c. Demonstration of competent performance of the protocol in a simulated cardiac arrest situation to the satisfaction of the service or training course medical director or the training course instructor-coordinator once a month for the first 3 months following initial certification by the department and once every 3 months thereafter. The demonstration shall be witnessed by the service medical director at least once annually for each ambulance attendant-DM for whom the medical director has responsibility.

(b) The program or service medical director may require additional continuing education of ambulance attendant defibrillation personnel functioning under the plan. Any additional requirements set by the program or service medical director shall be described in the plan.

(c) An ambulance attendant-DA or ambulance attendant-DM who fails to satisfy the continuing education requirements set forth in the plan or who fails to demonstrate competent performance in a required cardiac arrest simulation shall be removed from providing ambulance attendant defibrillation services until the program or service medical director has reviewed the individual's performance and approves the individual to return to service. The program or service medical director shall immediately inform the department in writing of the removal of the individual from service and shall inform the department of the date the individual is returned to service.

(d) Each ambulance service provider shall retain documentation establishing that each ambulance attendant-DA or ambulance attendant-DM affiliated with the service has satisfied the continuing education requirements. The ambulance service provider shall make the documentation available to the department for review upon request.

(12) EVALUATION. Each ambulance attendant defibrillation plan shall contain an evaluation process which includes, at a minimum:

(a) Maintenance of documentation by ambulance attendant defibrillation personnel of each case in which treatment was rendered to a pulseless, non-breathing patient by the personnel. Documentation shall consist of a written report, on a form approved by the department, for each case and a voice and electrocardiogram recording for each case in which cardiopulmonary resuscitation, monitoring or defibrillation was performed. In making the voice recording:

1. The ambulance attendant-DM shall:

a. Identify the ambulance service provider and ambulance attendants involved;

b. Describe briefly the clinical situation;

c. Report each step while proceeding through the protocol;

d. State whether the rhythm is interpreted as ventricular fibrillation;

e. State whether or not defibrillation is delivered;

f. Describe any post-defibrillation cardiac rhythms; and

g. Provide explanatory comments on actions taken in preparation for and during transportation.

2. The ambulance attendant-DA shall:

a. Identify the ambulance service provider and ambulance attendants involved;

b. Describe briefly the clinical situation;

c. Report each step while proceeding through the protocol;

d. State whether or not defibrillation is delivered;

e. Describe the observed results of defibrillation and the subsequent pulse check; and

f. Provide explanatory comments on actions taken in preparation for and during transportation.

(b) A requirement for delivery of the written records and voice and electrocardiogram recording of each case to the program or service medical director within 72 hours after the ambulance run involved;

(c) Prompt review and critique of all cardiac arrest runs by the service medical director based on the documentation provided in par. (b) with feedback provided to the ambulance service provider and ambulance attendant defibrillation personnel as soon as possible, but no later than 30 days after the run involved. The review shall be documented on a standard form provided by the department a copy of which is forwarded to the quality assurance program with the case records, and shall include determination of whether:

1. The audio and electrocardiogram recorder was activated properly;

2. Personnel quickly and effectively set up the necessary equipment;

3. The patient's pulse was checked appropriately throughout the emergency response;

4. Defibrillation was performed as rapidly as possible for the patient in ventricular fibrillation;

5. The amount of time spent at the scene was appropriate;

6. Adequate basic life support was delivered and maintained;

7. Personnel using a manual defibrillator obtained a clear reading of the electrocardiographic rhythm immediately prior to each defibrillation attempt;

8. The assessment of the need to deliver or not deliver defibrillation was correct;

9. Following each attempted defibrillation, the patient was assessed accurately and treated appropriately;

10. The portable defibrillator was operated safely and correctly; and

11. Care was provided to comply with the protocol.

(d) Annual review by the hospital or hospitals, physicians, and ambulance service provider or providers involved in the ambulance attendant defibrillation program of the implementation and impact of the program including determination of whether:

(c) Any ambulance attendant who, on June 30, 1988, was authorized to provide defibrillation services as part of an approved ambulance attendant defibrillation proposal and who is employed by an ambulance service provider which becomes included in an approved ambulance attendant defibrillation plan using manual defibrillators shall be eligible for certification as an ambulance attendant-DM upon presentation to the department of a written recommendation for certification from the program medical director.

(d) Any ambulance service provider who has been a participant in an approved ambulance attendant defibrillation demonstration project and who becomes a part of an approved ambulance attendant defibrillation plan using automatic defibrillators shall submit to the department a proposed method of converting its service from manual to automatic defibrillation and training its ambulance attendants for certification as ambulance attendants-DA. The proposal shall be accompanied by written endorsement of the program medical director. Upon approval of the proposal by the department, the provider shall be permitted to use both manual and automatic defibrillators for a period not to exceed one year while the transition from manual to automatic defibrillators is completed. At the expiration of the one year period, the provider shall have completed the conversion and shall use only automatic defibrillators and ambulance attendants-DA in the ambulance attendant defibrillation program.

(e) No ambulance attendant or ambulance service provider may engage in providing ambulance attendant defibrillation services under an ambulance attendant defibrillation demonstration project after the last day of the sixth month following July 1, 1988.

History: Cr. Register, January, 1985, No. 349, eff. 2-1-85; emerg. am. (4) (c) 4., eff. 6-29-87; am. (4) (c) 4., Register, October, 1987, No. 382, eff. 11-1-87; r. and recr. Register, June, 1988, No. 390, eff. 7-1-88; reprinted to correct error in (11) (a) 2.c., Register, August, 1988, No. 392.