

Chapter HFS 113

CERTIFICATION OF FIRST RESPONDERS

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Note: Chapter HSS 113 was created as an emergency rule effective June 1, 1993; Chapter HSS 113 was repealed and recreated by emergency rule effective September 21, 1993. Chapter HSS 113 as it existed on July 31, 1999 was renumbered to chapter HFS 113 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, July, 1999, No. 523.

HFS 113.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (6g) (a), (13) (a) and (b), and 227.11 (2) (a), Stats., to establish standards for certification of first responders.

History: Cr. Register, March, 1994, No. 459, eff. 4–1–94; **emerg. am. eff. 6–6–05; CR 05–048: am. Register October 2005 No. 598, eff. 11–1–05.**

HFS 113.02 Applicability. This chapter applies to any person who acts as a first responder and applies under this chapter for certification to perform first responder skills or has been certified under this chapter to perform first responder skills.

History: Cr. Register, March, 1994, No. 459, eff. 4–1–94; **emerg. am. eff. 6–6–05; CR 05–048: am. Register October 2005 No. 598, eff. 11–1–05.**

HFS 113.03 Definitions. In this chapter:

(1) “Advanced skill” means any method or technique that requires medical direction, including the use of non–visualized advance airways, performance of defibrillation, or administration of epinephrine.

(1m) “Ambulance” has the meaning specified in s. 146.50 (1) (am), Stats.

(2) “Ambulance service provider” has the meaning specified in s. 146.50 (1) (c), Stats.

(3) “Automatic defibrillator” means a monitor and defibrillator which is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and determining, without operator intervention, whether defibrillation should be administered. An automatic defibrillator may be referred to as “fully automatic” if, in use, it will charge and deliver an electrical impulse to an individual’s heart without operator intervention when ventricular fibrillation or rapid ventricular tachycardia is detected or “semiautomatic” if it delivers the electrical impulse only at the command of the operator after ventricular fibrillation or rapid ventricular tachycardia is detected.

(4) “Biennial certification period” means a 2–year period beginning on July 1 of even numbered years.

(5) “Defibrillation” means the administration of an electrical impulse to an individual’s heart for the purpose of stopping ventricular fibrillation or rapid ventricular tachycardia.

(6) “Department” means the Wisconsin department of health and family services.

(7) “EMT” means an emergency medical technician.

(8) “EMT–basic” means an emergency medical technician licensed under ch. HFS 110.

(9) “EMT–intermediate” means an emergency medical technician licensed under ch. HFS 111.

(10) “EMT–paramedic” means an emergency medical technician licensed under ch. HFS 112.

(11) “First responder” means a person who provides emergency medical care to a sick, disabled or injured individual prior to the arrival of an ambulance as a condition of employment or as a member of a first responder service.

(13) “First responder plan” or “plan” means a plan submitted by or for one or more first responder service providers intending to implement a first responder program and which details the training and utilization of first responders, as well as the quality assurance mechanisms to be used in the program.

(14) “First responder training course” means a course of instruction which will qualify a student for examination and certification as a first responder.

(15) “First responder service provider” means any organization which provides prehospital emergency medical care, but not patient transportation.

(16) “Medical control” means direction, through oral orders or a protocol, supervision and quality control by the medical director or a physician–designee of the medical director of the activities of a first responder in the prehospital emergency care of a patient.

(17) “Medical control hospital” means a hospital providing emergency medical services which accepts responsibility to serve as a base for the system of communication, medical control and direction for first responder personnel.

(18) “Monitor and defibrillator” means a device which is capable of monitoring the rhythm of an individual’s heart, creating a continuous integrated recording of the electrocardiogram and voice communications, if available, occurring simultaneously during operations by first responder personnel, and delivering a regulated electrical impulse to the individual’s heart.

(19) “National standard basic curriculum for training first responders” means the first responder national standard curriculum 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 first responders may be consulted at the National Highway Traffic Safety Administration’s website at <http://www.nhtsa.gov>.

(20) “National standard refresher curriculum for training first responders” means the first responder national standard curriculum published by the national highway traffic safety administration of the U. S. department of transportation.

Note: The U.S. department of transportation national standard refresher curriculum for training first responders may be consulted at the National Highway Traffic Safety Administration’s website at <http://www.nhtsa.gov>.

(20m) “Non–visualized advanced airway” means a tube that is inserted through a patient’s mouth into the patient’s esophagus or trachea without direct visualization of the larynx. An endotracheal tube is not a non–visualized advanced airway.

(21) “On–line medical control physician” means a physician who is designated by the program medical director to provide voice communicated medical directions to first responder personnel and to assume responsibility for the care provided by first responder personnel in response to that direction.

(22) “Physician” has the meaning specified in s. 448.01 (5), Stats.

(23) “Prehospital setting” means a location at which emergency medical care is administered to a patient prior to the patient’s arrival at a hospital.

(24) “Program service director” means the person designated by the program medical director to be responsible for day–to–day

operations and recordkeeping for the first responder program described in the plan.

(25) "Program medical director" means the physician who is designated in a first responder plan to be responsible for: the medical control, direction and supervision of all phases of the first responder program operated under the plan and of first responders performing under the plan; the establishment of standard operating procedures for these personnel; the coordination and supervision of evaluation activities carried out under the plan; if physicians are to be used in implementing the first responder program, the designation of on-line medical control physicians; and meeting the requirements of s. HFS 113.04 (3) (a) and, if applicable, s. HFS 113.04 (3) (b).

(26) "Protocol" means a written statement developed and distributed by the department and signed by the program medical director which lists and describes the steps a first responder is to follow in assessing and treating a patient.

(28) "Service medical director" means a physician who accepts responsibility for the medical aspects of the first responder program and for medical supervision of first responder services for a specific first responder service provider.

(29) "Training center" means a medical or educational institution which offers or sponsors a department-approved first responder training course.

(30) "Training course instructor-coordinator" means a physician; a physician's assistant certified under ch. 448, Stats.; a registered nurse licensed under ch. 441, Stats.; an EMT-basic; EMT-basic IV tech; EMT-intermediate; or an EMT-paramedic licensed under s. 146.50, Stats., designated by the training course medical director and training center to coordinate and administer a first responder training course.

(31) "Training course medical director" means a physician who accepts responsibility for the medical aspects of a first responder training course offered by a training center.

(32) "WTCS college" means a Wisconsin technical college.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94; correction in (32) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1995, No. 476; correction in (32) made under s. 13.93 (2m) (b) 6., Register, July, 1999, No. 523; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573; **emerg. renum. (1) to be (1m), cr. (1) and (20m), am. (4), (13), (14), (16) to (18), (21), (24) to (26), (28) to (31), r. (12) and (27), eff. 6-6-05; CR 05-048: renum. (1) to be (1m), cr. (1) and (20m), am. (4), (13), (14), (16) to (18), (21), (24) to (26), (28) to (31), r. (12) and (27) Register October 2005 No. 598, eff. 11-1-05.**

HFS 113.04 Certification. (1) **RESTRICTIONS.** (a) No first responder may perform unless certified by the department under this section as a first responder, and a participant in a department-approved first responder program.

(b) No person may function as a first responder unless certified by the department as a first responder, except a person who is licensed as an EMT-basic; EMT-IV tech; EMT-intermediate; EMT-paramedic; a registered nurse under ch. 441, Stats.; or who is certified as a physician assistant under ch. 448, Stats., or is a physician, and has successfully completed a first responder training course.

(e) Semi or fully automatic defibrillators may be used by first responder personnel or service providers.

(2) **PLAN FOR FIRST RESPONDERS.** (a) *Plan requirement.* One or more hospitals providing emergency services, one or more licensed physicians and one or more first responder service providers may submit a first responder plan to the department. As an alternative, an existing EMT plan for ambulance service providers licensed under ch. HFS 110 may be amended or expanded to include the first responder service provider or providers within the scope of operations described in the EMT plan. Whichever plan is submitted, a first responder service provider employing first responder personnel shall include documentation in the plan of a written agreement with ambulance service providers who employ EMT-basics who are also licensed under ch. HFS 110 to perform

EMT skills. The plan shall contain all the information required under par. (b).

(b) *Required elements.* No person may begin training or use any first responder skills to provide prehospital services until a first responder plan has been submitted to and approved by the department. At a minimum, the plan shall:

1. Identify the hospital or hospitals providing emergency services, the participating physician or physicians and the first responder service provider or providers by or for whom the plan is being submitted;

2. Identify and describe the roles, responsibilities and qualifications of the program medical director, the medical control hospital or hospitals, the on-line medical control physicians, if they are to be used, the program coordinator, the training course medical director, the training course instructor-coordinator and the service medical director or directors in the proposed program;

3. Identify and describe the roles, responsibilities and qualifications of the training center to be used and its relationship to the medical control hospital or hospitals. If a previously approved EMT training center is to be utilized, the training center may be cited by reference.

4. Describe the first responder service provider or providers planning to use first responder personnel under the plan;

5. Describe the manner in which each first responder service provider operating under the plan will use first responder personnel, including the number of first responders to be trained, the service area to be covered and all ambulance service providers licensed under ch. HFS 110 who will be responding to that service area and how interaction and communication with the responding ambulance service provider will be accomplished.

6. List the equipment to be used by first responder personnel.

7. Include a copy of the operating policies and procedures to be used in medical control, implementation and evaluation of the first responder program.

8. Include a copy of the department-provided protocol or protocols required under sub. (3) (d), signed by the program medical director, to be followed by first responder personnel in determining the need for administering and providing additional emergency care.

9. Describe the methods by which continuing education and case review will be provided to first responder personnel and continuing competency of those personnel will be assured.

10. Describe the relationship of the first responder program to other emergency and public safety services in the geographic area covered by the plan, including how the program will be coordinated with and will secure assistance from any basic or advanced life support services existing in the geographical area covered by the plan.

11. Include a copy of a letter of agreement from or a contract involving the program medical director, ambulance service provider or providers, the first responder service provider or providers and the service medical director or directors included in the plan, and a quality assurance program. The letter of agreement or contract shall specify that the written record of emergency responses in which first responder personnel render treatment to a patient will be reviewed and evaluated by the quality assurance program.

12. Document insurance coverage which will be in force for first responder service providers and first responder personnel included in the first responder program for any liability they incur in the performance of their responsibilities in implementing the program.

Note: Plans should be sent to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI, 53701-2659. A guide to assist in developing a first responder plan is available from the EMS Section.

(c) *Deadline for submission.* The plan shall be submitted to the department in complete form at least 90 days prior to the date proposed for beginning the first responder training course. The

plan is not in complete form until all information and materials noted in par. (b) have been received by the department.

(d) *Review and decision.* 1. The department shall, within 60 days following receipt of a complete plan, approve or disapprove the plan and notify the applicant accordingly, in writing.

3. Approval or denial of a plan shall be based on the requirements of this section and the findings of a site visit by a department representative to the local hospital, first responder service, affiliated ambulance service or training center included in the plan.

(e) *Implementation.* 1. Following department approval of a first responder plan, all persons named in the plan may implement the program.

2. No change may be made in the first responder program in the designation of, medical director or directors, or the first responder service provider or providers involved, or in the training program or first responder program operations included in an approved plan, unless the change is first approved by the department.

3. The program medical director and first responder service provider or providers named in the plan shall biennially review the plan and update it as necessary and submit the updated plan to the department. The department shall notify the parties to the plan before the review and update is due and provide a format to be followed for reviewing and updating the plan. Department approval of the review and update is required for continuation of plan approval and for continuation of first responder operations.

(2m) AUTHORIZED ACTIONS OF FIRST RESPONDERS. A first responder may perform all of the following actions:

(a) In addition to the skills contained in the national standard curriculum, administration of basic life support in accordance with skills and medications covered in the Wisconsin revision of the national standard curriculum for training first responders.

(b) Application of spineboard and cervical collar for purpose of spinal immobilization.

(c) Administration of oxygen.

(d) Performance of defibrillation.

(e) Use of non-visualized advanced airway.

(f) Administration of epinephrine in a concentration of 1:1000 for adults and 1:2000 for children for signs and symptoms of anaphylactic shock using an auto injector or other approved administration device.

(g) Administration of additional skills and 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) MEDICAL CONTROL AND PROTOCOL REQUIREMENTS. (a) *Program medical director.* A first responder program shall be under the medical supervision of a program medical director identified in the plan. The program medical director shall be responsible for the medical aspects of implementation of the first responder training and operations carried out under the plan and shall:

1. Select, approve or designate the personnel who will train and medically supervise first responder personnel, including the training course medical director, the service medical directors, the program coordinator, the training course instructor-coordinator and, if they are to be used in the program, the on-line medical control physicians;

2. Sign the protocol or protocols which will be used by first responder personnel in providing advanced skills under the plan;

3. Ensure that all aspects of the first responder training and operational program are under constant medical supervision and direction;

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

5. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, training center, first responder service providers and first responders in the program;

6. Ensure that the findings and recommendations of the quality assurance program are implemented; and

7. Ensure that the first responder program operates in conformance with the approved plan, this section and standards of professional practice.

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

(c) *Medical control hospital.* The medical control hospital or hospitals designated in the first responder plan shall agree to:

1. Support the provision of medical control, if on-line medical control physicians are to be used in the first responder program, by permitting designated on-line medical control physicians to use its telecommunications resources for medical control of first responder personnel;

2. Cooperate with the program and service medical directors in implementing the training, continuing education, case review and evaluation activities required in the plan;

3. Ensure that any medical control provided to first responder personnel by on-line medical control physicians at the hospital or hospitals is consistent with the approved protocol or protocols and the medical control policies and procedures established by the program medical director; and

4. Receive patients who have been treated by first responder defibrillation personnel and make available to the program and service medical directors and the quality assurance program the patient data necessary to carry out the quality assurance activities required under the plan.

(d) *First responder protocol.* 1. Each first responder plan shall include a protocol or protocols signed by the program medical director under which first responder personnel will provide emergency care to the cardiac arrest victim prior to the ambulance service provider's arrival. Voice contact with an on-line medical control physician is not required for first responder personnel to implement the protocol.

2. Any protocol used shall be a standard protocol developed and distributed by the department.

(4) FIRST RESPONDER TRAINING. (a) *Direction and supervision.* First responder training shall be under the direction and supervision of a training course medical director who shall perform the functions under s. HFS 110.045 (4).

(b) *Instructor-coordinator.* Each first responder training course shall have a training course instructor-coordinator who meets the requirements of s. HFS 110.07 (2).

(c) *Department approval.* Department approval of a proposed training course shall be a prerequisite to the initiation of first responder training. Approval of a training course shall include approval of a curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

(f) *Record of student performance.* The training medical director shall, upon completion of a first responder training course, submit to the department a record of student performance for each first responder who participated in the course and a list of the first responders who successfully completed the course.

Note: Records of student performance and lists of first responders who successfully complete the course are to be sent to the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(5) FIRST RESPONDER SERVICE PROVIDER REQUIREMENTS. A first responder service provider using first responder personnel shall:

(a) Submit a written plan of operation or an amendment to an existing service plan;

(b) Have a service medical director who is approved by the program medical director and who accepts the responsibility to ensure that:

1. Performance of advanced skills by first responders is carried out under medical control;

2. First responder personnel receive continuing education and performance evaluations with sufficient frequency to maintain safe and effective delivery of advanced skills;

3. The protocol developed and distributed by the department may be used as the service protocol; and

4. First responder personnel who fail to demonstrate acceptable competency in implementation of the protocol are not permitted to engage in the provision of services until they have been reevaluated and have demonstrated competency in performance of the protocol to the service medical director's satisfaction;

(c) Provide the service medical director with sufficient access to first responder personnel to enable the service medical director to carry out the responsibilities specified in par. (b);

(f) Ensure that all written records of each emergency response in which a negative event occurred during or as part of the response are delivered to the program or service medical director for review within 72 hours after the response and are made available to the quality assurance program described in the plan in a manner which conforms to the applicable requirements of ss. 146.50 (12), 146.81 and 146.83, Stats.

(6) CONTINUING EDUCATION. (a) A first responder plan shall include requirements for continuing education. Completion by the first responder personnel of the continuing education requirements is a condition for maintenance of the program medical director's approval of them to provide first responder services. Continuing education shall include, at a minimum:

1. Participation in case review and inservice training sessions as required by the program or service medical director;

1m. Completion of training on responding to acts of terrorism. 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 first responders who received training before January 2003.

2. Recertification in cardiopulmonary resuscitation at the American heart association basic cardiac life support course or the American red cross cardiopulmonary resuscitation for the professional rescuer level or any other course approved by the department.

3. Demonstration of competent performance of the protocol in simulated medical situations to the satisfaction of the service or training course medical director or the training course instructor-coordinator. The demonstration shall be witnessed by the service medical director at least once annually for each first responder for whom the medical director has responsibility.

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

(c) A first responder who fails to satisfy the continuing education requirements set forth in the plan or who fails to demonstrate competent performance shall be removed from providing first responder 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 an individual from service and shall inform the department of the date the individual is returned to service.

(d) Each first responder service provider shall retain documentation establishing that each first responder affiliated with the service has satisfied the continuing education requirements. The first responder service provider shall make the documentation available to the department for review upon request.

(7) EVALUATION. Participation by first responders, under a contract or letter of agreement, in a quality assurance program to which copies of the documentation of each response shall be sent by the program or service medical director upon request. The quality assurance program shall meet the requirements under sub. (8) and shall be approved by the department.

(8) QUALITY ASSURANCE PROGRAM. (a) A quality assurance program in which first responders participate pursuant to sub. (7) shall meet the requirements of this subsection.

(b) A quality assurance program shall meet the requirements of s. HFS 110.08 (2) (L).

(c) The quality assurance physician may not be the same individual who is the program medical director.

(9) FIRST RESPONDER CERTIFICATION. (a) A person requesting certification as a first responder shall:

1. Apply for certification on a form provided by the department;

2. Be at least 18 years of age;

3. Subject to ss. 111.321, 111.322 and 111.335, Stats., not have an arrest or conviction record;

4. Present documentation of having successfully completed the national standard basic or refresher curriculum or equivalent training as determined by the department for training first responders within 24 months prior to application, or hold current voluntary certification from the department as a first responder. The training shall include training for responding to acts of terrorism.

5. Present documentation of current certification at the American heart association basic cardiac life support course for the healthcare provider or the American red cross cardiopulmonary resuscitation for the professional rescuer level or any other course approved by the department.

7. Be affiliated with a first responder service provider identified in an approved first responder plan.

8. Present evidence of successful completion of an approved first responder training course.

9. Present documentation signed by the program medical director and acceptable to the department of competence in the performance of advanced skills according to the protocol for providing advanced skills services under the plan.

10. Have successfully completed the written and practical skills examination required by the department. A person who fails to achieve a passing grade on the required examination may request reexamination and shall be admitted for further examination only after presenting evidence of successful completion of further first responder training acceptable to the department. A person who does not apply for certification within 24 months after successfully passing the required examination shall be required to retake and successfully complete an approved first responder training course and examination to be eligible for certification.

(b) A Wisconsin licensed EMT-basic, intermediate or paramedic is eligible for first responder certification if the EMT meets the qualifications under par. (a) 1., 3., 7., 8., 9. and 10. A Wisconsin licensed EMT-basic, EMT-IV tech, EMT-intermediate, or EMT-paramedic is eligible for first responder certification if the EMT meets the qualifications under par. (a) 1., 3., 7. and 9.

(c) Within 60 days after receiving a complete application for first responder certification, the department shall either approve the application and certify the applicant or deny the application. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial and shall give the applicant an opportunity to appeal the denial in accordance with s. HFS 113.05 (4) (a).

(d) In performing defibrillation, a person certified as a first responder may use an automatic or semiautomatic defibrillator protocol included in the plan for the provider for which he or she is authorized to function as a first responder.

(e) A first responder certificate shall expire on June 30 of even numbered years.

(10) RENEWAL OF CERTIFICATION. (a) *Notice of certificate expiration.* The department shall send notice to a certificate holder that the certificate is about to expire, and shall include with the notice an application for biennial renewal of the certificate. The notice shall be sent to the last address shown for the certificate holder in the department's records at least 30 days before expiration of the certificate. Failure to receive notification does not relieve the certificate holder of the responsibility to maintain a current certificate.

(b) *Requirements for renewal.* To renew a first responder certificate, a certificate holder shall, by the certificate's expiration date and every 2 years thereafter, file with the department:

1. An application for renewal on the form provided by the department. The application form shall be signed by the program medical director responsible for the first responder program involved;

2. Documentation of current certification at the American heart association basic cardiac life support course for the health-care provider or the American red cross cardiopulmonary resuscitation for the professional rescuer level or any other course approved by the department.

3. Documentation that the certificate holder has, during the biennial period immediately preceding application, successfully completed the national standard first responder refresher course or equivalent training, including training for response to acts of terrorism, as determined by the department;

4. Documentation that the certificate holder meets any additional eligibility requirements for certification specified in s. 146.50, Stats., or this chapter.

5. Completion of a NT100 terrorism and hazardous materials awareness training course that meets the requirement for training for response to acts of terrorism subd. 3. Course material for training for response to acts of terrorism shall be included in all initial and refresher first responder courses beginning January 1, 2003 and shall also be available as a stand-alone course module for first responders 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 department, in consultation with the EMS advisory board and the Wisconsin technical college system board, shall determine the ongoing training requirement. The department shall disseminate information on the ongoing training requirement to ambulance providers and training centers and offer multiple training methods.

Note: Copies of the form required to apply for renewal of certification for first responders are available from the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(c) *Failure to submit materials by certificate expiration date.* A certificate holder who fails to submit the materials described in par. (b) by the renewal date shall not represent himself or herself as, function as or perform the duties of a certified first responder after the date of certificate expiration.

(d) *Late renewal.* 1. During the first 2 years following certificate expiration, a certificate shall be renewed if the certificate holder files with the department:

a. All materials listed under par. (b); and

b. An affidavit that the certificate holder has not acted as a first responder during the period in which the certificate was expired.

3. Granting of late renewal under this paragraph does not exempt the certificate holder from the responsibility to complete first responder refresher training approved by the department

within the biennial certification period for which the renewal certificate is issued in order to qualify for renewal on the next renewal date.

(e) *Completion of emergency medical technician training.* A first responder who submits evidence of successful completion, within the 24 months immediately prior to filing a renewal application, of an emergency medical technician-basic, emergency medical technician-intermediate or emergency medical technician-paramedic training course, including the knowledge and skills objectives of the U. S. department of transportation national highway traffic safety administration national standard emergency medical technician-ambulance, intermediate or paramedic training course as approved by the department, shall be considered to have met the requirement of par. (b) 3.

Note: Copies of application forms for certification as a first responder-DA and for renewal of certification are available from the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94; CR 02-155: cr. (6) (a) 1m. and (10) (b) 5., am. (9) (a) 4. and (10) (b) 3. Register September 2003 No. 573, eff. 10-1-03; corrections in (2) (a), (4) (a), and (8) (b) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573; **emerg. am. (1) (a), (b), (c), (2) (a), (b) (intro.), 3. and 4., (c), (d) 1. and 3., (e), (3) (a) (intro.) to 3. and 7., (c) (intro.), 1., 3. and 4., (4) (a), (b), (c), (f), (5) (intro.), (a), (b) 1. to 4., (c) and (f), (6) (a) (intro.), 1m., 2. and 3., (b) to (d), (8) (a), (9) (a) (intro.), 5. and 7. to 10., (b) to (e), (10) (b) (intro.) to 2., (c) and (d) 1. b., r. (1) (c), (d), (2) (b) 5. to 7., 14., and 17., (d) 2., (3) (d) 2. and 3. a. to k., (4) (c), (d), (5) (d), (e), (7) (intro.) to (d), (9) (a) 6., (10) (d) 2., renum. (2) (b) 8. to 13., 15., and 16., (3) (d) 1. and 3. (intro.), and (7) (e) to (b) (2) (b) 5. to 10., 11. and 12., (3) (d) 1. and 2., and (7) and am., cr. (2m), eff. 6-6-05; CR 05-048: am. (1) (a), (b), (c), (2) (a), (b) (intro.), 3. and 4., (c), (d) 1. and 3., (e), (3) (a) (intro.) to 3. and 7., (c) (intro.), 1., 3. and 4., (4) (a), (b), (c), (f), (5) (intro.), (a), (b) 1. to 4., (c) and (f), (6) (a) (intro.), 1m., 2. and 3., (b) to (d), (8) (a), (9) (a) (intro.), 5. and 7. to 10., (b) to (e), (10) (b) (intro.) to 2., (c) and (d) 1. b., r. (1) (c), (d), (2) (b) 5. to 7., 14., and 17., (d) 2., (3) (d) 2. and 3. a. to k., (4) (c), (d), (5) (d), (e), (7) (intro.) to (d), (9) (a) 6., (10) (d) 2., renum. (2) (b) 8. to 13., 15., and 16., (3) (d) 1. and 3. (intro.), and (7) (e) to (b) (2) (b) 5. to 10., 11. and 12., (3) (d) 1. and 2., and (7) and am., cr. (2m), Register October 2005 No. 598, eff. 11-1-05.**

HFS 113.05 Denials and sanctions. (1) **DENIAL, NON-RENEWAL, REVOCATION OR SUSPENSION OF FIRST RESPONDER CERTIFICATION.** The department may deny, refuse to renew, suspend or revoke a first responder certification after providing the applicant or first responder with prior written notice of the proposed action and of the opportunity for a hearing under sub. (4) if the department finds that:

(a) The applicant or person certified does not meet the eligibility requirements established in this section;

(b) Certification was obtained through error or fraud;

(c) Any provision of this section is violated; or

(d) The person certified has engaged in conduct detrimental to the health or safety of a patient, other first responders or members of the general public during a period of emergency care.

(2) **EMERGENCY SUSPENSION OF CERTIFICATE.** (a) The department may summarily suspend a first responder certificate when the department is informed by the project medical director that the certificate holder has been removed from the first responder defibrillation program for cause or the department has probable cause to believe that the holder of the certificate has violated the provisions of this section and that it is necessary to suspend the certification immediately to protect the public health, safety or welfare.

(b) Written notice of the suspension, the department's proposed additional action or actions and a written notice of the right to request a hearing shall be sent to the first responder. That person may request a hearing on the decision. A 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 of suspension. The division of hearings and appeals shall schedule the hearing no later than 15 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 first responder certificate shall remain in effect until a final decision is rendered.

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, WI 53707.

(3) CANCELLATION OF APPROVAL. (a) *Plan approval.* The department may, at any time, cancel its approval of a first responder plan if parties to the plan fail to adhere to the plan, if parties to the plan violate any provision of this section or if there is evidence that the first responder program operated under the plan presents a danger to the health and safety of patients or the general public. All persons involved in the implementation of the plan shall cease providing first responder services upon written notice received by the program medical director from the department, except that first responder services may continue pending appeal under sub. (4).

(b) *Provider approval.* The department may, at any time, cancel its approval of the participation by a specific first responder service provider or providers in a first responder plan if the provider or providers fail to adhere to the approved plan, violate the provisions of this section or engage in activities in the first responder program that present a danger to the health and safety of patients or the general public. The first responder service provider or providers shall cease providing first responder services upon written notice received by the owner or operator for each first responder provider involved, except that first responder services may continue pending appeal under sub. (4).

(c) *Emergency suspension.* 1. The department may summarily suspend approval of a first responder plan or the participation of a first responder service provider or providers in a first responder plan when the department has probable cause to believe that implementation of the plan or operation of the first responder service provider or providers under the plan fails to adhere to the plan or violates the provisions of this section and that it is necessary to suspend approval of the plan or the participation of the first responder service provider or providers in the plan immediately to protect the public health, safety or welfare.

2. Written notice of the suspension, the department's proposed additional action or actions and written notice of the right to request a hearing shall be sent to the program medical director, in the case of cancellation of plan approval, or the owner or operator of each first responder service provider involved, in the case of cancellation of provider participation. A request for hearing shall be submitted in writing to the department's office of administrative hearings and received by that office within 30 days after the date of the notice of suspension. The office of administrative hearings shall schedule the hearing no later than 15 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 plan approval or provider participation shall remain in effect until a final decision is rendered.

(d) If the department provides written notice of the grounds for an order and an explanation of the process for appealing an order imposed under this subsection, the department may order any of the following sanctions:

1. That a person or entity stop operating as a first responder without a license.

2. That a person or entity stop violating any provision of certification under s. 146.50, Stats., or rules promulgated under s. 146.50, Stats.

3. That a person or entity submit a plan of correction for violation of any provision of certification under s. 146.50, Stats., or rule promulgated under s. 146.50, Stats.

4. That a person or entity implement and comply with a plan of correction provided by the department or previously submitted by the person or entity and approved by the department.

(4) APPEAL. (a) In the event that under sub. (1) the department denies issuance of or renewal of or suspends or revokes a first responder certificate, the applicant or first responder may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration's division of hearings and appeals and received by that office within 30 days after the date of the notice required under sub. (1).

(b) In the event that, under sub. (3) (a) or (b), the department cancels a first responder plan or participation by a first responder service provider or providers in the plan, the program medical director, in the case of cancellation of plan approval, or the owner or operator for each first responder service provider involved, in the case of cancellation of provider participation, may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration's division of hearings and appeals. Review is not available if the request is received in the office of administrative hearings more than 30 days after the date of the notice required under sub. (3) (a) or (b).

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, WI 53707.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94; correction in (1) (d) made under s. 13.93 (2m) (b) 5., Stats., Register, August, 1995, No. 476; correction in (1) (intro.) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573; **emerg. am. (1) (intro.), (2), (3) (a) to (c) 1., and (4), cr. (3) (d), eff. 6-6-05; CR 05-048: am. (1) (intro.), (2), (3) (a) to (c) 1., and (4), cr. (3) (d) Register October 2005 No. 598, eff. 11-1-05.**

HFS 113.06 Waivers. The department may waive any requirement in this chapter, upon written request of the affected party, if the requirement is not also a statutory requirement and if the department finds that it is demonstrated that strict enforcement of the requirement will create an unreasonable hardship in meeting the emergency medical services 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.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94.