shall hand a written report to the ambulance service provider at the time of the patient care transfer.

(8) If the emergency medical service provider is an ambulance service provider or non-transporting EMT service provider, submit patient care report data electronically to the department through WARDS using direct web-based input to WARDS or uploading patient care report data to WARDS within 7 days of the patient transport. If the emergency medical service provider is a first responder service provider, submit a patient care report to WARDS only if advanced skills are used in caring for the patient.

Note: An abbreviated first responder report is available in WARDS to eliminate duplicate entry and facilitate quick entry of this information. The WARDS system can be accessed via the internet at www.emswards.org.

(9) Comply with the data system guidelines published by the department.

(10) Maintain written mutual aid and coverage agreements with ambulance service providers operating within or adjacent to its primary service area.

(11) Designate and maintain affiliation with a regional trauma advisory council.

(12) Maintain a communication system that allows communication between medical control and EMS personnel and complies with the Wisconsin Emergency Medical Services Communications Plan.

(13) Designate and maintain affiliation with a training center to provide required training.

(14) Maintain a quality assurance program that provides continuing education and assures continuing competency of EMS personnel.

(15) If the emergency medical services provider is an ambulance service provider, maintain at least one ambulance vehicle in good operating condition as required under ch. TRANS 309.

(16) Refuse to respond to an interfacility transport request by a hospital for an emergency transfer that is dispatched through a 9-1-1 center, if not licensed to provide interfacility transports.

Note: Data system guidelines can be found on the department's website at www.dhs.wisconsin.gov/ems.

DHS 110.35 License and application requirements. To apply for a license as an ambulance service provider, a non-transporting EMT service provider, or a first responder service provider, a person shall do all of the following:

(1) FEASIBILITY STUDY. Complete a feasibility study and submit it to the department for approval. First responder service providers are not required to do a feasibility study.

(2) APPLICATION AND OPERATIONAL PLAN. Upon the department's approval of the feasibility study required under sub. (1), complete and submit an application and an operational plan to the department in the manner specified by the department. The operational plan and its addendums shall include all of the following:

(a) Signed patient care protocols approved by the service medical director.

(b) A formulary list of medications the emergency medical service provider will use.

(c) A list of the advanced skills and procedures the applicant intends to use to provide services within the Wisconsin scope of practice of the level of care for which licensure is sought.

(d) Proof of professional liability or medical malpractice insurance, and, if the emergency medical service provider is an ambulance service provider, proof of vehicle insurance.

(e) Operational policies for all of the following:

1. Response cancellation, describing how the emergency medical service provider will handle a cancellation of a response while en route to the scene.

2. Use of lights and sirens in responding to a call.

3. Dispatch and response, describing how EMS personnel are dispatched and how the emergency medical service provider acknowledges to the dispatcher that it is responding.

4. Refusal of care, describing the procedure for accepting a refusal of care from a patient.

5. Destination determination, describing how the transport destination of the patient is determined if the provider is an ambulance service provider.

6. Emergency vehicle operation and driver safety training.

(f) Written letters or other documentation of endorsement from the local hospital and government within the proposed primary service area, if the application is for licensure as a 9-1-1 ambulance service provider or non-transporting EMT service provider, whether the application is for initial licensure or a service level upgrade.

(3) DEPARTMENT DECISIONS ON APPLICATION. (a) *Complete application.* The department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(b) *Incomplete application*. When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application.. To be considered further by the department, the applicant shall meet the eligibility requirements and submit a new application as required under this subchapter.

DHS 110.36 Phase-in period; service level upgrades and downgrades. (1) A licensed ambulance service provider applying for licensure at a higher service level that can demonstrate hardship in attaining the higher level may request department approval of a phase-in period not to exceed 12 months. During a phase-in period, an ambulance service provider that is upgrading to a higher service level may provide emergency medical care at both the higher service level and its current service level without assuring a consistent level of care at the higher level 24 hours a day.

(2) An applicant for department approval of a phase-in period to upgrade its service level shall submit a license application, operational plan and addendums for the higher service level as specified under s. DHS 110.35 and all of the following:

(a) A detailed explanation of why the phase-in period is necessary, how the phase-in will be accomplished and the specific date, not to exceed 12 months from department approval, that full-time 24 hours-per day, 7 days-per-week service at the higher service level will be achieved.

(b) An explanation of how quality assurance will be maintained and skill proficiency will be evaluated.

(3) If the department approves a request to provide emergency medical care at a higher service level during a phase-in period, the department shall issue a provisional license for the duration of the phase-in period.

(4) During the phase-in period, the applicant shall meet all of the requirements under s. 256.15, Stats., this chapter, and the approved operational plan, except the requirement to provide 24-hour-per-day, 7-day-per-week staffing coverage at the higher service level.

(5) An emergency medical service provider that does not achieve full-time 24 hours-per-day, 7 days-per-week service within the approved 12 month phase-in period shall notify the department, cease providing service at the upgraded level, and revert back to its previous service level, unless the department approves an extension under sub. (6).

(6) An emergency medical service provider that does not achieve full-time 24 hours per day, 7 days-per-week service within the 12 month phase-in may request one extension for an additional 12 months if the request is made in writing to the department no less than 60 business days before the expiration of the phase-in period. A phase-in period shall not exceed a total of 24 months.

DHS 110.37 Service level downgrades. (1) An ambulance service provider or non-transporting EMT service provider may downgrade the level of its service only after department approval. The ambulance service provider or non-transporting EMT service provider shall submit a complete operational plan under s. DHS 110.35 (2), provide documentation from each community it serves that a public meeting was held at which the downgrade was an agenda item, and submit to the department a letter of support or understanding from each community it serves.

(2) An ambulance service provider may reduce the number of available ambulances for 9-1-1 emergency responses from the number identified in its operational plan if the ambulance service provider documents a hardship other than financial in an operational plan amendment and receives department approval.

DHS 110.38 Interfacility transports. In addition to the responsibilities under s. DHS 110.34, an ambulance service provider licensed to provide interfacility transports shall satisfy all of the following requirements:

(1) The ambulance service provider shall ensure that interfacility transports do not interfere with its responsibility to provide 9-1-1 emergency response in its primary service area, if it is also licensed as a 9-1-1 provider.

(2) The ambulance service provider shall assure proper staffing for interfacility transports based on the acuity of the patient, the orders of the sending physician and the staffing requirements in s. DHS 110.50.

(3) The ambulance service provider shall not use mutual aid agreements to cover its primary service area while providing interfacility transports.

(4) If the ambulance service provider is licensed as both a 9-1-1 provider and interfacility provider, the provider shall have a minimum of one ambulance for 9-1-1 emergency response and one ambulance for interfacility transports, unless the ambulance service provider has a coverage agreement with a neighboring ambulance service provider that will be able to provide one 9-1-1 ambulance for each primary service area.

DHS 110.39 Critical care and specialty care transports. In addition to the responsibilities under s. DHS 110.34, an ambulance service provider that provides critical care and specialty care transport services shall satisfy all of the following requirements:

(1) The ambulance service provider shall be licensed at the EMT-paramedic level.

(2) The ambulance service provider shall designate the specialty services it offers.

(3) The ambulance service provider shall identify a schedule for the availability of specialty care services, if it does not provide 24 hour-a-day, 7 day-a-week coverage.

(4) The ambulance service provider shall implement and maintain patient care protocols to be used by critical care paramedics, which follow the Wisconsin scope of practice for the critical care paramedic.

(5) The ambulance service provider shall staff an ambulance appropriately for the acuity of the patient as designated by the sending physician and in conformity to the staffing requirements in s. DHS 110.50.

(6) The ambulance service provider shall specifically identify the EMS personnel that are credentialed or part of the interfacility transport program.

(7) The ambulance service provider shall meet other requirements the department specifies.

DHS 110.40 Intercept service. In addition to the responsibilities under s. DHS 110.34, an ambulance service provider or non-transporting EMT service that provides intercept services is subject to all of the following requirements:

(1) The emergency medical service provider shall be licensed as a 9-1-1 emergency medical service provider.

(2) The emergency medical service provider intercept services shall not interfere with its responsibility to provide 9-1-1 emergency response within its primary service area.

(3) If providing intercept services in a 2 paramedic system, the ambulance service provider shall use 2 paramedics during transports, and, if 2 paramedics are not available, it shall operate at the next lower level of service.

(4) The intercept service shall identify a schedule for availability of intercept services, if the service does not provide 24 hour-a-day, 7 day-a-week coverage.

DHS 110.41 Air medical services. (1) In order to provide air medical service in Wisconsin, an ambulance service provider, including an ambulance service provider licensed in another state that makes more than 4 patient transports a year that originate and terminate in Wisconsin, shall be licensed under s. DHS 110.35, to provide air medical services and shall be nationally accredited for air medical transports by an entity approved by the department as follows:

(a) An ambulance service provider that was licensed by the department as an air medical service provider before July 1, 2010 shall obtain national accreditation for air medical transports by an entity approved by the department no later than July 1, 2015.

(b) Effective July 1, 2010, only ambulance service providers licensed at the paramedic level may be licensed as air medical services providers.

(2) An ambulance service provider licensed at the paramedic level and endorsed to provide air medical services that responds to 9-1-1 emergency response calls in its primary service area, shall provide 24-hour-a-day, 7days-a-week air medical service, except when limited in particular circumstances by safety or mechanical considerations.

(3) When an ambulance service provider receives a request for air medical services transport, the ambulance service provider shall notify the requesting agency of the estimated time of arrival at the scene of a medical emergency or the medical facility for an interfacility transport, and it shall immediately communicate any changes in estimated time of arrival to the requesting agency.

DHS 110.42 Tactical emergency medical services. An ambulance service provider or other agency shall obtain departmental approval before using licensed EMS personnel to provide tactical emergency medical services as follows:

(1) AMBULANCE SERVICES PROVIDERS. To obtain department approval to provide tactical emergency medical services, an ambulance service provider shall submit an application and operational plan as provided under s. DHS 110.35 (2).

(2) TACTICAL TEAMS. To obtain department approval, an agency shall do all of the following:

(a) Apply on a form obtained from the department.

(b) Submit patient care protocols for the emergency medical care the agency intends to provide.

(c) Submit an explanation of how the agency will interact with an ambulance service provider and maintain the initial level of patient care.

(d) Submit proof of medical liability insurance.

(e) Submit a written quality assurance and training plan for the EMS personnel that operate on the team.

Note: An application form may be obtained through the department's website at www.dhs.wisconsin.gov/ems . Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.43 Special units. If a licensed ambulance service owns, operates, and maintains special transport vehicles including, but not limited to, boats, ATV's , or snow mobiles the licensed ambulance service shall identify them in its application and operational plan as required under s. DHS 110.35 (2).

DHS 110.44 Special events. A licensed ambulance service provider or non-transporting EMT service shall obtain department approval before providing emergency medical services for special events outside its primary service area or that will require the provider to exceed its normal staffing and equipment levels within its primary service area. Events that occur on a regular basis may be included in the service operational plan and an update submitted in lieu of a complete plan. To obtain department approval, the ambulance service provider shall submit all of the following to the department not less than 14 business days before the event:

(1) Name of the ambulance service provider or non-transporting EMT service requesting approval.

(2) Contact information for the event manager, including how to contact the ambulance service provider during the event.

(3) Locations, dates, and times of the event.

(4) Name, address, phone numbers, and e-mail addresses for each service medical director who will oversee the medical services at the event.

(5) Name and contact information for the medical control facility.

(6) The types of EMS services that will be provided.

(7) The level of EMS service that will be provided.

(8) The ambulance staffing configurations and types.

(9) Whether the service will be "dedicated services" or "as available" based on resources.

(10) Description of on-site communications between the event manager, event staff, dispatch, and 9-1-1 dispatch.

(11) Explanation of how medical control will be contacted for on-site medical direction at the patient location.

(12) Any special patient care protocols for use at the event.

(13) Explanation of how EMS personnel will be notified and requested during the event.

(14) Explanation of how the ambulance service provider will integrate with the 9-1-1 system.

(15) Explanation of how a 9-1-1 request that is generated within the event by a participant or spectator will be handled.

(16) Identification of the service provider that will respond to a 9-1-1 call initiated from within the event.

(17) Documentation that the ambulance service provider for the primary service area in which the event is located has approved the ambulance service provider who is outside its service area to provide event coverage within its primary service area.

(18) Written assurance that adequate resources will be available.

(19) Written acknowledgement that the ambulance service provider requesting special event approval assumes all liability for ambulance coverage and response during the event.

(20) Copies of any agreement or contract for providing emergency medical services for the event.

Note: When submitting copies of the contracts or agreements the service may redact any compensation information.

(21) Other information as determined by the department

DHS 110.45. Department decisions on applications. (1) Except as provided in sub. (2), the department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) The department shall either approve the application and issue a license or deny the application within 90 business days after receiving a complete application for an emergency medical service provider license that requires department review of algorithm protocols, including an application for a change or update of any algorithm protocol. If the application for a license or algorithm protocol approval is denied, the department shall give the applicant reasons, in writing, for the denial and shall inform the applicant of the right to appeal that decision.

(3) The department's failure to deny an application within the time period established under sub. (1) or (2) does not constitute department approval of the license application. An applicant may not provide emergency medical services until the department has issued the applicant a license.

DHS 110.46 License duration. A license issued by the department to an emergency medical service provider is valid as long as the provider remains in continuous compliance with EMS-related federal and state statutes, this chapter, and the operational plan approved by the department, or until the provider notifies the department in writing that it intends to cease providing emergency medical services or the department suspends or revokes the license.

DHS 110.47 Required personnel and responsibilities. An emergency medical service provider shall have all of the following personnel:

(1) A service director qualified under s. DHS 110.48.

(2) A service medical director qualified under s. DHS 110.49.

(3) An infection control designee who is responsible for maintaining the infection control program and meeting Occupational Safety and Health Administration standards for blood borne pathogens and safety.

(4) A quality assurance designee who is responsible for managing patient-based quality improvement processes in collaboration with the service medical director.

(5) A training designee who is responsible for assisting the service medical director in assuring continued competency and facilitating the continuing education of the provider's EMS personnel.

(6) A data contact designee who is responsible for assuring that patient care report data is submitted to the department as required in this chapter.

(7) EMS professionals sufficient to meet the staffing requirements under s. DHS 110.50.

Note: These personnel do not have to be separate people. One person may hold several of these positions.

DHS 110.48 Service director. An emergency medical service provider shall have a service director who shall:

(1) Serve as the primary contact between the emergency medical service provider and the department.

(2) Assure that all elements of the operational plan are kept current.

(3) Assure that EMS personnel are properly licensed and credentialed.

(4) Provide day-to-day supervision of the ambulance service provider's operations.

DHS 110.49 Service medical director. An emergency medical service provider shall have a service medical director who meets all of the qualifications under sub. (1) and has all the responsibilities under sub. (2):

(1) QUALIFICATIONS. The service medical director shall meet all the following within 180 days from the date of his or her appointment:

(a) Licensure as a physician.

(b) Current certification in CPR for health care professionals and, if the medical director provides medical direction for an EMT-intermediate or EMT-paramedic emergency medical services provider, current certification in ACLS, unless the physician is certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

(c) Education, training and experience in emergency medicine.

(d) Familiarity with the design and operation of pre-hospital EMS systems.

(e) Experience or training in the EMS quality improvement process.

(f) Successful completion of the department's service medical director course.

(g) Any additional requirements prescribed by the department.

(2) RESPONSIBILITIES. The service medical director shall do all of the following:

(a) Prescribe patient care protocols under which the provider's EMS personnel treat

(b) Develop, review and approve in writing all patient care protocols that will be used by EMS personnel delivering patient care under the operational plan.

(c) Ensure that physicians providing on-line medical control do so in a manner consistent with the department approved patient care protocols.

(d) Ensure that all aspects of the emergency medical services are under medical supervision and direction at all times.

(e) Establish, participate in, and ensure the continuing implementation of a quality assurance program as part of a patient care improvement process.

(f) Approve, limit or withdraw credentials as provided under s. DHS 110.52.

(g) Maintain liaison with the medical community, including hospitals, emergency departments, urgent care clinics, physicians, nurses, and other healthcare providers.

(h) Work with regional, state and local EMS authorities to ensure that standards, needs and requirements are met and resource utilization is optimized.

(i) Maintain, through continuing education, current knowledge and skills appropriate for a service medical director.

(j) Approve, direct, and assist in providing training activities that assure EMS personnel are competent to provide safe and efficient patient care, based on the department approved patient care protocols.

DHS 110.50 EMS provider staffing requirements. (1) An emergency medical service provider shall satisfy the staffing requirements appropriate to the level of service for which it is licensed. Except as provided in sub. (2) or (3), an emergency medical service provider shall comply with the following requirements that are applicable to the provider's level of service:

(a) *EMT-basic ambulance*. An EMT-basic ambulance shall be staffed with at least two individuals who are licensed at the EMT-basic level or one licensed EMT-basic and one with an EMT-basic training permit. When staffed with a person that holds an EMT-basic training permit the licensed EMT-basic must be in the patient compartment during transport.

(b) *EMT-intermediate technician ambulance.* An EMT- intermediate technician ambulance shall be staffed with at least two individuals. One individual shall be licensed at the EMT-intermediate technician level and one individual licensed at or above the EMT-basic level. If a patient requires EMT-intermediate technicians skills, medications or equipment, the EMT-intermediate technicians shall remain with the patient at all times during care and transport of the patient.

(c) *EMT-intermediate ambulance.* An EMT- intermediate ambulance shall be staffed with at least two individuals. One individual shall be licensed at the EMT-intermediate level and one individual licensed at or above the EMT-basic level. If a patient requires EMT-intermediate skills, medications or equipment, the EMT-intermediate shall remain with the patient at all times during care and transport of the patient.

(d) *Paramedic ambulance*. 1. For an ambulance service provider licensed before January 1, 2000, the ambulance shall be staffed with two EMT-paramedics.

2. Except as provided in subd. 3., for an ambulance service provider licensed after January 1, 2000, the ambulance shall be staffed with at least one EMT-paramedic and one EMT at any level. If a patient requires patient care at the paramedic level, the paramedic shall remain with the patient at all times during care and transport of the patient.

3. For an ambulance service provider licensed at the paramedic level in the same primary service area in which paramedic service was or is provided by two EMT-paramedics, the ambulance shall be staffed with two EMT-paramedics.

4. A provider that uses a two paramedic system, in which paramedics respond separately from different locations, shall dispatch both EMT-paramedics immediately and simultaneously for all emergency response requests. A single paramedic performing in this staffing configuration may perform all the skills allowed in the scope of practice of the EMT-paramedic prior to the arrival of a second paramedic, as long as the arrival of the second paramedic is expected within a reasonable and prudent time based on the patient's condition. If only one EMT-paramedic responds, care shall

be provided within the next lower level scope of practice, and transport of the patient requires one EMT-paramedic and one additional EMT at any level. If 2 EMT-paramedics respond, after the patient has been assessed and stabilized, one EMT-paramedic may be released by patient care protocol or verbal order from a medical control physician. An ambulance service provider that responds with EMT−paramedics from two different locations, or that releases one EMT paramedic after assessment, shall identify in its operational plan what time frame is considered to be a timely response based on its resources and primary service area logistics.

(e) *Critical care ambulance*. A critical care level interfacility transport shall be staffed with at least one individual licensed and credentialed at the critical care paramedic level and one individual licensed and credentialed at any EMT level. If a patient requires critical care paramedic skills or medications, the critical care paramedic shall remain with the patient at all times during care and transport of the patient.

(f) *Non-transporting EMT*. A non-transporting EMT service provider shall staff the same as an ambulance service provider with the exception of the requirements relating to transporting of the patient.

(g) *First responder*. When a first responder service provider responds to a request for service at least one certified first responder shall respond.

(h) *Interfacility transfers*. Staffing for interfacility transfers shall be based on the needs of the patient as identified by the sending physician. A service may staff to any of the configurations in this subsection but may not exceed the level at which the service is licensed.

(2) A physician, physician assistant or a registered nurse may take the place of any EMT at any service level provided he or she is trained and competent in all skills, medications and equipment used by that level of EMT in the pre-hospital setting and provided he or she is approved by the service medical director. A physician assistant or registered nurse may not practice at a higher level of care than the level at which the service is licensed.

Note: To assist the service medical director in assuring competency, there are registered nurse to EMT-basic and registered nurse to paramedic transition courses available through the certified training centers. A physician, physician assistant, or registered who is not licensed as an EMS professional is operating under his or her physician, nurse or physician assistant license. Any conduct subject to enforcement action under subchapter V while operating as an EMS professional will be reported to the appropriate governing board and may affect the individual's physician, nurse or physician assistant license.

(3) An ambulance service provider may only deviate from the ambulance staffing requirements under sub. (1) if all 9-1-1 response ambulances are busy and the service has an approved reserve ambulance vehicle and one of the following conditions apply:

(a) An ambulance service provider may staff and operate reserve ambulances at a lower service level appropriate to the licensure level of the available staff if it obtains approval from the department. The reserve or back-up ambulance shall be stocked and equipped appropriately for the level of service provided. The ambulance service provider shall request approval through submission of an operational plan amendment.

(b) In a two paramedic system, if only one paramedic is available, the ambulance shall operate at the next lower EMT level.

DHS 110.51 Preceptors. (1) The service medical director shall designate those individuals who may serve as preceptors based on the director's determination that the individuals are qualified to act as preceptors for supervised field training. Only individuals who are designated by the service medical director may serve as preceptors for supervised field training. The service medical director shall withdraw an individual's designation if the director determines that the individual is no longer qualified or at the request of the department, the training center, or the individual.

(2) In order to serve as a preceptor for field training, an individual shall have all of the following qualifications:

(a) The individual shall be licensed as an EMT at or above the skill level of the training provided and shall have the knowledge and experience in using the skills, equipment and medications that are required by the scope of practice for the certification or licensure for which training is provided. A physician, registered nurse or physician assistant with training and experience in the pre-hospital emergency care of patients is deemed trained to the paramedic level.

(b) A preceptor shall have a minimum of two years pre-hospital patient care experience as a licensed, practicing EMT at or above the level of the training provided, or as a physician, registered nurse or physician assistant.

(c) A preceptor shall oversee and mentor students during supervised field training and shall complete the records required to document the field training.

(d) The ambulance service provider shall keep résumés and other documentation of the qualifications of those individuals designated as preceptors on file and shall make this documentation immediately available for review by the certified training center or the department.

DHS 110.52 EMS personnel credentialing. (1) In order to provide emergency medical care above the first aid scope of practice level, a first responder or EMT must first be credentialed with an emergency medical service provider with which the first responder or EMT will provide emergency medical care.

(2) An individual is credentialed when the medical director of an emergency medical services provider authorizes the individual to perform specified emergency medical care while in the service of the provider. Authorization is made through a local credentialing agreement form which is submitted by the individual in the manner specified by the department.

(3) The service medical director shall authorize any skills, equipment, or medications that the individual may use in the service of the provider, other than those that are within the first aid scope of practice. The service medical director may only authorize EMS personnel to perform skills, use equipment and administer medications that are within the scope of practice of the individual's certificate or license and within the scope of practice of the emergency medical service provider's license.

(4) A certified first responder or licensed EMT may be credentialed by more than one emergency medical service provider.

(5) An individual's credential remains in effect until the individual's service with the emergency medical services provider ceases, the service medical director withdraws the credential, or the department suspends or revokes the individual's license.

(6) The service medical director may withdraw an individual's credential if the individual has engaged in conduct that is dangerous or is detrimental to the health or safety of a patient or members of the general public, while acting under the authority of his or her certificate or license, or if the service medical director determines that individual needs remedial training to properly treat patients. If an individual's credential is withdrawn for remedial training, the service medical director and service director shall develop a course of remedial training for the individual with a timeline for completion and return to full service.

(7) An emergency medical service provider shall notify the department promptly if its service medical director withdraws an individual's credential.

(8) The termination or withdrawal of an individual's credential does not by itself affect the individual's certificate or license.

Note: Local credentialing agreement forms may be obtained electronically through the department's E-Licensing system available at www.dhs.wisconsin.gov/ems. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

DHS 110.525 Field training requirements. (1) An ambulance service provider may provide supervised field training of EMS personnel through its licensed staff who have been designated as preceptors by the provider's service medical director under s. DHS 110.51 (1).

(2) An ambulance service provider that provides supervised field training of EMS personnel shall have a written agreement with a certified training center that describes how the field training is provided and the responsibilities of the provider and the training center with respect to the field training. The agreement shall be signed by the training center's program director and the ambulance service provider's service director after consultation with both the training center medical director and the service medical director.

SUBCHAPTER V ENFORCEMENT

DHS 110.53 Authority to investigate (1) The department may conduct an investigation to determine whether there has been a violation of this chapter or ch. 256, Stats.

(2) An authorized employee or agent of the department, upon presentation of identification, shall be permitted to do all of the following:

a. Enter the offices of an emergency medical service provider or training center during business hours without advance notice or at any other reasonable prearranged time.

b. Inspect equipment and vehicles.

c. Inspect and reproduce records pertinent to the requirements of this chapter and ch. 256 Stats., including but not limited to administrative records, personnel records, ambulance run records, training records and vehicle records, whether the records are maintained in written, electronic or other form.

d. Interview persons.

e. Conduct other activities to determine whether a violation has occurred.

(3) Persons subject to this chapter shall cooperate with department employees or agents during an investigation. No person may do any of the following:

a. Refuse entry or access to an authorized employee or agent of the department to act under this section.

b. Refuse to provide original records to, or refuse to copy or permit the copying of records for an authorized employee or agent of the department.

c. Obstruct, hamper, or otherwise interfere with the actions of a department employee or agent under this subchapter.

DHS 110.54 Reasons for enforcement actions. The department may take any enforcement action under ss. DHS 110.55 to 110.58, which it determines is appropriate against a person subject to the requirements of this chapter and ss. 256.12 to 256.16. Stats., for any of the following reasons:

(1) The person is not eligible for a certificate, permit or license under this chapter or ss. 256.15 to 256.17, Stats.

(2) The person made a false statement on an application for, or otherwise obtained a permit, certificate or license through fraud or error.

(3) The licensing examination for the person was completed through error or fraud.

(4) The person violated any provision of ch. 256, Stats., or this chapter.

(5) The person violated an order of the department.

(6) The person violated a court order pertaining to emergency medical services.

(7) The person was disciplined as a first responder, EMT or other healthcare provider in Wisconsin or another state.

(8) The person's license or certification was revoked within the past two years.

(9) The person has an arrest or conviction history substantially related to the performance of duties as an EMS professional, as determined by the department.

(10) The person committed or permitted, aided or abetted the commission of an unlawful act that substantially relates to performance of EMS duties, as determined by the department.

(11) The person failed to report to the department or to the emergency medical service provider director or medical director a violation of the rules of this chapter by a licensee, certificate holder or permit holder.

Note: This provision does not require an emergency medical service provider to report treatment information in violation of the protection of the confidentiality of health care records under s. 146.82, Stats., or the privilege for confidential communication under s. 905.04, Stats.

(12) The person failed to cooperate with the department in an investigation or made a false statement during an investigation.

(13) The person failed to maintain certification in CPR for health care professionals by completing a course approved by the department and has performed as a first responder or EMT.

(14) The person practiced beyond the scope of practice for his or her license or certificate.

(15) The person practiced or attempted to practice when unable to do so with reasonable skill and safety.

(16) The person practiced or attempted to practice while impaired by alcohol or other drugs.

(17) The person engaged in conduct that was dangerous or detrimental to the health or safety of a patient or to members of the general public while performing as a first responder or EMT.

(18) The person administered, supplied, obtained or possessed any drug other than in the course of legitimate EMS practice or as otherwise permitted by law.

(19) The individual engaged in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

(20) The person abused a patient by any act of nonconsensual force, violence, harassment, deprivation, nonconsensual sexual contact or neglect.

(21) The person obtained or attempted to obtain anything of value from a patient for the benefit of self or a person other than the patient unless authorized by law.

(22) The person falsified or inappropriately altered patient care reports.

(23) The person revealed to another person not engaged in the care of the patient information about a patient's medical condition when release of the information was not authorized by the patient, authorized by law, or requested by the department in the investigation of complaints.

(24) The person failed or refused to provide emergency medical care to a patient because of the patient's race, color, sex, age, beliefs, national origin, handicap, medical condition, or sexual orientation.

(25) The person abandoned a patient.

(26) A person certified as a training center or EMS instructor failed to adhere to the requirements under ss. DHS 110.18 to 110.24.

(27) A person licensed as an emergency medical services provider failed to provide or maintain, when required, insurance coverage sufficient to protect EMS personnel in the performance of their duties for the provider.

(28) A person licensed as an emergency medical services provider violated any provision of its approved operational plan or took actions not authorized by the plan.

DHS 110.55 Warning letter. The department may issue a warning letter to a licensee, permit holder, or certificate holder if the department finds that the person has committed a minor, first-time violation of a requirement of this chapter or ch. 256, Stats., or a minor, first-time violation identified in s. DHS 110.54. The department shall retain a copy of the warning letter in the person's file and may consider it in determining what enforcement action is appropriate if the person commits subsequent violations. The department shall post a copy or a summary of the warning letter, which does not identify the recipient of the letter, on the department's EMS website. The department's issuance of a warning letter is a final decision of the department and is not subject to an administrative hearing.

DHS 110.56 Reprimand. The department may reprimand a licensee, permit holder, or certificate holder if the department finds that the person has violated a requirement of this chapter or ch. 256, Stats., or engaged in conduct described in s. DHS 110.54. A reprimand documents the department's finding that the permitee, certificate holder or licensee has violated a requirement of this chapter or ch. 256, Stats., or has engaged in conduct described in s. DHS 110.54. A reprimand may be in the form of a letter issued to the person who is the subject of the reprimand or a written stipulation between the person and the department. Before issuing a reprimand, the department shall give the person an opportunity to submit information relevant to the conduct the department believes constitutes a violation. The department shall retain a copy of the reprimand in the person's file and may consider the reprimand in determining what enforcement action is appropriate if the person commits subsequent violations. The department shall post the reprimand, identifying the violator and describing the violation, on the department's EMS website. The department's issuance of a reprimand is a final decision of the department and is not subject to an administrative hearing.

DHS 110.57 Summary suspension of a license, permit or certification. **(1)** The department may summarily suspend a license, permit, or certification if the department has probable cause to believe that the licensee, permit holder, or certificate holder has violated a provision of this chapter or ch. 256, Stats., has engaged in conduct described in s. DHS 110.54, or has engaged in or is likely to engage in other conduct, such that public health, safety or welfare imperatively requires emergency action. A summary suspension order is effective upon issuance, requires the immediate cessation of all activity authorized by the license, certification, or permit, and continues through the date of a final decision and order issued in an enforcement action based on the violation, unless the license, permit or certification is restored under sub. (4) (d).

(2) An order for summary suspension may be issued orally or in writing. If the order is issued orally, the department shall send written notice of the order to the person who is subject to the order within 48 hours after the issuance of the order. The department may serve a written order or notice of order by e-mail to the person's e-mail address on file with the department, or by regular

mail, certified mail or personal service delivered to the person's address on file with the department. Receipt of an order or notice sent by e-mail is presumed at the time of transmission. Receipt of an order or notice sent by regular mail is presumed within 5 days of the date the notice was mailed.

(3) The summary suspension order shall include all of the following:

(a) A finding that public health, safety or welfare imperatively requires emergency suspension of the license, permit, or certification.

(b) A statement that the suspension order is in effect and continues until the effective date of a final order and decision in an enforcement action against the person who is the subject of the order.

(c) Notification of the right under sub. (4) to request a hearing to show cause why the summary suspension order should not be continued.

(4) HEARING ON SUMMARY SUSPENSION ORDER. (a) A person subject to a summary suspension order may request a hearing to show cause why the summary suspension should not be continued by filing a written request for a hearing with the division of hearings and appeals, as provided under s. DHS 110.59, within 30 days after the date of the written order or notice of order.

(b) A hearing shall be held within 30 days of the date on which the hearing request is filed with the division of hearings and appeals, unless the person requests or agrees to a later time.

(c) The sole issue for hearing shall be whether the suspension shall remain in effect pending the conclusion of the department's investigation and any enforcement action based on the investigation.

(d) The hearing examiner shall issue a decision within 10 days after the hearing. If it is determined that summary suspension should not be continued, the license, certification, or permit shall be immediately restored.

(5) The department shall commence and prosecute an enforcement action under s. DHS 110.58 with reasonable promptness and without undue delay in light of all the circumstances of the case and the time required to complete an appropriate investigation into all the facts of the case and determine the proper enforcement action.

DHS 110.58 Denial, refusal to renew, conditional issuance, issuance with limitation, suspension, revocation. (1). The department may deny, refuse to renew, limit, condition, suspend or revoke a license, permit, or certification, for any reason under s. DHS 110.54, if the department gives written notice of the reasons for the proposed action and the right to a hearing to appeal the action under s. DHS 110.59

(2) The department may limit the actions a person would otherwise be authorized to perform under a certification, permit or license by issuing an order to an emergency medical services provider or to an individual emergency medical services professional and to the emergency medical

service provider with whom the individual is credentialed. An order limiting a certification or license takes effect immediately upon issuance.

(3) The department may condition the issuance or continuance of a certification, permit, or license upon the satisfactory compliance by the person holding the certificate, permit or license of specified requirements. A conditional permit, certification or license is effective upon issuance.

(4) The department's denial of an application for an initial permit, certification or license is effective upon issuance.

(5) A refusal to renew in response to a timely and sufficient application for renewal, a suspension or a revocation of a permit, certification, or license is effective 30 days after issuance of the department's order, unless the department summarily suspends the permit, certification or license, or the permitee, certificate holder, or licensee files a timely appeal of the department's action. If the department does not issue a summary suspension order and a timely appeal is filed, the department's action is not effective unless and until a final administrative decision authorizing the action is issued.

(6) A revocation shall be for a minimum of two years.

(7) If the department denies an application, the person may not apply again for one year.

(8) The department may enter into an agreement with the person who is the subject of an enforcement action that stipulates the terms and conditions of the enforcement action.

DHS 110.59 Appeals. (1) RIGHT TO APPEAL. An enforcement action taken by the department under s. DHS 110.57 or 110.58 is subject to review under ch. 227, Stats. To request a hearing under ch. 227, Stats., an aggrieved person shall submit a written request to the department of administration's division of hearings and appeals within 30 calendar days after the date of the department's action.

(2) APPEAL PROCESS. (a) *Filing date.* A request for hearing that is mailed to the division of hearings and appeals shall be considered filed with the division on the date of the postmark. A request for a hearing that is hand-delivered to the division of hearings and appeals shall be considered filed on the date the request is received by the division of hearings and appeals. A request for a hearing that is transmitted by facsimile to the division of hearings and appeals shall be considered filed on the date and at the time imprinted by the division's facsimile machine on the transaction report that accompanies the document. Documents received by facsimile after midnight local time shall be deemed filed on the first following business day.

(b) *Content of appeal*. Appeals shall contain the following information:

1. The name and address of the person requesting the hearing.

2. A description of the action that is being contested and a copy of the department's order or notice of action.

3. A concise statement of the reasons for objecting to the action.

4. The type of relief requested.

5. A request for hearing.

(c) *Service on department.* The person requesting a hearing shall submit a copy of the hearing request to the department the same day the request is filed with the division of hearings and appeals.

(3) ADMINISTRATIVE HEARING. The division of hearings and appeals shall conduct an administrative hearing under s. 227.42, Stats. and ch. HA 1. Except as provided under s. DHS 110.57 (4), a hearing shall be held with reasonable promptness and without undue delay in light of all the circumstances of the case, including the seriousness of the alleged violation and the time required for the department to complete an appropriate investigation into all the facts of the case and determine the proper enforcement action. The division shall give at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 30 days of the hearing.

Note. A mailing address of the Division of Hearings and Appeals is 5005 University Ave., Suite 201, Madison, WI 53705-5400. The division's fax number is 608-264-9885. A copy of the request shall be submitted to the department at 1 West Wilson St., Room, P.O. Box 2659, Madison WI 53701-2659 or faxed to 608-261-6392.

SECTION 3. EFFECTIVE DATE: This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register, as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health Services

Dated: October 15, 2010

_____

Karen E Timberlake, Department Secretary

SEAL: