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Chapter HFS 112

LICENSING OF EMERGENCY MEDICAL TECHNICIANS−PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIAN−PARAMEDIC OPERATIONAL PLANS

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Note: Chapter H 21 was repealed and recreated as Ch. HSS 112, by emergency rule effective July 1, 1990. Chapter H 21 as it existed on January 31, 1991 was repealed and a new chapter HSS 112 was created effective February, 1991. Ch. HSS 112 as it existed on August 31, 1996 was repealed and a new chapter HFS 112 was created effective September 1, 1996. Chapter HFS 112 as it existed on November 30, 2001 was repealed and a new Chapter HFS 112 was created effective December 1, 2001.

HFS 112.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (4) (c), (5) (b), (6) (b) 2. and (13) and 250.04 (7), Stats., to protect members of the public who require emergency medical care in prehospital or interfacility settings by establishing standards for licensing emergency medical technicians−paramedic (EMTs−paramedic) and for approving county, city, town, village and hospital emergency medical service plans that propose to use EMTs−paramedic to deliver emergency medical care.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01.

HFS 112.02 Applicability. This chapter applies to any person who applies for or holds an EMT−paramedic license or training permit; to any organization applying for certification or certified to offer EMT−paramedic training; and to any county, city, town, village, hospital or ambulance service provider, or any combination of these, wanting to use or using EMTs−paramedic to deliver emergency medical care.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01.

HFS 112.03 Definitions. In this chapter:

(1) "Advanced life support" or "ALS" means use, by appropriately trained and licensed personnel, in prehospital and interfacility emergency care and transportation of patients, of the medical knowledge, skills and techniques included in the department−approved training required for licensure of emergency medical technicians−intermediate under ch. HFS 111 or emergency medical technicians−paramedic under this chapter and which are not included in basic life support.

(2) "Ambulance" has the meaning specified in s. 146.50 (1) (am), Stats., namely, 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.

(3) "Ambulance service" has the meaning specified in s. 146.55 (1) (a), Stats., namely, the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(4) "Ambulance service provider," "ambulance provider" or "provider" has the meaning specified in s. 146.50 (1) (c), Stats., namely, a person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(5) "Basic life support" or "BLS" means emergency medical care that is rendered to a sick, disabled or injured individual, based on signs, symptoms or complaints, prior to the individual's hospitalization or while transporting the individual between health care facilities and that is limited to use of the knowledge, skills and techniques received from training under s. 146.50, Stats., and ch. HFS 110 as a condition for being issued an EMT−basic license.

(6) "Biennial licensing period" means the 2−year period beginning July 1 of even−numbered years.

(7) "Cardiopulmonary resuscitation" or "CPR" means a procedure employed after cardiac arrest in which cardiac massage and artificial ventilation are used in an attempt to restore breathing and circulation.

(8) "Certified training center" means any organization, including a medical or educational institution, approved by the department under s. HFS 112.06 (1) to conduct EMT−paramedic training.

(9) "Clinical training" means training received in a hospital or health care facility.

(10) "Department" means the Wisconsin department of health and family services.

(11) "EMT−paramedic" or "emergency medical technician−paramedic" means a person who is licensed under s. 146.50, Stats., and this chapter to perform the functions specified in this chapter relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the handling and transporting of sick, disabled or injured persons.

(12) "EMT−paramedic instructor−coordinator" 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, who meets or exceeds the requirements identified under s. HFS 112.06 (2) and who is the lead instructor for an approved course.

(13) "EMT−paramedic operational plan" means the plan required under s. 146.55 (2) (a), Stats., for training and using EMTs−paramedic to deliver emergency medical care in a specified primary service area.

(14) "EMT−paramedic refresher training" means training required for EMTs−paramedic under s. HFS 112.04 (5) (f) 1. as a condition for license renewal.

(15) "EMT−paramedic training course" means a training course approved by the department under s. HFS 112.06 (2) that consists of classroom, clinical and supervised field training and experience to qualify an individual for examination and an EMT−paramedic license.

(16) "First−in emergency medical care" means the ambulance that is the primary responder to a geographic area.

(17) "First responder" means a person who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency care to a sick, disabled or injured individual prior to the arrival of an ambulance, but who does not provide transportation for a patient.

(18) "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.

(19) "Interfacility transport" means scheduled or prearranged transportation and non−emergent care of a patient between health care facilities. Interfacility transports may include emergency transports between health care facilities based on local protocol.

(20) "Medical control" means direction, through oral orders or a department−approved protocol, supervision and quality control by the medical director or by a physician designated by the medical director, of the activities of an EMT−paramedic performing paramedic skills in the pre−hospital setting or during interfacility transport of a patient.

(21) "Medical control hospital" means an acute care hospital named in an approved plan as the hospital or one of the hospitals with a physician on call 24−hours−per−day and 7−days−per−week to furnish medical information and direction to EMTs by direct voice contact.

(22) "Medical director" means the physician who is designated in an EMT operational plan to be responsible for all of the following off−line medical direction activities:

(a) Controlling, directing and supervising all phases of the emergency medical services program operated under the plan and the EMTs performing under the plan.

(b) Establishing standard operating protocols for EMTs performing under the plan.

(c) Coordinating and supervising evaluation activities carried out under the plan.

(d) Designating on−line medical control physicians, if the physicians are to be used in implementing the emergency medical services program.

(23) "Mutual aid and back−up agreements" means assistance from nearby ambulance providers for care when the primary ambulance service is unable to respond.

(24) "National Standard Curriculum for Training EMTs−Paramedic" or "National Standard Curriculum" means the Emergency Medical Technician−Paramedic: National Standard Curriculum, 1999 edition, published by the national highway traffic safety administration of the U.S. department of transportation.

Note: The U.S. Department of Transportation National Highway Traffic Safety Administration's National Standard Curriculum for Training EMTs−Paramedic may be consulted at the offices of the Department's Bureau of Emergency Medical Services and Injury Prevention or at the Secretary of State's Office or the Legislative Reference Bureau. The curriculum may be purchased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250−7954.

(25) "Off−line medical direction" means medical direction that does not involve voice communication provided to EMTs providing direct patient care.

(26) "On−line" means medical direction that involves voice communication provided to EMTs.

(27) "On−line medical control physician" means a physician who is designated by the medical director to provide voice communicated medical direction to EMT−paramedic personnel and to assume responsibility for the care provided by EMT−paramedic personnel in response to that direction.

(28) "Patient care setting" means a place where direct patient care is performed and includes clinical and supervised field experience.

(29) "Person" has the meaning specified in s. 146.50 (1) (L), Stats.

(30) "Physician" means a person licensed under ch. 448, Stats., to practice medicine and surgery.

(31) "Physician assistant" means a person licensed under ch. 448, Stats., to perform as a physician assistant.

(32) "Preceptor" means an individual licensed as an EMT−paramedic, a physician, a registered nurse or a physician assistant and who meets the requirements listed in s. HFS 112.06 (1) (c) 5. and who provides supervision of clinical or field experiences for individuals with an EMT−paramedic training permit.

(33) "Prehospital setting" means a location at which emergency medical care is administered to a patient before the patient's arrival at a hospital.

(34) "Primary service area" means the geographical area in which an ambulance service provides first−in emergency medical care under contract or formal agreement with a local government and that is described in the operational plan required under s. HFS 112.07. "Primary service area" does not include areas that the provider serves through mutual aid agreements or back−up arrangements.

(35) "Protocol" means a written statement signed and dated by the medical director and approved by the department that lists and describes the steps an EMT−paramedic is to follow in assessing and treating a patient.

(35m) "Regional trauma advisory council" means an organized group of healthcare entities and other concerned individuals who have an interest in organizing and improving trauma care within a specified geographic region approved by the department.

(36) "Registered nurse" means a person who is licensed as a registered nurse under ch. 441, Stats.

(37) "Reprimand" means to publicly warn the holder of a license, certification or permit.

(38) "Restricted" means a determination by the medical director that an EMT−paramedic may not perform some or all of the skills that require medical director authorization.

(39) "Run" means a response by an ambulance to transport a patient.

(40) "Scope of practice statement for interfacility transfers" means the department−approved guidelines that detail the equipment and staffing required for various levels of patient care during interfacility transfers.

(41) "Supervised field training" means training received on an ambulance.

(42) "Training center medical director" means the physician who is responsible for medical coordination, direction and conduct of an EMT−paramedic training program.

(43) "Wisconsin Revision of the National Standard Paramedic Curriculum" means the curriculum based on the National Standard Curriculum for Training EMTs−Paramedic with adaptations approved by the department.

Note: To obtain a copy of the curriculum, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01; correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register September 2002 No. 561; **CR 04−055: cr. (35m) Register December 2004 No. 588, eff. 1−1−05**.

HFS 112.04 Licensing of EMTs−paramedic. (1) APPLICATION. An individual requesting a license to act as an EMT−paramedic shall comply with all of the following:

(a) Apply on the current application form available from the department. An individual who will be affiliated with more than one ambulance service shall complete an application form for each ambulance service.

(b) Be at least 18 years of age.

(c) Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

(d) Present documentation of successful completion of an EMT−paramedic training course approved under s. HFS 112.06 (3) within 24 months prior to application, or equivalent training acceptable to the department. In this paragraph, "equivalent training" means training in all areas listed under s. HFS 112.06 (3). Documentation shall include verification of completion of classroom, clinical and field experiences. The training shall include training for responding to acts of terrorism.

(e) Present documentation of current training in advanced cardiac life support that meets the standards for certification established by the American heart association.

(f) Present documentation of passing a department− approved examination under s. 146.50 (6) (a) 3., Stats., taken after successful completion of EMT−paramedic training.

(g) If not currently licensed as a Wisconsin EMT at any level, present documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. Curriculum approval for CPR courses is based on criteria for content, instructor qualifications, student−instructor ratios, and the course evaluation process as described in the EMS Systems and Licensing Section's Policy and Procedure Manual. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

Note: A copy of the EMS Systems and Licensing Section's Policy and Procedure Manual is available without charge from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

(h) If affiliated with an EMT−paramedic ambulance service, present a signed statement from the medical director certifying acceptance of the applicant in the EMT−paramedic program and endorsing the application.

(i) Provide any additional information requested by the department during its review of the application.

Note: For a copy of the application form for issuance of an EMT license, write EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or download the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

(2) EXAMINATION. (a) The examination for an EMT−paramedic license shall be administered by the department or a designee of the department at a time and place fixed by the department. The examination shall be based on the content of the Wisconsin Revision of the National Standard Paramedic Curriculum.

(b) An individual who fails to pass the examination may request reexamination and may be reexamined after 30 calendar days have passed since the original examination. An individual who fails to achieve a passing grade on the reexamination may not be admitted for further examination until presenting documentation of successful completion of a formal EMT−paramedic refresher training program acceptable to the department. An individual who fails to achieve a passing grade on the third examination shall repeat the entire EMT−paramedic training program in order to reapply to take an examination.

(3) ACTION BY THE DEPARTMENT. Within 60 business days after receiving a complete application for an EMT−paramedic license, the department shall either approve the application and issue the license or deny the application. If the application for a license 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 under s. HFS 112.08 (5). In this subsection, "complete application" means a completed application form and documentation that the requirements of sub. (1) (b) to (i) are met.

(4) AUTHORIZED ACTIONS OF EMTS−PARAMEDIC. An emergency medical technician−paramedic may perform only the following actions:

(a) Administration of basic life support in accordance with skills and medications covered in the National Standard Curriculum for Training EMTs−Basic as defined in s. HFS 110.03 (31) and any additional skills authorized by the medical director and approved by the department.

(b) Administration of the following advanced skills if the EMT−paramedic is affiliated with an EMT−paramedic ambulance service operating under a department−approved plan and is authorized to administer those skills by the medical director:

1. Administration of advanced life support in accordance with skills and medications covered in the Wisconsin Revision of the National Standard Paramedic Curriculum.

2. Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats.

3. Administration of any of the following skills:

a. Advanced airways.

b. Pulse oximetry.

c. External pacing.

d. 12 lead ECG.

e. Insertion of IVs for administration of fluids, medications and drawing of blood.

f. IV infusion pumps.

g. Intraosseous infusions.

h. Medication administration via ET tube.

i. Medication administration via nebulizer.

j. Sublingual medication administration.

k. Rectal medication administration.

L. Parenteral medication administration.

m. Insertion of nasogastric tube.

n. Positive end expiratory pressure.

o. Use of peak flow meter.

p. Use of end−tidal carbon dioxide detector.

q. Transtracheal ventilation.

r. Blood glucose analysis.

s. Eye irrigation.

t. Carotid sinus massage.

u. ECG telemetry.

v. Use of automatic BP cuffs.

w. Pericardiocentesis.

x. Treatment of tension pneumothorax.

y. Cardioversion.

z. Cricothyrotomy.

za. Use of ventilators.

zb. Tracheostomy care.

Note: Non−affiliated EMTs−paramedic may not perform any advanced skills because they are not affiliated with an approved ambulance service provider and therefore do not have medical direction.

(c) Handle and transport sick, disabled or injured individuals.

(5) RENEWAL OF A LICENSE. (a) *Notice of renewal.* The department shall send an application form for biennial renewal of a license to the last address shown for the licensee in the department's records. Failure to receive notification does not relieve the licensee of the responsibility to maintain a current license.

(b) *Requirements for renewal.* To renew an EMT−paramedic license, a licensee shall, by June 30 of the even−numbered year following initial licensing and every 2 years thereafter, submit to the department all of the following:

1. An application for renewal on a form prescribed by the department.

2. Documentation of certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

3. Documentation that the licensee has, during the biennial licensing period immediately preceding the license application date, successfully completed the continuing training requirements specified under par. (f) 1.

4. If affiliated with a paramedic ambulance service provider, a statement from the medical director of the approved EMT−paramedic program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support as defined in s. 146.50 (1) (d), Stats., and is authorized by the med-

ical director of the EMT−paramedic program in which the licensee functions to use those skills.

5. Any other documentation that the department deems necessary to prove eligibility for a license, including that specified in s. HFS 112.04 (1) (d).

(c) *Failure to submit materials by license expiration date.* A licensee who fails to submit the materials described in par. (b) by the license expiration date may not represent himself or herself as, function as or perform the duties of a licensed EMT−paramedic after the date of license expiration.

(d) *Late renewal.* 1. During the first year following license expiration, a license shall be renewed if the licensee submits to the department all of the following:

a. An application for renewal on a form prescribed by the department.

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

c. Documentation that the licensee has, within the 24 months immediately preceding the license expiration date, successfully completed the continuing training requirements specified under par. (f) 1.

d. If affiliated with a paramedic ambulance service provider, a signed statement from the medical director of the approved EMT−paramedic operational program attesting to the fact that the licensee retains proficiency in basic life support as defined in s. 146.50 (1) (d), Stats., and EMT−paramedic skills and is authorized by the medical director of the EMT−paramedic program in which the licensee functions to use those skills.

e. Documentation that the licensee meets any additional eligibility requirements for licensure specified in s. 146.50, Stats., or this chapter.

2. Granting of late renewal under this paragraph does not exempt the licensee from the responsibility to complete the refresher training required under par. (f) 1. within the biennial licensing period for which the renewal license is issued in order to qualify for renewal on the next renewal date.

(e) *Reinstatement of expired license.* 1. A license that has been expired for more than one year but less than 3 years shall be reinstated if the applicant submits to the department all of the following:

a. A reinstatement application on a form provided by the department.

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

c. Documentation that the applicant has, within the 24 months immediately preceding application, successfully completed the refresher training requirements specified under par. (f) 1.

d. If affiliated with a paramedic ambulance service provider, a signed statement from the medical director of the approved EMT−paramedic program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support and in EMT−paramedic skills and is authorized to use those skills by the medical director of the EMT−paramedic program in which the licensee functions.

e. Documentation that the licensee has successfully completed a written examination approved by the department following successful completion of the continuing training required under par. (f) 1.

f. Documentation that the licensee meets any additional eligibility requirements for a license specified in s. 146.50, Stats., or this chapter.

2. Being granted reinstatement of a license under this paragraph does not exempt the licensee from the responsibility to complete the continuing training requirements specified under par. (f) 1. within the biennial licensing period for which the reinstated license is issued in order to qualify for renewal on the next renewal date.

3. A license that has been expired for 3 or more years shall be reinstated only if the applicant has successfully completed the training and examination requirements for the initial EMT−paramedic license within the 24 months immediately preceding application for reinstatement.

(f) *Refresher training requirements.* 1. To be eligible for renewal of an EMT−paramedic license, the licensee shall, during the biennial licensing period when the license is in effect, successfully complete all of the following:

a. Instruction, once during the biennium, in advanced cardiac life support that meets the standards for certification established by the American heart association.

b. An additional 48 hours of training provided by a certified training center, or if affiliated with a paramedic ambulance service provider, a signed statement from the medical director of the approved EMT−paramedic program in which the licensee functions that the licensee has completed 48 hours of training. The training shall be based on and include the knowledge and skills objectives contained in the Wisconsin Revision of the National Standard Paramedic Curriculum, as approved by the medical director and the department.

2. A licensee who submits evidence of having successfully completed, within the 24 months immediately preceding the license renewal date, an EMT paramedic training course, including the knowledge and skills objectives of the National Standard Curriculum for Training EMTs–Paramedic, as approved by the department, including training for response to acts of terrorism, shall be considered to have met the requirement of subd. 1. b. Completion of an NT100 terrorism and hazardous materials awareness training course that meets the requirement for training for response to acts of terrorism. Course material for training for response to acts of terrorism shall be included in all initial and refresher EMT courses beginning January 1, 2003 and shall also be available as a stand−alone course module for EMTs who received training before January 2003. After June 30, 2004, the required refresher training for acts of terrorism shall no longer be the full NT100 terrorism and hazardous materials awareness training course. Prior to June 30, 2004, the ongoing training requirement shall be determined by the department, in consultation with the EMS advisory board and the Wisconsin technical college system board. The department shall disseminate information on the ongoing training requirement to ambulance providers and training centers and offer multiple training methods.

(g) *Granting of emergency medical technician−basic or intermediate license.* A licensee who does not renew an EMT−paramedic license may become licensed as an emergency medical technician−basic or emergency medical technician−intermediate if, prior to expiration of the EMT−paramedic license, the licensee does all of the following:

1. Completes all refresher training required for the license sought or completes all refresher training required for renewal of an EMT−paramedic license.

2. Files an application for renewal of the license sought that meets the requirements specified in s. 146.50, Stats., and s. HFS 110.05 (5) or 111.04 (5), as appropriate.

Note: Copies of the form required to apply for issuance or renewal of an EMT−paramedic license are available without charge from the EMS Systems and Licensing

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Section, Division of Public Health, P.O. Box 2659 Madison, WI 53701−2659 or download the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01; CR 02−155: am. (1) (d) and (5) (f) 2. Register September 2003 No. 573, eff. 10−1−03.

HFS 112.05 EMT−paramedic training permits. (1) APPLICATION. An individual requesting an EMT−paramedic training permit shall comply with all of the following:

(a) Apply on a form provided by the department.

(b) Hold a valid EMT license issued by the department or document equivalent training that, at a minimum, meets the National Standard Curriculum for Training EMTs−Basic as defined in s. HFS 110.03 (31).

(c) Be at least 18 years of age.

(d) Subject to ss. 111.321, 111.322, 111.335 and 146.50 (6), Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department.

(e) Present documentation of enrollment in department−approved EMT−paramedic training as evidenced by the course registration list.

(f) Provide any additional information requested by the department during its review of the application.

(2) ACTION BY THE DEPARTMENT. Within 40 business days after receiving a complete application for an EMT−paramedic training permit, the department shall either approve the application and issue the permit or deny the application. If the application for a permit 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 under s. HFS 112.08 (5). In this subsection, "complete application" means a completed application form and documentation that the requirements of sub. (1) (b) to (f) are met.

(3) RESTRICTIONS. (a) An individual holding an EMT−paramedic training permit may perform the actions authorized for an EMT−paramedic only if the medical director or a preceptor designated by the medical director or training center medical director is present and giving direction.

(b) An individual holding an EMT−paramedic training permit is not considered licensed as an EMT−paramedic for purposes of s. HFS 112.07 (2) (u).

(4) DURATION OF PERMIT. (a) An EMT−paramedic training permit shall be valid for 2 years and may be renewed for one additional year by application made on a form provided by the department and with verification acceptable to the department that the individual is satisfactorily participating in an approved EMT−paramedic training course.

(b) An EMT−paramedic training permit that has been in force for 36 months shall expire regardless of the individual's enrollment in an EMT−paramedic training course and may not be further extended or renewed.

Note: Copies of the form required to apply for issuance or renewal of an EMT−paramedic training permit are available without charge from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or download the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01.

HFS 112.06 EMT−paramedic training. (1) TRAINING CENTER CERTIFICATION. (a) EMT−paramedic training shall be provided by training centers certified by the department under this subsection.

(b) Any organization may apply to the department for certification to provide EMT−paramedic training courses.

(c) Application for training center certification shall be made by letter addressed to the department that includes or attaches all of the following:

1. A description of the capabilities of the organization to train EMTs–paramedic in the provision of emergency medical care in pre–hospital, interfacility and hospital settings. The training shall include training covered in the National Standard Curriculum for Training EMTs–Paramedic and training for response to acts of terrorism, and may include additional training approved by the department.

2. A commitment, signed by a training center representative, to provide EMT−paramedic training in accordance with the National Standard Curriculum for Training EMTs−Paramedic and to comply with relevant requirements of s. 146.50, Stats., and with this chapter.

3. A commitment, signed by a training center representative, to retain documentation of attendance, clinical and field competencies and examination scores for 5 years for each EMT enrolled in a course. The training center shall make the documentation available to the department for review upon request.

Note: The purpose of the documentation requirement is to verify meeting Department standards and may be different than the documentation requirements of the Wisconsin Technical College System Board or governing body for the training center. Training centers should check record retention requirements with their parent organization.

4. Identification and documentation of the qualifications of the Wisconsin−licensed physician who will function as medical director of the training center, with responsibility for medical coordination, direction and conduct of the EMT−paramedic training program. The medical director of the EMT−paramedic operational plan program may serve also as the training center medical director. Materials submitted shall include all of the following:

a. A signed commitment by the training center medical director to accept the responsibilities of serving as training center medical director.

b. Copies of the training center medical director's resume and Wisconsin physician license.

5. Identification and qualifications of the person who will function as lead EMT−paramedic instructor−coordinator for EMT−paramedic training with specifications of that person's responsibilities, including a copy of that person's resume.

6. Identification and a listing of the qualifications of each person who will function as preceptor of EMT−paramedic field training, with specifications of that person's responsibilities. A copy of the preceptor's resume shall be kept on on file at the training center and made available to the department upon request. The preceptor shall comply with all of the following:

a. Be licensed to at least the EMT−paramedic level, with knowledge of and experience in using EMT−paramedic skills in the emergency setting. Physicians, registered nurses and physician assistants, with training and experience in the pre−hospital emergency care of patients, shall be considered to be trained to at least the EMT−paramedic level.

b. Have a minimum of 2 years full−time experience as a licensed practicing EMT−paramedic or equivalent as determined by the department and be designated by the service medical director.

c. Present documentation of current training in advanced cardiac life support (ACLS) that meets the standards for certification established by the American heart association.

d. Have responsibility for completing records of the field training of EMT−paramedic students and forwarding them to the training center.

7. Documentation that field training will be provided by a Wisconsin licensed EMT−paramedic ambulance provider or providers as evidenced by the signatures of the training center representative, training center medical director and the medical director and operator for all ambulance service providers agreeing to provide supervised field training. A copy of the signed agreement shall be kept on file at the training center and made available to the department upon request.

8. Provision of a description of how the training center will evaluate the training program and the instructors, and how often that evaluation will occur.

Note: An application for certification of an EMT−paramedic training center should be sent to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

(d) Within 60 business days after receiving a complete application for certification of an EMT−paramedic training center, the department shall either approve the application and issue the certification or deny the application. If the application 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 under s. HFS 112.08 (5).

(e) No person may provide EMT−paramedic training until the department has certified the training center under par. (d).

(2) EMT− PARAMEDIC INSTRUCTOR− COORDINATOR CERTIFICATION. (a) The department, under this subsection, shall certify EMT−paramedic instructor−coordinators. To be certified, an EMT−paramedic− instructor coordinator shall comply with all of the following:

1. Be licensed as an EMT−paramedic.

2. Have a minimum of 2 years full−time experience as a licensed practicing EMT−paramedic or equivalent critical care experience as determined by the department.

3. Have a minimum of 150 hours of prior teaching experience at the EMT−paramedic level or above.

4. Have current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.

Note: A full list of approved CPR organizations is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or calling 608−266−1568.

5. Have current certification as an instructor in advanced cardiac life support by the American heart association.

6. Be designated by the training center medical director.

7. Have overall responsibility for day−to−day coordination and administration of all aspects of the training course and maintain all course records for at least 5 years.

8. Have successfully completed an EMS instructor−coordinator orientation workshop conducted by the department and the Wisconsin technical college system board.

Note: Information on the instructor−coordinator workshop is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or calling 608−266−1568.

9. Be approved as an EMT−paramedic instructor−coordinator by the department or, if employed by the Wisconsin technical college system board, be jointly approved by the department and the Wisconsin technical college system board.

(b) Certification shall be valid for 2 years and shall be renewed at the end of that period if the necessary requirements for renewal have been met.

(c) Licensure as an EMT−paramedic, certification as a CPR instructor, ACLS instructor, and as an EMT−basic instructor−coordinator shall be kept current for maintenance of certification.

(d) To renew certification as an EMT−paramedic instructor−coordinator, an instructor−coordinator shall submit to the department all of the following:

1. Documentation of current licensure as a Wisconsin EMT−paramedic.

2. Documentation of current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.

3. Documentation of current certification as an instructor in advanced cardiac life support by the American heart association.

4. Documentation of continued employment or affiliation with an approved EMT−paramedic training center.

(3) TRAINING COURSE APPROVAL. (a) Each EMT−paramedic training course offered by a training center certified under sub. (1) is subject to approval by the department under this subsection.

(b) Application for initial course approval shall be made by submitting to the department all of the following:

1. A statement that, at a minimum, all the items included in the Wisconsin Revision of the National Standard Paramedic Curriculum will be included in the EMT−paramedic training course, and identification of the number of hours that will be devoted to classroom training, clinical training and supervised field experience. If a copy of the course curriculum is submitted, it shall include all of the following:

a. Content and behavioral objectives of the course, including classroom, clinical and supervised field experience phases of training.

Note: A copy of the Wisconsin Revision of the National Standard Paramedic Curriculum is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or calling 608−266−1568 or by downloading the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

b. The specific skills and drugs to be covered.

c. Hours of instruction for each phase of training.

2. A description of training program operations, including all of the following:

a. A statement of how students will be screened for acceptance into the training program.

b. Training and experience prerequisites for the course.

c. The location of classroom training, how the training will be conducted and the names and qualifications of instructors available to present each topic.

d. The location of the clinical experience and how the clinical experience will be conducted, the emergency care and training capabilities of the hospital or hospitals, the clinical areas available for hands−on experience and observation for all skills specified in the curriculum to involve hands−on training, the identity and qualifications of the person supervising students' clinical experience and agreement to keep records of student participation using a copy of the form prescribed by the department in documenting the clinical experience that a student received.

e. How the supervised field experience will be conducted, the content of the field experience, and the qualifications of the person who will supervise the field experience, who may be a physician, a registered nurse, a physician assistant or, if approved in writing by the training center medical director, an EMT−paramedic experienced in providing emergency care.

3. A description of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

Note: The materials that comprise an application for EMT−paramedic course approval should be sent to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659. Copies of the form for documenting the clinical experience received by students may be obtained from the same office.

(c) Within 60 business days after receiving a complete application for approval of an EMT−paramedic training course, the department shall either approve the application and issue the certification or deny the application. If the application 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 under s. HFS 112.08 (5).

(d) Approval by the department of the proposed training course shall be a prerequisite for initiation of EMT−paramedic training. Approval of the training course includes approval of curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

(e) The curriculum and training plans shall be annually reviewed by the training center and revised and resubmitted if the scope of the curriculum changes.

(4) TRAINING COURSE CONTENT AND HOURS. (a) An EMT−paramedic training course shall include classroom, clinical and supervised field experience in the skills and medications outlined in the Wisconsin Revision of the National Standard Paramedic

File inserted into Admin. Code 3−1−2008. May not be current beginning 1 month after insert date. For current adm. code see:
http://docs.legis.wisconsin.gov/code/admin_code

Curriculum. The department shall approve training on skills or medications which is not included in the Wisconsin Revision of the National Standard Paramedic Curriculum before the training can be included in the course.

Note: A copy of the Wisconsin Revision of the National Standard Paramedic Curriculum is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or calling 608−266−1568 or by downloading the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm.

(b) The training course shall include content and behavioral objectives at least equivalent to the Wisconsin Revision of the National Standard Paramedic Curriculum.

(c) Subsequent applications for course approval using the same curriculum, screening, prerequisites, clinical training, supervised field experience and evaluation may be submitted as a class notification, stating the intention of adhering to the previously approved curriculum and training plan.

(d) A training course shall include a minimum of 1000 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 500 of these hours spent in the patient care setting. The clinical and supervised field training must meet the minimum skill and patient assessment requirements identified by the department.

Note: A summary of the skill and assessment requirements necessary to complete the clinical training experience is part of the Wisconsin Revision of the National Standard Paramedic Curriculum and is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or 608−266−1568.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01; CR 02−155: am. (1) (c) 1. Register September 2003 No. 573, eff. 10−1−03.

HFS 112.07 EMT−paramedic operational plan. (1) PLAN SUBMISSION. (a) A county, city, town, village, hospital or any combination of these that seek to use EMTs−paramedic for the delivery of emergency care and transportation shall first submit to the department an EMT−paramedic operational plan with contents as specified in sub. (2) for department review and approval.

(b) An ambulance service provider wanting to use EMTs−paramedic for the delivery of emergency care and transportation of individuals being transferred between health care facilities shall submit an EMT−paramedic patient transfer operational plan with contents as specified in sub. (4) (d) for department review and approval. Prior to plan submission, the provider shall do a feasibility study to determine the need for and cost of an EMT−paramedic service.

Note: The "Wisconsin EMT−Paramedic Community Planning Guide" can be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

(c) For provision of EMT−paramedic care, there shall be an operational plan and the ambulance provider shall be licensed under s. HFS 110.04. Department approval of the plan and issuance of the license are conditions for initiation of EMT−paramedic service.

(2) REQUIRED ELEMENTS OF EMT−PARAMEDIC OPERATIONAL PLAN. To be approved, an EMT−paramedic operational plan shall include all of the following elements:

(a) The name of the person submitting the plan and the name of the ambulance service.

(b) The names of the medical director, medical control hospital or hospitals and the physicians designated by the medical director to provide day−to−day medical control.

(c) The name or names of the certified EMT training centers that will be used to provide EMT training.

Note: If training will be conducted by an EMT training center that is not currently approved by the department, see s. HFS 112.06 (1) for training center requirements.

(d) Signatures of the person responsible for the ambulance service, the medical director, a representative of the medical control hospital, a representative of each of the receiving hospitals in the ambulance service provider's primary service area and a training center representative indicating their willingness to participate in the program, to fulfill their responsibilities as described in the plan and to adhere to the requirements of this chapter.

(e) A description of how the licensed ambulance service provider will use EMTs−paramedic in the system and the primary service area covered by the provider. A map of the primary service area shall be included.

(f) A description of the communication system for providing medical control to EMT−paramedic personnel. When installing communications equipment in ambulances, the ambulance service provider shall comply with the specifications and standards of the Wisconsin statewide emergency medical services communications system. All ambulances shall have direct radio contact with a hospital emergency department on the designated ambulance−to−hospital frequency. There shall be 2−way voice communication between every ambulance and the medical control physician, including, in addition to a mobile radio in the ambulance, a portable means of communication capable of being operated from the patient's side.

Note: The referenced specifications and standards are found in the Wisconsin Emergency Medical Services Communication Standards and Guidelines. A copy may be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

(g) A description of how calls are dispatched, including who does the dispatching, whether or not dispatchers are medically trained and whether or not dispatchers give pre−arrival instructions.

(h) A description of the methods by which continuing education and continuing competency of EMT−paramedic personnel will be assured.

(i) A description of the relationship of the proposed EMT−paramedic services to other emergency medical and public safety services in the geographic area covered in the plan.

(j) A description of the integration of the EMS−paramedic service with the local, county or regional disaster preparedness plan.

(k) Evidence of local commitment to the proposed program to include letters of endorsement by local and regional medical, governmental and emergency medical services agencies and authorities and EMS councils where they exist.

(L) A quality assurance and improvement plan including the name of the quality assurance director, copies of policies and procedures to be used in medical control, implementation and evaluation of the program.

(m) A description of the method of data collection and a written agreement to submit data to the department when requested.

(n) A roster of individuals holding EMT licenses and training permits affiliated with the ambulance service provider or completed applications for any individuals being initially licensed with the provider.

(o) Protocols for EMT−paramedic use of specific drugs, equipment and skills approved and signed by the medical director, that describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.

(p) Evidence that insurance coverage required by ss. 146.50 (6) (c) and 146.55 (7), Stats., is in force or will be in force when emergency medical service begins.

(q) Evidence that all ambulances to be used by EMTs−paramedic have been inspected or approved by the Wisconsin department of transportation within the 6 months preceding submission of the plan and meet the requirements of ch. Trans 309. An ambulance shall carry equipment and supplies that comply with ch. Trans 309 and that are necessary to effectively render EMT−paramedic services as described in the operational plan.

(r) Written agreement to use the department's ambulance report form or a copy of an alternative report form to be reviewed by the department for approval. The ambulance service provider shall document all ambulance runs on a report form prescribed or approved by the department. The ambulance report form is a med-

ical record. A copy of the form shall be given to the receiving facility and the ambulance provider shall keep a copy.

(s) Written mutual aid and backup agreements with other ambulance services in the area included in the plan.

(t) A list of first responder groups that respond with the ambulance service.

(u) Written commitment by an ambulance service provider using EMTs−paramedic that the ambulance service provider shall ensure the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

1. When a patient is being transported in a prehospital setting:

a. Any 2 EMTs−paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. If responding separately, the required crew members shall be immediately dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs−paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT−paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT−basic. Ambulance services responding with EMTs−paramedic, licensed registered nurses, licensed physician assistants or physicians from 2 different locations or who release one EMT paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care.

b. One EMT−paramedic, licensed registered nurse, licensed physician assistant or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT−intermediate, EMT−basic IV or one EMT−basic if the medical director specifically requests and so authorizes in the EMT−paramedic operational plan. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs−paramedic. The staffing configuring option specified in this subdivision paragraph is valid only for providers beginning EMT−paramedic service on or after January 1, 2000. Any subsequent or additional EMS providers operating a paramedic level service in the same primary service area must meet or exceed the staffing levels of the previous or currently operating providers.

2. When a patient is being transported during an interfacility transfer, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who comply with the scope of practice statement for interfacility transfer that is based on the applicable provisions of 42 USC 1395dd.

Note: A copy of the Scope of Practice Statement for Interfacility Transfer is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659 or calling 608−266−1568 or by downloading the form from the DHFS website at www.dhfs.state.wi.us/DPH_EMSIP/index.htm. Staffing for patients that do not clearly fall into a category described in the Scope of Practice Statement for Interfacility Transfer should be discussed with the transferring institution and physician prior to transport.

3. When approved for staffing with one EMT−paramedic, the ambulance service provider shall ensure that a licensed EMT−paramedic, licensed registered nurse, licensed physician assistant or physician who is trained in the use of all skills the service is authorized to provide is in the patient compartment with the patient at all times during the transportation of a patient requiring EMT−paramedic equipment and treatment skills.

4. The ambulance provider shall ensure that 24−hour−per−day, 7−day−per−week EMT−paramedic emergency ambulance response is available to the primary service area covered by the ambulance service, except as provided in subs. (4), (5), (6) and (7). The assurance requires a roster of sufficient licensed staff to operate the proposed ambulance service in conformance with the requirements of s. 146.50, Stats., and this chapter.

(v) The regional trauma advisory council that the ambulance service provider has chosen for its primary membership.

Note: EMT−paramedic operational plans should be submitted to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

Note: A community planning guide to assist in the development of an EMT−paramedic operational plan is available from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701−2659.

(3) EMT−PARAMEDIC 24−MONTH PHASE−IN OF FULL−TIME COVERAGE. (a) An applicant developing an EMT−paramedic operational plan to provide full−time year around service may, if a hardship can be documented, request approval by the department of a phase−in period of up to 24 months to achieve provision of full−time EMT−paramedic coverage. Phase−in of EMT−paramedic coverage requires an EMT−paramedic operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An applicant wanting to provide EMT−paramedic coverage over a phase−in period shall submit an operational plan to the department that includes all the elements under sub. (2), and in addition, all of the following:

1. A description, in detail, of why the phase−in period is necessary, how the phase−in will be accomplished and the specific date, not to exceed 24 months from the initiation of the part−time paramedic service, that full−time paramedic service will be achieved.

2. A description of how quality assurance and paramedic skill proficiency will be evaluated.

(c) During the phase−in period, all requirements for paramedics under s. 146.50, Stats., and this chapter shall be met except for the requirement to provide 24−hour−per−day, 7−day−per−week coverage.

(d) If the department approves an ambulance service provider to provide EMT−paramedic service during a phase−in period, the department shall issue a provisional license for the duration of the phase−in period. An EMT−paramedic ambulance service provider that does not achieve full−time coverage within the approved phase−in period, 24 months maximum, shall cease providing EMT−paramedic service until able to provide full−time coverage and shall revert back to providing EMT−intermediate or EMT−basic service.

(4) INTERFACILITY PARAMEDIC PLAN. (a) In this subsection, "EMT−paramedic interfacility coverage" means scheduled or prearranged transportation and non−emergent care of a patient between health care facilities. Interfacility transports may also include emergency transports between health care facilities based on local protocol.

(b) To provide EMT−paramedic interfacility coverage, an ambulance service provider shall be licensed under s. HFS 110.04 and shall operate under the operational plan approved by the department.

(c) If an ambulance service provider wants to provide EMT−paramedic interfacility coverage, the provider shall submit to the department an operational plan that describes how interfacility paramedic services will be provided. An ambulance service already approved to provide prehospital EMT−paramedic services may amend its existing plan to include interfacility coverage.

(d) To be approved, an EMT−paramedic interfacility operational plan shall include all the elements under sub. (2) and shall, in addition, do all of the following:

1. Describe the types of patients who will be transported.

2. Describe what additional critical care training will be required for paramedics providing interfacility transportation.

3. Meet all requirements of the scope of practice statement for interfacility transfers that apply to the condition of the patient being transported.

(5) SPECIAL EVENT PARAMEDIC PLAN. (a) In this subsection, "special event EMT−paramedic coverage" means prehospital EMT−paramedic service provided at a specific site for the duration of a temporary event which is outside the ambulance service provider's primary service area or at a higher license level within the provider's primary service area.

(b) Special event EMT−paramedic coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04. If the special event EMT−paramedic license application is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved that includes all the elements under sub. (2) that differ from the existing approved operational plan.

(c) If the special event EMT−paramedic coverage is outside an ambulance service provider's primary service area, the ambulance service provider shall submit an operational plan that meets all the elements required under sub. (2) that differ from the existing approved operational plan and also addresses how the ambulance service applying for special event coverage will work in conjunction with the primary emergency response ambulance service in the area.

(6) SEASONAL PARAMEDIC PLAN. (a) In this subsection, "seasonal EMT−paramedic coverage" means prehospital EMT−paramedic service provided during specific times of the year when the population of an area has substantially increased for a minimum of 30 consecutive days and EMT−paramedic service is maintained on a 24−hour−per−day, 7−days−per−week basis for the duration of the population influx.

(b) To provide seasonal EMT−paramedic coverage, an ambulance service shall be licensed under s. HFS 110.04 and shall operate under an operational plan approved by the department.

(c) An ambulance service provider wanting to provide seasonal paramedic coverage shall submit to the department an operational plan that describes how prehospital EMT−paramedic service will be provided on a seasonal basis. Once the department initially approves a plan for seasonal EMT−paramedic service, the ambulance service provider shall arrange for renewal of the approval annually by submitting a letter to the department. Any changes to the original plan shall be stated in the letter. The letter shall also include an updated roster of EMTs, proof of insurance coverage and documentation that all vehicles are approved under ch. Trans 309.

(d) To be approved, an EMT−paramedic operational plan for seasonal paramedic coverage shall meet all the requirements under sub. (2) and shall, in addition, do all of the following:

1. Describe the characteristics of the area that demonstrate population fluctuation, including all of the following:

a. Dates during which population increases take place and EMT−paramedic service would be available and how the public is notified of the change in level of service.

b. Approximate population served during the increase.

c. Reason for the population increase.

2. Describe the geographic area covered by the provider.

3. Describe EMT−paramedic staffing, including all of the following:

a. How EMT−paramedic personnel will be provided.

b. Number of EMTs−paramedic required to provide full−time coverage.

c. Number of ambulances.

d. Location of ambulances in region.

4. Describe how quality assurance of the system will be achieved.

5. Describe how EMT−paramedic personnel will be used and how they will maintain proficiency in skills in the off−season.

6. Include agreements with the primary ambulance service provider, the local medical director and the receiving health care facilities in the area that describe how services will be integrated or mutual aid provided.

7. Describe in detail why EMT−paramedic service is not feasible or necessary in the area on a full−time year−round basis.

(7) MEDICAL DIRECTOR ROLES AND RESPONSIBILITIES. (a) *Medical supervision.* An emergency medical technician−paramedic program shall be under the medical supervision of a medical director identified in the EMT−paramedic operational plan. Upon signing the EMT−paramedic operational plan, the medical director shall be responsible for the medical aspects of implementation of the EMT−paramedic training and operation carried out under the plan and shall do all of the following:

1. Select, approve or designate the personnel who will train and medically supervise emergency medical technician personnel, the program coordinator and the training course instructor if the course is offered outside of an approved EMT−paramedic or refresher course.

2. Ensure that if any physicians providing on−line medical control are used in the program, they will provide medical control in a manner consistent with the operational plan.

3. Sign the protocol or protocols that will be used by emergency medical technician personnel in providing services under the plan.

4. Ensure that all aspects of the EMT−paramedic program are under constant medical supervision and direction.

5. Establish, in consultation with any other physicians involved in the plan, medical control and evaluation policies and procedures for the program.

6. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, certified training center, ambulance service providers and emergency medical technicians in the emergency medical technician program.

7. Ensure that the findings and recommendations of the quality assurance program described as part of the operational plan under sub. (2) are implemented.

8. Ensure that the emergency medical services program operates in conformance with the approved plan, this section and standards of professional practice.

9. Approve EMTs−paramedic to perform any skills that are contained in the list of authorized actions of EMTs−paramedic under s. HFS 112.04 (4).

10. Withdraw medical approval from any EMT−paramedic to perform EMT−paramedic skills, if the EMT−paramedic has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. Upon withdrawing medical approval, the medical director and ambulance service medical director must also develop a course of action for remediation of the EMT−paramedic, with a timeline for completion and return to full service. The EMT−paramedic shall be restricted in providing EMT−paramedic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The program medical director or service medical director shall immediately inform the department in writing of the

restriction on the individual and shall inform the department of the date the individual is returned to full service.

(b) *Designation of on−line medical control physicians.* If an EMT operational plan includes the use of on−line medical control physicians, the medical director shall designate each on−line medical control physician. An on−line medical control physician shall agree to provide medical control instructions consistent with the approved protocol and be all of the following:

1. Familiar with the design and operation of the emergency medical technician program under the plan.

2. Experienced in medical control and supervision of prehospital emergency care of the acutely ill or injured.

3. Willing to participate in medical control and evaluation activities in the emergency medical technician program.

4. Familiar with the protocol to be used for the provision of medical control and capable of providing medical control consistent with the protocol by means of the telecommunication devices used in the program.

5. A Wisconsin licensed physician.

(c) *Other roles filled by the medical director.* The medical director may also serve as training course medical director or program medical director, or both.

Note: Under s. HFS 110.045 (3), an ambulance service is required to have a medical director who has direct oversight for the medical aspects of the service. The service may also have a program medical director who has oversight for common protocols for several services working in a coordinated geographical area.

(8) REVIEW AND DECISION. (a) The department shall, within 60 business days following receipt of a complete EMT−paramedic operational plan or plan amendment, either approve or disapprove the plan or plan amendment. If the plan or plan amendment is disapproved, the department shall give the applicant reasons, in writing, for disapproval and shall inform the applicant of the right to appeal the decision under s. HFS 112.08 (5).

(b) The department's approval of a plan or plan amendment shall be based on the department's determination that the plan or plan amendment meets the requirements of this section and on a site visit to the area included in the plan.

(9) IMPLEMENTATION. (a) Following department approval of an EMT−paramedic operational plan or plan amendment, all persons named in the plan or plan amendment may implement the program.

(b) The department shall be informed immediately of any changes to the operational plan that alter the hospital, medical director or ambulance service provider involved, or the training program or EMT−paramedic program operations included in an approved plan. The changes shall be approved by the department for the operational plan to be revised.

(10) CONTINUED APPROVAL. Continuation of approval of an EMT−paramedic operational plan shall depend on continuous conformance of the plan with the requirements in subs. (2) and (4), as determined by a joint review of the plan by the department and the ambulance service provider every 2 years.

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01; CR 00−091: r. and recr. (2) (u) 1. a., Register September 2002 No. 561 eff. 10−1−02; **CR 04−055: cr. (2) (v) Register December 2004 No. 588, eff. 1−1−05**.

HFS 112.08 Enforcement. (1) DENIAL OF LICENSE, PERMIT OR CERTIFICATION; NONRENEWAL; SUSPENSION; OR REVOCATION OF LICENSE, PERMIT, TRAINING CENTER CERTIFICATION OR EMT−PARAMEDIC INSTRUCTOR−COORDINATOR CERTIFICATION. The department may deny, refuse to renew, suspend or revoke an EMT−paramedic license or training permit, a training center certification or an EMT−paramedic instructor−coordinator certification after providing the applicant, licensee, training permit holder, certified training center or certified EMT−paramedic instructor−coordinator with written notice of the proposed action and written notice of opportunity for a hearing under sub. (5) if the department makes a finding of any of the following:

(a) The applicant, licensee, permit holder, certified training center or certified EMT−paramedic instructor−coordinator does not meet the eligibility requirements established in s. 146.50, Stats., or this chapter.

(b) The licensing examination was completed through error or fraud.

(c) The license, permit or certification was obtained through error or fraud.

(d) The licensee or permit holder violated any provision of s. 146.50, Stats., or this chapter.

(e) The licensee or permit holder has committed or has permitted, aided or abetted the commission of an unlawful act that, as determined by the department, substantially relates to performance of the licensee's or permit holder's duties as an EMT.

(f) The licensee or permit holder has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or permit.

(g) As an EMT−paramedic licensee or permit holder, the individual has failed to maintain certification in CPR for health care professionals by completing a course approved by the department, and acted as an EMT−paramedic.

(h) The certified training center or certified EMT−paramedic instructor−coordinator has failed to adhere to the requirements under s. HFS 112.06.

(2) EMERGENCY SUSPENSION OF LICENSE, PERMIT OR CERTIFICATION. (a) The department may summarily suspend an EMT−paramedic license, EMT−paramedic training permit, training center certification or EMT−paramedic instructor−coordinator certification when the department has probable cause to believe that the licensee, permit holder, certified training center or certified EMT−paramedic instructor−coordinator has violated the provisions of s. 146.50, Stats., or this chapter, and that it is necessary to suspend the license or permit immediately, without advance written notice, to protect the public health, safety or welfare.

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified training center within 48 hours after the suspension takes place. Receipt of notice is presumed within 5 days of the date the notice was mailed. If the licensee, permit holder or certified training center desires a hearing, a request for hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice of suspension. A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for hearing unless both parties agree to a later date and shall provide 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 10 days after the hearing. The suspension of the license or permit shall remain in effect until a final decision is rendered.

Note: A hearing request should be addressed to the division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608−266−3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(3) EFFECT ON THE LICENSE OF AN EMT−PARAMEDIC WHEN MEDICAL AUTHORIZATION IS WITHDRAWN TO USE PARAMEDIC SKILLS. The service medical director may withdraw medical approval from any EMT−paramedic to perform EMT−paramedic skills if the licensee has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. The EMT−paramedic may be restricted in providing EMT−paramedic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The medical director shall immediately inform the department in writ-

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http://docs.legis.wisconsin.gov/code/admin_code

ing of the restriction on the individual and shall inform the department of the date the individual is returned to full service. An action taken by the medical director does not affect an emergency medical technician's license unless action is also taken under sub. (1) or (2) against the individual holding the EMT license.

(4) COMPLAINTS. The department may, upon receipt of a complaint or on its own volition, investigate alleged violations of s. 146.50, Stats., or this chapter. An authorized employee or agent of the department, upon presentation of identification, shall be permitted to examine equipment or vehicles or enter the offices of the licensee during business hours without advance notice or at any other reasonable prearranged time. The authorized employee or agent of the department shall be permitted to inspect, review, and reproduce all equipment, vehicles or records of the licensee pertinent to the requirements of s. 146.50, Stats., and this chapter, including but not limited to administrative records, personnel records, records of ambulance runs, training records and vehicle records. The right to inspect, review and reproduce records applies regardless of whether the records are maintained in written, electronic or other form.

(5) APPEAL. If, under sub. (1), the department denies, refuses to renew, suspends or revokes an EMT−paramedic license or training permit, a training center certification or an EMT−paramedic instructor−coordinator certification, the department shall send written notice of the action within 48 hours after the action takes place. Receipt of the notice is presumed within 5 days of the date the notice is mailed. The applicant, licensee, permit holder, certified training center or certified EMT−paramedic instructor−coordinator may request a hearing under ch. 227, Stats. The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice required under sub. (1). A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for the hearing unless both parties agree to a later date and shall provide 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 10 days after the hearing. The denial, refusal to renew, suspension or revocation shall remain in effect until a final decision is rendered.

Note: A hearing request should be addressed to the division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608−266−3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(6) REPRIMANDS. The department may reprimand a licensee, permit holder, certified training center or certified EMT−paramedic instructor−coordinator if the department finds that the licensee, permit holder, certified training center or certified EMT−paramedic instructor−coordinator falls within any of the circumstances specified in sub. (1) (a) to (h). The department's issuance of the reprimand shall constitute the final decision of the department and is not subject to a hearing under sub. (5).

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01.

HFS 112.09 Waivers. The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the provider and the public in meeting the emergency medical service needs of an 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. HFS 112.08 (5).

History: CR 00−091: cr. Register November 2001 No. 551, eff. 12−1−01.