

1999 DRAFTING REQUEST

Assembly Amendment (AA-AB133)

Received: **05/4/99**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Legislative Fiscal Bureau 266-3847**

By/Representing: **Goldman**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Alt. Drafters:

Subject: **Health - emergency med services**

Extra Copies: **TAY**

Pre Topic:

LFB:.....Goldman -

Topic:

Statewide poison control centers

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kenneda 05/14/99	jgeller 05/14/99		_____			
/1			martykr 05/14/99	_____	gretskl 05/14/99		

FE Sent For:

<END>

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1/?	kenneda	1 5/14 jlg	km/14	2 5/14			

FE Sent For:

<END>

Adapted

Representative Gard

HEALTH AND FAMILY SERVICES -- PUBLIC HEALTH

Statewide Poison Control Centers

Motion:

Move to create statutory requirements for the statewide poison control centers by specifying the following:

(a) A statewide poison control system must provide poison control services that are available throughout the state, 24 hours a day and 365 days a year;

(b) A regional poison control center must maintain telephone service services capable of providing rapid, accurate, complete and accessible poison information throughout the state. The services shall be free to users through a statewide toll-free hotline; ?

(c) Each on-line staff member at a regional poison control center who interprets poison exposure data and provides poison intervention and management information shall be one of the following:
?
who answers the telephone

- (1) a registered nurse licensed under Chapter 441 of the statutes;
- (2) a pharmacist licensed under Chapter 450 of the statutes;
- (3) a physician licensed to practice medicine and surgery under Chapter 448 of the statutes;
- (4) a poison information specialist certified by or eligible for certification by the American Association of Poison Control Centers; Title ?
- (5) a graduate of a school of pharmacy, accredited by the American Council on Pharmaceutical Education, who is in residency training; Title ?
- (6) a pharmacy student enrolled in a school of pharmacy, accredited by the American council on pharmaceutical education, who has completed the second professional practice year; or
- (7) a person employed as an on-line staff member at a center on May 1, 1994, who has worked in that capacity at the center for at least three years and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

(d) Each on-line staff member at a regional poison control center who has the title poison information provider may provide poison information to manage non-toxic exposures and routine follow-up provided that he or she has an appropriate health-oriented background and receives at least 16 documented hours of job-relevant continuing education each year. A person with an appropriate health care background is any of the following:

- (1) an emergency medical technician - basic, licensed under s. 146.50 of the statutes and Chapter 110 of administrative code;
- (2) an emergency medical technician - intermediate, licensed under s. 146.50 of the statutes and Chapter 111 of administrative code;
- (3) an emergency medical technician - paramedic licensed under s. 146.50 of the statutes and Chapter 112 of administrative code;
- (4) a licensed practical nurse licensed under Chapter 441 of the statutes; or
- (5) a poison information provider qualified under 1999 American Association of Poison Control Centers accreditation standards with an appropriate health-oriented background who has completed a training program overseen by a physician specializing in toxicology and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

*AAPCC doesn't
up to
center to
do*

*for a poison control
center*

*different?
same?*

*extra?
same?*

(e) Poison information providers shall triage incoming calls dealing with toxic exposures and calls from health care providers who request drug interaction interpretations to a member of the on-line staff identified in (c) who is on duty; and

(f) The statewide poison control system shall provide poison information and education to professionals and the public.

Note:

Under current law, DHFS provides up to \$375,000 GPR annually for a statewide poison control system. Currently, the system is jointly administered by Children's Hospital of Wisconsin and University of Wisconsin Hospitals and Clinics. In order to receive state funding for the poison control system, the grantees are required to provide a 50% matching contribution. Private funds or in-kind contributions can be used to meet this requirements.

In July 1998, DHFS held a public hearing on proposed rule changes for the statewide poison control center. The statutory requirements contained in this motion are identical to the rules proposed by the Department, except that, under the DHFS proposed rules, individuals described under (d)(5) are not included in the definition of a poison information provider, but a pharmacy intern is included.

Poison Control Center

Bob:

This is a dispute over the credentials of the people who answer the phone.

DHFS will not back off on the credentials they want to require by rule.

Suggested solution is to put the standards in the statutes instead of the rules and let the Directors of the Centers decide who is qualified (using AAPCC standards).

When I asked for the language they want, I was given the second page of a letter (the 1st page was not included) from Derzon of UW and Vice of Children's.

The phone numbers for the directors are in that same letter and John Kiesow from DHFS participated in our discussion.

I've also included some additional background material that was provided at the meeting.

Diane

Proposed rules
Changes by Beth

**PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
RENUMBERING, AMENDING AND CREATING RULES**

To renumber HFS 167.05 (4); to amend HFS 167.05 (3); and to create 167.05 (4), relating to the statewide poison control system.

Analysis Prepared by the Department of Health and Family Services

This rulemaking order amends the Department's rules for operation of the two 24-hour regional poison control centers in the state, at the University of Wisconsin Hospital and Clinics in Madison, and the Children's Hospital of Wisconsin in Milwaukee, to give the centers, at their request, more flexibility in staffing to respond to phone inquiries they receive.

The current rules specify the qualifications of on-line staff who interpret poison exposure data and provide poison intervention and management information. Yet about 70% of phone calls received by poison control centers originate from homes and do not require intervention. Consequently, most calls can be handled by staff who can provide the requested information about poisons without being expected to advise about intervention. Around the country, poison information providers with "appropriate health-oriented backgrounds," but without the intervention skills of physicians, registered nurses, pharmacists, certified poison information specialists and other types of staff now specified in ch. HFS 167, are employed to staff poison information hotlines, with physicians, registered nurses, pharmacists or poison information specialists available to handle calls requiring advice about intervention.

This order amends ch. HFS 167 to permit poison control centers to employ poison information providers with "appropriate health-oriented backgrounds," who receive at least 16 hours of relevant continuing education each year, to obtain adequate health assessment and information from the caller, provide information about poisons, triage the call as needed, and provide routine follow-up, but not intervention advice related to toxic exposures or drug interaction interpretations for health care providers. The specified "appropriate health-oriented backgrounds" are licensed emergency medical technicians at basic, intermediate and paramedic levels, licensed practical nurses, and pharmacy interns.

The Department's authority to renumber, amend and create these rules is found in ss.146.57 (4) and 227.11 (2), Stats. The rules interpret s.146.57, Stats.

SECTION 1. HFS 167.05 (3) (intro.) is amended to read:

HFS 167.05 (3) (intro.) ~~On-line staff~~ **Each on-line staff member** at a regional poison control center who ~~will interpret~~ **interprets** poison exposure data and ~~provide~~ **provides** poison intervention and management information shall ~~include one or more~~ **be** one of the following:

SECTION 2. HFS 167.05 (4) is renumbered 167.05 (5).

SECTION 3. HFS 167.05 (4) is created to read:

HFS 167.05 (4) (a) Each on-line staff member at a regional poison control center who has the title poison information provider may provide poison information to manage non-toxic exposures and routine follow-up provided that he or she has an appropriate health-oriented background and receives at least 16 documented hours of job-relevant continuing education each year. A person with an appropriate health-oriented background is any of the following:

1. An emergency medical technician - basic, licensed under s. 146.50, Stats., and ch. HSS 110;
2. An emergency medical technician - intermediate, licensed under s. 146.50, Stats., and ch. HFS 111;
3. An emergency medical technician - paramedic, licensed under s. 146.50, Stats., and ch. HFS 112;
4. A licensed practical nurse, licensed under ch. 441, Stats.; or
5. A pharmacy intern registered under ch. Ph-Int 1.

(b) Poison information providers shall triage incoming calls dealing with toxic exposures and calls from health care providers who request drug interaction interpretations to a member of the on-line staff identified in sub. (3) (a) to (g) who is on duty.

The rules included in this order shall take effect on the first day of the month following their publication in the Wisconsin Administrative register, as provided in s. 227.22 (2), Stats.

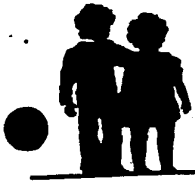
Wisconsin Department of Health and
Family Services

Dated:

By: _____

Joseph Lcean
Secretary

SEAL:



Children's Hospital of Wisconsin Poison Center

9000 W. Wisconsin Ave. • Milwaukee, WI • 53201 toll free line: 1(800)815-8855 or (414)266-2222

To: Division of Health
Public Hearing Regarding Rules Change for Poison Center Staff held
July 14, 1998

In opposition of the wording of the proposed rules change, I submit a copy of an E-mail I received from the director of the Madison Poison Center. It speaks for both of us.

I have also received the copy of the rules change, and there is a significant disconnect here between the nature of the changes we've asked for and the language of the proposed amendment.

In our request for a change, we asked that non-certified specialists in poison information who receive 16 hours of CE per year should be acceptable to handle all aspects of poison call management (not just triage functions as indicated in the proposed rule change). The use of non-certified specialists in this way is in line with the way such staff are used at other centers, and is in compliance with current AAPCC certification standards. We also asked that the rules include a statement that calls for the use of non-certified specialists follow AAPCC standards. This will allow us to change our staffing standards (if AAPCC standards change) without needing to go through this process again.

The definition of a person with an appropriate health related background is also unacceptable to me as currently written in the proposed rule change. Being limited to these types of individuals in our recruitment of non-certified specialists will not address the concerns we have regarding staffing levels at our centers (the types of people we would consider appropriate as non-certified specialists would not be limited to EMTs, LPNs and pharmacy interns.

Bottom line, I have three major problems with the rule change proposal: 1) limitation of practice to triage only, 2) lack of reference to AAPCC standards, and 3) limitation to background of non-certified specialists.

The proposed language doesn't even come close to reflecting what we asked for in the October 14, 1997 letter from both of our CEOs to Mr. Baldwin, and I'm a bit surprised (shocked?) by the proposal.

Submitted by Cathy Islas, Poison Center Coordinator

*Member - Milwaukee Regional Medical Center
A major teaching affiliate of the Medical College of Wisconsin*

icians — paramedics should, if feasi-
 for approved programs using
 paramedics.

review and, if the department deter-
 factory, approve the plans submitted
 shall:

e support and technical assistance to
 programs that use emergency medi-
 service providers.

es of agencies and organizations pro-
 ry of emergency medical services.
 of training for emergency medical

y medical resources and services of
 ocation of resources to areas of iden-

anning for appropriate and efficient
 and injured.

CTOR FOR EMERGENCY MEDICAL SER-
 : funding under the preventive health
 am under 42 USC 2476 under the
 35 (1) (mc), the department shall
 l year to contract for the services of
 ite emergency medical services pro-

ar. (a) shall be called the state medi-
 cal medical services program. shall
 icence in the conduct and delivery of
 al services as a physician practicing
 icine in a hospital or agency and
 d in and had major responsibility for
 nt. execution and coordination of
 in the delivery of emergency

EMENT OF AMBULANCE SERVICES. (a)
 r s. 20.435 (5) (ch), the department
 s for ambulance service vehicles or
 ical medical services supplies or
 ical training for personnel to an
 hat is a public agency, a volunteer
 t corporation, under a funding for-
 al base amount for each ambulance
 mental amount based on the popula-
 provider's primary service or con-
 s. 146.50 (5).

s contracted for ambulance service
 iver that operates for profit, the
 unds under par. (a) to the public

er par. (a) or (b) shall supplement
 r provided to an ambulance service
 l to replace, decrease or release for
 g, budgeted moneys of or provided
 ider. In order to ensure compliance
 ment shall require, as a condition
 ort of expenditures under this sub-
 ervice provider and may require a
 res under this subsection from an
 nce service or a public agency, vol-
 nprofit corporation with which an
 is contracted to provide ambulance

ECHNICIAN TRAINING AND EXAMINA-
 tion under s. 20.435 (5) (ch), the
 te funds to entities, including
 courses or instructional pro-
 epartment under s. 146.50 (9), to
 the training required for licensure
 1 emergency medical technician —

basic under s. 146.50 (6), and to fund each examination adminis-
 tered by the entity for licensure or renewal of licensure as an emer-
 gency medical technician — basic under s. 146.50 (6) (a) 3. and (b)
 1.

(6) UNLICENSED OPERATION. (a) In this subsection, "person"
 has the meaning specified in s. 146.50 (1) (L).

(b) Notwithstanding the existence or pursuit of any other reme-
 dy, the department may, in the manner provided by law, upon the
 advice of the attorney general, who shall represent the department
 in all proceedings, institute an action in the name of the state
 against any person to restrain or prevent the establishment, man-
 agement or operation of any emergency medical services program
 that is not approved under sub. (2) (a) or that is in violation of this
 section or a rule promulgated under this section.

(7) INSURANCE. A physician who participates in an emergency
 medical services program under this section or as required under
 s. 146.50 shall purchase health care liability insurance in com-
 pliance with subch. III of ch. 655, except for those acts or omis-
 sions of a physician who, as a medical director, reviews the perfor-
 mance of emergency medical technicians or ambulance service
 providers, as specified under s. 146.37 (1g).

(8) EXCEPTION TO TREATMENT. This section and the rules pro-
 mulgated under this section may not be construed to authorize the
 provision of services or treatment to any individual who objects
 for reasons of religion to the treatment or services, but may be
 construed to authorize the transportation of such an individual to
 a facility of the individual's choice within the jurisdiction of the
 emergency medical service.

History: 1989 a. 102 ss. 15 to 17, 23, 25, 26, 60; 1991 a. 39, 269; 1993 a. 16, 251,
 399, 491; 1997 a. 27, 79.

146.56 Statewide trauma care system. (1) Not later than
 July 1, 2001, the department shall develop and implement a state-
 wide trauma care system. The department shall seek the advice of
 the statewide trauma advisory council under s. 15.197 (25) in
 developing and implementing the system.

(2) The department shall promulgate rules to develop and
 implement the system. The rules shall include a method by which
 to classify all hospitals as to their respective emergency care capa-
 bilities. The classification rule shall be based on standards devel-
 oped by the American College of Surgeons. Within 180 days after
 promulgation of the classification rule, and every 4 years thereaf-
 ter, each hospital shall certify to the department the classification
 level of trauma care services that is provided by the hospital, based
 on the rule. The department may require a hospital to document
 the basis for its certification. The department may not direct a hos-
 pital to establish a certain level of certification.

History: 1997 a. 154.

146.57 Statewide poison control program. (3) POISON
 CONTROL. (a) The department shall implement a statewide poison
 control program. From the appropriation under s. 20.435 (5) (ds),
 the department shall, if the requirement under par. (b) is met, dis-
 tribute total funding of not more than \$375,000 in each fiscal year
 to supplement the operation of the program and to provide for the
 statewide collection and reporting of poison control data. The
 department may, but need not, distribute all of the funds in each
 fiscal year to a single poison control center.

(b) No poison control center may receive funds under par. (a)
 unless the poison control center provides a matching contribution
 of at least 50% of the state funding for the center. Private funds
 and in-kind contributions may be used to meet this requirement.

(4) RULE MAKING. The department shall promulgate rules that
 specify the information that shall be reported to the department
 under the statewide poison control program.

History: 1993 a. 16; 1995 a. 27; 1997 a. 27.

146.58 Emergency medical services board. The emer-
 gency medical services board shall do all of the following:

(1) Appoint an advisory committee of
 tise in the emergency medical services are
 ment on the criteria for selection of the st
 emergency medical services and on the pe
 tor and to advise the director on appropri-

(4) Periodically review all emergency
 utes and rules for surface, water and air tra
 mend to the department and the depart
 changes in those statutes and rules to
 and equipment requirements, where app
 response, nonemergency response and int
 of patients.

(5) Seek involvement in its deliberati
 onnel from the department, the technic:
 and the department of transportation.

(6) Seek involvement in its deliberat
 vice provider personnel, emergency m-
 responders, persons who train emergenc
 sonnel and other interested persons.

(7) Advise, make recommendations
 department concerning the funding unde

(8) Review the annual budget prepar
 the expenditures under s. 20.435 (5) (ch
 History: 1993 a. 16 ss. 2578f, 2578g, 2578p; 19

146.59 University of Wisconsin
 Board. (1) In this section:

(a) "Authority" means the Universit
 and Clinics Authority.

(b) "Board" means the University of
 Clinics Board.

(2) (a) Subject to 1995 Wisconsin A-
 the board shall negotiate and enter in
 agreement with the authority that meets
 233.04 (4) and shall comply with s. 23:

(b) If a contractual services agreem
 233.04 (4m) (b), the University of Wisc
 ics Board may negotiate and enter in
 agreement with the University of Wisco
 Authority or the board of regents of th
 System under s. 233.04 (4m) (b).

(3) (a) Any contractual services agr
 include a provision that authorizes the
 fied duties for the board with respect
 This authorization may include duti
 employes, taking disciplinary action o
 or layoffs, or with respect to collectiv
 plaints, or benefits and records admin

(b) Any authorization under par.
 applicable provisions of subch. V of
 delegation of authority by the depart
 tions to the board, and any collective
 respect to employes of the board.

History: 1995 a. 27, 216.

146.60 Notice of release of
 organisms into the environmen
 section:

(a) "Confidential information" m
 confidential treatment under sub. (6)

(b) "Coordinated framework" m:
 work for regulation of biotechnolog
 23302 to 23350 (June 26, 1986), as
 22892 to 22915 (June 16, 1987), and
 the coordinated framework for regul

(c) "Departments" means the dep
 and consumer protection and the dep

Chapter HFS 167

STATEWIDE POISON CONTROL SYSTEM

HFS 167.01 Authority and purpose.
 HFS 167.02 Applicability.
 HFS 167.03 Definitions.
 HFS 167.04 Allocation of funds.

HFS 167.05 Statewide system components.
 HFS 167.06 Joint proposal.
 HFS 167.07 Records and reports.

Note: Chapter HFS 167 was created as an emergency rule effective July 1, 1994. Chapter HSS 167 was renumbered chapter HFS 167 under s. 13.93 (2m) (b) 1., Stats., Register, October, 1997, No. 502.

HFS 167.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.57 (4) and 227.11 (2), Stats., to establish a statewide poison control system for the purpose of ensuring that poison prevention and intervention services are accessible as needed to all Wisconsin residents.

History: Cr. Register, January, 1995, No. 469, eff. 2-1-95.

HFS 167.02 Applicability. This chapter applies to the department and to no more than 2 regional poison control centers that receive state general purpose revenue under s. 146.57 (3), Stats., for the provision of poison control services, provided that funds are available under s. 20.435 (1) (ds), Stats.

History: Cr. Register, January, 1995, No. 469, eff. 2-1-95.

HFS 167.03 Definitions. In this chapter:

- (1) "AAPCC" means American association of poison control centers.
- (2) "Department" means the Wisconsin department of health and family services.
- (3) "Division" means the department's division of health.
- (4) "Exposure data" means the information about ingestion of a poisonous substance or of a possible poisonous substance, including information about what was ingested, how much, by whom, when, and where.
- (5) "Funding year" means the state fiscal year beginning July 1 and ending June 30.
- (6) "On-line staff" means staff of a center who personally respond to phone inquiries received by the center.
- (7) "Poison control services" means provision of rapid and accurate poison interpretation, poison intervention and management information, and provision of poison prevention education for health care professionals and the public.
- (8) "Regional poison control center" or "center" means a hospital designated by the department to receive state general purpose revenue to provide poison control services to a part of the state and to be part of the statewide poison control system.
- (9) "Statewide poison control system" means no more than 2 regional poison control centers that collaborate to provide comprehensive and coordinated poison control services statewide.
- (10) "Work plan" means an outline of the goals, objectives and implementation steps for a regional poison control center during one funding year, and against which the department will monitor the center.

History: Cr. Register, January, 1995, No. 469, eff. 2-1-95; correction in (2) made under s. 13.93 (2m) (b) 6., Stats., Register, October, 1997, No. 502.

HFS 167.04 Allocation of funds. (1) In order to receive funds made available under s. 146.57 (3) (a), Stats., a regional poison control center shall meet all requirements of this chapter.

(2) The department shall distribute funds under s. 146.57 (3) (a), Stats., annually.

(3) Funds shall be distributed under separate contracts if there is more than one center.

(4) A regional poison control center may only be funded if there is a matching contribution from the regional poison control center amounting to at least 50% of state funding for the center.

History: Cr. Register, January, 1995, No. 469, eff. 2-1-95.

HFS 167.05 Statewide system components. (1) The statewide poison control system shall provide poison control services that are available throughout the state, 24 hours a day and 365 days a year.

(2) A regional poison control center shall maintain telephone services capable of providing rapid, accurate, complete and accessible poison information throughout the state. These services shall be free to users through a statewide toll-free hotline.

(3) On-line staff at a regional poison control center who will interpret poison exposure data and provide poison intervention and management information shall include one or more of the following:

- (a) A registered nurse licensed under ch. 441, Stats.;
- (b) A pharmacist licensed under ch. 450, Stats.;
- (c) A physician licensed under ch. 448, Stats., to practice medicine and surgery;
- (d) A poison information specialist certified by or eligible for certification by the AAPCC;
- (e) A graduate of a school of pharmacy, accredited by the American council on pharmaceutical education, who is in residency training;
- (f) A pharmacy student enrolled in a school of pharmacy, accredited by the American council on pharmaceutical education, who has completed the second professional practice year; or
- (g) A person employed as an on-line staff member at a center on May 1, 1994, who has worked in that capacity at the center for at least 3 years and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

(4) The statewide poison control system shall provide poison information and education to professionals and the public.

History: Cr. Register, January, 1995, No. 469, eff. 2-1-95.

HFS 167.06 Joint proposal. (1) Every 2 years beginning in 1994, the 2 regional poison control centers shall submit a joint proposal to the division no later than May 1.

(2) The joint proposal shall contain regional work plans and budgets for the statewide poison control system and include the following parts:

- (a) Geographic delineation of service regions;
 - (b) Protocols for triage, referral and follow-up of toxic exposures until the patient is medically stable;
 - (c) On-line staff qualifications and experience;
 - (d) A plan for publicizing statewide poison control services to the general public;
 - (e) Professional and public education programs;
 - (f) A quality assurance plan;
 - (g) Data collection;
 - (h) Regional budgets and supporting budget narratives; and
 - (i) Assurance that duplication of services will be minimized.
- (3) A center shall submit an updated work plan and budget to the division in the alternate year, no later than May 1, beginning

NEW

SECTION 1. HFS 167.05 (3) (intro.) is amended to read:

LCC HFS 167.05 (3) (intro.) ~~On-line staff~~ Each on-line staff member at a regional poison control center who ~~will interpret~~ interprets poison exposure data and ~~provide~~ provides poison intervention and management information ~~shall~~ shall include one or more be one of the following:

SECTION 2. HFS 167.05 (4) is renumbered 167.05 (5).

SECTION 3. HFS 167.05 (4) is created to read:

LCC LCC HFS 167.05 (4) (a) Each on-line staff member at a regional poison control center who has the title poison information provider may provide poison information to manage non-toxic ~~poison~~ exposures and routine follow-up provided that he or she has an appropriate health-oriented background and receives at least 16 documented hours of job-relevant continuing education each year. A person with an appropriate health-oriented background is any of the following:

1. An emergency medical technician – basic, licensed under s. 146.50, Stats., and ch. HSS 110;

2. An emergency medical technician – intermediate, licensed under s. 146.50, Stats., and ch. HFS 111;

3. An emergency medical technician – paramedic, licensed under s. 146.50, Stats., and ch. HFS 112;

4. A licensed practical nurse, licensed under ch. 441, Stats.; or

5. A pharmacy intern registered under ch. Ph-Int 1.

(b) Poison information providers shall triage incoming calls dealing with toxic exposures and calls from health care providers who request drug interaction interpretations to ~~the on-duty staff~~ a member of the on-line staff identified in sub. (3)

LCC LCC (a) to ~~(f)~~ (g) who is on duty.

Kenneth Baldwin
August 22, 1997
Page 2

Bob -
This is the
language they
want
↓

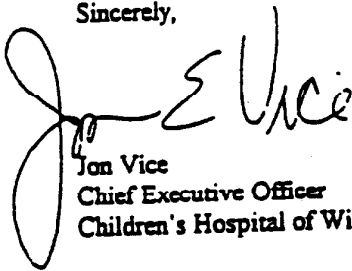
We suggest that the fifth and final criteria be changed to the following: 1999

5. A poison information provider qualified under ~~current~~ AAPCC accreditation standards with an appropriate health-oriented background, who has completed a training program overseen by a physician specializing in toxicology (preferably the medical director of one of the poison centers in the system), and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

This recommended change in the rule reflects the consensus of the administration at both of our centers. In order to ensure the quality of the service being provided, certified specialists in poison information will be made available, on an "on-call" basis during times non-certified poison information providers are staffing our centers. Both centers will evaluate the clinical outcomes of the care provided by non-certified providers, and will provide the results of these studies to the Bureau. Further, our centers plan to participate in a national training program for non-certified providers is being developed in the State of Washington.

It is our hope that this change will make it possible to better respond to the increasing financial challenges associated with providing poison services in the State. We would be grateful for your assistance, and the assistance of your staff, in facilitating this change. If you have any additional questions or concerns, please feel free to contact either of us, or the Directors of our Centers, Lee Vermeulen in Madison (608/262-7537) or Cathy Islas in Milwaukee (414/266-2221)

Sincerely,



Jon Vice
Chief Executive Officer
Children's Hospital of Wisconsin



Gordon Derzon
Chief Executive Officer
University of Wisconsin Hospitals and Clinics

cc: S. Utech, L. Vermeulen, C. Islas

Poison Control Center

Kenneth Baldwin
August 22, 1997
Page 2

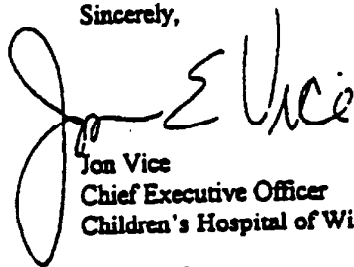
We suggest that the fifth and final criteria be changed to the following: 1999

5. → A poison information provider qualified under current AAPCC accreditation standards with an appropriate health-oriented background, who has completed a training program overseen by a physician specializing in toxicology (preferably the medical director of one of the poison centers in the system), and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

This recommended change in the rule reflects the consensus of the administration at both of our centers. In order to ensure the quality of the service being provided, certified specialists in poison information will be made available, on an "on-call" basis during times non-certified poison information providers are staffing our centers. Both centers will evaluate the clinical outcomes of the care provided by non-certified providers, and will provide the results of these studies to the Bureau. Further, our centers plan to participate in a national training program for non-certified providers is being developed in the State of Washington.

It is our hope that this change will make it possible to better respond to the increasing financial challenges associated with providing poison services in the State. We would be grateful for your assistance, and the assistance of your staff, in facilitating this change. If you have any additional questions or concerns, please feel free to contact either of us, or the Directors of our Centers, Lee Vermeulen in Madison (608/262-7537) or Cathy Islas in Milwaukee (414/266-2221)

Sincerely,



Jon Vice
Chief Executive Officer
Children's Hospital of Wisconsin



Gordon Denson
Chief Executive Officer
University of Wisconsin Hospitals and Clinics

cc: S. Utech, L. Vermeulen, C. Islas

DEPARTMENT OF HEALTH AND FAMILY SERVICES
HFS-32 (Rev. 8/87)

STATE OF WISCONSIN

FACSIMILE COVER MESSAGE

CONFIDENTIALITY: This facsimile transmission is intended only for use of the individual or entity to which it is addressed. It may contain information which is privileged, confidential, or exempt from disclosure under applicable law.

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If you received this communication in error, notify us immediately by telephone and return the original message to us through the United States Postal Service to the address we will provide.

TO:

Name Cathy Islas -- Poison Center		Fax Number (414) 266-2820
Location Children's Hospital of Wisconsin	Room Number	Phone Number

FROM (Sender):

Name Susan Uttech	Total number of pages including Cover Sheet 6	Fax Number (608) 267-3824
Location Family Health Section Bureau of Family and Community Health 1414 East Washington Avenue Rm 294B Madison, WI 53703-3044		Phone Number (608) 267-3561

OPERATOR

- Destroy Originals
- Return Originals to Sender

COMMENTS/INSTRUCTIONS

Do you support these amended rule changes? If not, then the Department will keep the rules as they currently exist. Please get back to me by 4:30 today or early Thursday (10/29) morning.

THE FACSIMILE MACHINE COPIES ONLY ONE SIDE OF THE DOCUMENT.
Call sender (Telephone Number) if there is a problem with transmission.

Division of Public Health's proposed responses to the Department


PROPOSED ADMINISTRATIVE RULES - HFS 167 ANALYSIS FOR LEGISLATIVE STANDING COMMITTEES PURSUANT TO S. 227.11(2), STATS.

Need for Rules

This rulemaking order amends the Department's rules for operation of the two 24-hour regional poison control centers in the state, at the University of Wisconsin Hospital and Clinics in Madison, and the Children's Hospital of Wisconsin in Milwaukee, to give the centers, at their request, more flexibility in staffing to respond to phone inquiries they receive.

The current rules specify the qualifications of on-line staff who interpret poison exposure data and provide intervention and management information. Yet about 70% of phone calls received by poison control centers originate from homes and do not require intervention. Consequently, most calls can be handled by staff who can provide the requested information about poisons without being expected to advise about intervention. Around the country, poison information providers with "appropriate health-oriented backgrounds," but without the intervention skills of physicians, registered nurses, pharmacists, certified poison information specialists and other types of staff now specified in ch. HFS 167, are employed to staff poison information hotlines, with physicians, registered nurses, pharmacists, or poison information specialists available to handle calls requiring advice about intervention.

This order amends ch. HFS 167 to permit poison control centers to employ Poison Information Providers with "appropriate health-oriented backgrounds," who receive at least 16 hours of relevant continuing education each year to do the following: obtain adequate health assessment information from the caller; provide information about poisons; triage the call as needed; and provide routine follow-up, but not give intervention advice related to toxic exposures or drug interaction interpretations for health care providers.

The specified "appropriate health-oriented backgrounds" are licensed emergency medical technicians at basic, intermediate and paramedic levels, licensed practical nurses, and pharmacy interns. 

The Department's authority to renumber, amend and create these rules is found in ss. 146.57 (4) and 227.11 (2), Stats. The rules interpret s. 146.57, Stats.

Response to Clearinghouse Recommendations

All comments of the Legislative Council Rules Clearinghouse were accepted except for the following:

2.b. Comment: HFS 167.05 4 (a) 1 to 4 should end in periods. **Response:** No change. The old form for lists is used in the unamended part of HFS 167 and the two forms should be not be mixed.

5b. Comment: HFS 167.05 (4) (a) (Intro.) refers to a person who provides poison information to manage non-toxic poison exposures. What constitutes "non-toxic poison exposures"? **Response:** The word "poison" has been deleted because it is unnecessary and confusing. The phrase now reads "non-toxic exposures".

5c. Comment: Current HFS 167.05 (3) (g) refers to a "person employed as an on-line staff member at the center on May 1, 1994, who has worked in that capacity at the center for at least 3 years and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information." The role of such a person is unclear under the proposed rule. The person is still listed in HFS 167.05 (3) as a person who interprets poison exposure data and provides poison intervention and management information. However, HFS 167.05 (4) (b) does not provide for referring incoming calls to such a person because it refers only to on-line staff identified in HFS 167.05 (3) (a) to (f). **Response:** HFS 167.05 (4) (b) has been changed to reference HFS 167.05 (3) (a) to (g) so as to include a "person employed at a center on May 1, 1994".

Public Hearing

One public hearing was held on the proposed amended rule. The hearing was in Madison on July 14, 1998. Four persons registered at the hearing. Written comment was received from one other person on July 17, 1998. A summary of the comments and the Department's responses are found in an attachment to this document.

No changes were made in the proposed amended rules in response to comments from the public.

Final Regulatory Flexibility Analysis

These rules will not directly affect small businesses, as defined in s. 227.114(1) (a), Stats. The rules apply to the Department and to the two poison control centers in the state: University of Wisconsin Hospital and Clinics in Madison, and Children's Hospital of Wisconsin in Milwaukee.

SUMMARY OF PUBLIC HEARING AND PUBLIC HEARING PARTICIPATION

CHAPTER HFS 167 - RULE CHANGES

One public hearing was held in Madison on July 14, 1998. Staff in attendance were Mary Gothard, Public Health Educator (Hearing Officer), Susan Uttech, Family Health Unit Supervisor (Resource Person) and Jody Diedrich, Child Health Nurse Consultant (Recorder). The hearing record was left open until July 21, 1998, for receipt of written comments. Participation at the hearing is tabulated below:

Registered	4
Oral Testimony	2
Observation only	2
Indicated Support	0
 Written Comments	 1
Indicated Support	0

The following is a list of the persons who attended the public hearing or submitted written comment on the proposed rule change. With each individual's name and affiliation is an indication as to whether the person testified or provided written comment.

- | | | |
|----|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. | Lee Vermeulen, Director
UW Hospital Poison Control Center
Madison, WI | Opposition (Oral comment) |
| 2. | Cathy Islas, Coordinator
Children's Hospital of Wisconsin
Poison Control Center
Milwaukee, WI | Opposition (Oral comment) |
| 3. | Donna Lotzer
UW Hospital Poison Control Center
Madison, WI | Opposition (Observer) |
| 4. | June Pellowski
Galesville, WI | Observer |
| 5. | State Representative G. Spencer Coggs
State Capitol
Madison, WI | Opposition
(Written testimony) |

HFS 167 RENUMBERING, AMENDING, AND CREATING RULES FOR THE STATEWIDE POISON CONTROL SYSTEM

PUBLIC HEARING COMMENTS AND DHFS RESPONSES

1. Comment by Lee Vermeulen: Disagrees with HFS 167.05 (4) The poison centers and medical directors should be able to define what is an "appropriate health-oriented background" for a Poison Information Provider.

If "appropriate health-oriented background" remains as proposed, broaden HFS 167.05 (4) (a) to include professions with less skill level. After all, "Unit clerks provide triage in hospitals."

If HFS 167.05 (4) (a) remains as proposed, paragraph (b) should be changed to allow Poison Information Providers to answer all incoming calls and do more than just triage calls.

Also accept in the amended rules the American Association of Poison Control Center's (AAPCC) definition of health-oriented background for Poison Information Providers which gives the poison centers flexibility in designating staff to answer the phones. If or when AAPCC standards change, the poison centers can comply with these standards without needing another rule change.

Department Response: Section 146.57, Stats., as created by the 1993 Wisconsin Act 16, directs the Department to implement a statewide poison control system and develop rules for the operation of the statewide poison control system. The Department's responsibility is to ensure that quality poison control services are available and provided to Wisconsin's citizens. State general purpose revenue in the amount of \$375,000 is allocated to the Wisconsin Poison System annually.

"Appropriate health-oriented background" is not, in fact, defined by the American Association of Poison Control Center's (AAPCC), the national accreditation body for poison control centers. The AAPCC defers to the poison centers to define who meets the criteria for "appropriate health-oriented background." In response to an inquiry by Department Staff, the AAPCC suggested that the Department contact Texas, California and Washington poison centers to determine how these centers use Poison Information Providers. The centers in Texas and California have told staff that they employ emergency medical technicians, paramedic, licensed practical nurses and pharmacy technicians as Poison Information Providers. Based on these findings, the Department is defining "appropriate health-oriented background" as emergency medical technicians that are basic, intermediate or paramedics, licensed practical nurses or pharmacy interns, as identified in HFS 167.05 (4) (a) (1) to (5).

Seventy percent (70%) of phone calls received by poison control centers originate from homes and do not require intervention. Most calls can be handled by staff who can provide the requested information about poisons without being expected to advise about intervention. Poison Information Providers with "appropriate health-oriented backgrounds," but without the intervention skills of physicians, registered nurses, pharmacists, certified poison information specialists and other types of staff now

specified in ch. HFS 167, may be employed to staff poison information hotlines, with physicians, registered nurses, pharmacists, and poison information specialists available to handle calls requiring advice about intervention.

2. Comment by Cathy Islas: Disagrees with HFS 167.05 (4). Supports Lee Vermuelen's position.

Notes that the amount of State GPR allocated to the two poison centers in Wisconsin (\$375,000) comes with greater restrictions than is the case in other states.

Department Response: DHFS staff are not aware of other state-supported poison centers in the country.

3. Comment by Representative G. Spencer Coggs: Opposes the administrative rule change. Poison centers should be allowed to follow the staffing qualifications as stated in the 1998 AAPCC Membership Directory regarding "other Poison Information Providers." The specific section references (page 12, point E-4) has precedence in states such as Washington, Georgia and Missouri. (The page 12 is attached.)

Department Response: The Department has a copy of the referenced AAPCC Membership Directory. As previously noted: "appropriate health-oriented background" is not defined by the AAPCC, the national accreditation body for poison control centers. The AAPCC defers to the poison centers to define who meets the criteria for "appropriate health-oriented background."

The directory does state that Poison Information Providers must be under the direct supervision of a specialist in poison information or the medical director. As stated in HFS 167.05 (4) (b), "Poison Information Providers shall triage incoming calls dealing with toxic exposures and calls from health care providers who request drug interaction interpretations to a member of the on-line staff identified in sub. (3) (a) to (g) who is on duty."

The proposed administrative rule changes give the poison control centers greater flexibility in staffing telephones than is the case in the existing rules. This increased flexibility allows the centers to use persons with "appropriate health-oriented backgrounds", defined as emergency medical technicians, licensed practical nurses and pharmacy interns with appropriate training, in addition to persons in currently authorized disciplines, to perform as Poison Information Providers who answer most calls. But the Department, concerned with protecting the public's health and, in this instance, with doing what it can to ensure that callers to poison control centers get the information they need, has proceeded to make on-line staff requirements more flexible by following the lead of the Texas and California poison control centers which limit the category of Poison Information Providers to emergency medical technicians, licensed practical nurses and pharmacy technicians.

METROPOLITAN CHICAGO HEALTHCARE COUNCIL

Title: Poison Information Provider Technician (PIP) FLSA: Nonexempt
Department: Illinois Poison Center Budget: _____

Primary Function

Provides information to the general public regarding poison exposure within the scope and defined limits of their position and under the direct supervision of Specialist in Poison Information (SPI).

Principal Accountabilities

Accountable for answering and triaging initial calls from general public regarding poison exposures, making follow-up calls, and entering information into the IPC database.

Duties and ResponsibilitiesEssential:

Answers and triages initial poisoning exposure calls to the Illinois Poison Center from the general public under the direct supervision of a Specialist in Poison Information (SPI).

Acts consistently with all Center policies, procedures and case treatment guidelines and refers to a Specialist all calls outside the scope of their position.

Maintains accurate and complete patient records and enters all required documentation in IPC data system concerning his/her own cases as well as those handled by other staff in the IPC.

Makes follow-up poison exposure calls and provides accurate documentation.

Provides poison prevention education outreach through letters and telephone calls to the general public.

Nonessential:

Performs other duties as directed by the IPC Associate Director.

Interaction

Regularly interacts with internal poison staff and the general public by telephone and letter.

Poison Information Provider Technician/2Knowledge and Skills

A graduate of a Pharmacy Technician Program with 3 months internship, or high school diploma with 3 years experience as technician in a pharmacy, or a Bachelor's degree, preferably in chemistry or biology, with one year healthcare experience. Poison Center experience preferred. Required to be licensed and maintain licensure. Proficient math, typing, verbal, written, and interpersonal skills required. Knowledge of DOS and Microsoft windows PC environment required and typing of 40 wpm. Bilingual Spanish or Polish a plus.

Effect of Errors

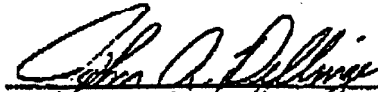
Errors cannot be readily detected but many data entry errors will be noted by the computer software error checking routine. When medical advice is provided by the Poison Information Provider, the work is verified or checked by the SPI.

Working Conditions

Normal office environment. Availability required for work on rotating shifts including weekends and holidays. Some overtime may be required.

Reports to Associate Director

Approvals:



(Director)



(Vice President)

Prepared by:



Date:

JDPCC/SF1dr/5-6
(05/28/97)

ASHP Technical Assistance Bulletin on Outcome Competencies and Training Guidelines for Institutional Pharmacy Technician Training Programs

Preamble

Definitions. The term "supportive personnel" has been recommended as standard nomenclature to be used in referring collectively to all nonprofessional hospital pharmacy personnel. This document describes the training outcome competencies for those supportive personnel designated "pharmacy technicians." A technician may be defined as a person skilled in the technique of a particular art (technique being the mechanical ability required to perform an activity).

For purposes of this document, a pharmacy technician shall be defined as someone who, under the supervision of a licensed pharmacist, assists in the various activities of the pharmacy department not requiring the professional judgment of the pharmacist. Such duties include, but need not be limited to: maintaining patient records; setting up, packaging, and labeling medication doses; filling and dispensing routine orders for stock supplies of patient-care areas; maintaining inventories of drug supplies; and mixing drugs with parenteral fluids. Technicians function in strict accordance with standard, written procedures and guidelines, any deviation from which must be approved by the supervising pharmacist.

Supportive personnel primarily engaged in duties not associated with the techniques of preparing and dispensing medications (e.g., secretaries, clerks, typists, and delivery personnel) are not considered "pharmacy technicians" and their competencies are not covered in this document. Likewise, competencies of supportive personnel who administer medication ("medication technicians") are also excluded. This document addresses the training of a "generalist" technician, one who can function appropriately in most hospitals, both small and large, in the kinds of activities for which there is generally the greatest need for supportive personnel manpower.

Application of the Outcome Competencies. The competencies described in this document are representative ones, and no attempt has been made to develop an exhaustive listing. It is believed that any technician who can demonstrate attainment of these competencies should be able to perform satisfactorily in any organized health-care setting after a reasonable period of orientation. It is not expected, however, that all institutional pharmacy technicians will, in fact, possess these competencies.

The competencies are described in behavioral terms; thus, it should be possible to evaluate the trainee's attainment of each competency in the manner described in each statement. In some instances, this can be by paper and pencil tests; in other instances, it can be by oral statement; and in yet other cases, it can be by actually performing the activity or function under the observation of the evaluator. In the latter instances, it is extremely important that the evaluator judges the trainee's performance strictly on the basis of the objectives previously established for the respective training activity relating to the competency.

Omitted from most of the competency statements are references to time or error limits. Obviously, they must be taken into account in the evaluation process. It is suggested that reasonable time and error limits be imposed where indicated, based on the evaluator's experience.

The training guidelines following the list of competencies for each objective statement consist of suggested topics to be covered in the didactic portion of the training program. Again, these are not exhaustive lists; every training institution is expected to add or delete topics as it deems necessary.

The training guidelines do not include training activities necessary for the development of manipulative skills. These are clearly implied in the statements listed under the competencies for each of the 11 objectives.

The qualifications of applicants to be admitted to the training program are discussed in Appendix A. Suggestions for the training program format are given in Appendix B.

Objective I

The technician should demonstrate appropriate knowledge and understanding of the health-care institution and its pharmacy department.

Competencies. The technician should be able to

1. Interpret the institution's organizational chart in terms of the name and title of the administrative person to whom the director of pharmacy reports and the administrative and professional relationship of the pharmacy department to any other departments in the institution.
2. Describe the general responsibilities and job status of personnel in other institutional departments with whom the technician will have contact in carrying out assigned duties and activities.
3. Interpret the organizational chart for the pharmacy department in terms of names and general responsibilities of all departmental supervisory and administrative personnel.
4. Describe the location of the major hospital departments and service units, and escort another person to any department or unit.
5. State at least three reasons why information about patients must be kept confidential.
6. State at least five reasons for initiation of a disciplinary action in the institution (e.g., absenteeism, incompetency, and dishonesty).

Training Guidelines. Suggested topics include

1. Organization, functions, and responsibilities of the hospital.
2. Organization, functions, and responsibilities of the pharmacy.
3. Hospital and departmental policies and procedures.

AMERICAN

ASSOCIATION OF

POISON

CONTROL

CENTERS



Membership Directory

1998-1999

AAPCC ♦ 3201 New Mexico Avenue, NW ♦ Suite #310

♦ Washington, D.C. 20016 ♦

voice: (202) 362-7217 ♦ fax: (202) 362-8377

CRITERIA FOR CERTIFICATION AS A REGIONAL POISON CENTER

INTRODUCTION

The purpose of this document is to establish criteria by which poison centers can be recognized as possessing the qualities needed to adequately serve a significant population. Poison centers function primarily to provide poison information, telephone management and consultation, collect pertinent data, and deliver professional and public education. Poison treatment facilities function primarily to provide medical control for pre-hospital emergency medical services and to deliver health care to poisoned patients. Cooperation between regional poison centers and poison treatment facilities is a key feature of any poison center program and is essential for achieving the ultimate goal of optimal health care for the poisoned patient.

I. DETERMINATION OF REGION

A. Geographical characteristics. A Regional Poison Center may serve a single state, a multi-state area, or only a portion of a state. The region should be determined by state authorities in conjunction with local health agencies and health care providers. In instances where multiple states are involved, designation from each state will be necessary. Documentation of state designations must be in writing and must clearly delineate the region to be served, the services to be provided, and the exclusivity of the designation. In instances where a state declines in writing to designate any poison center, designation by other political or health jurisdictions (e.g., county, health district) may be an acceptable alternative. In instances where more than one center is designated to serve the same area, evidence of cooperative arrangements must be provided.

B. Population base. In the absence of compelling reasons to the contrary, a Regional Poison Center program should serve a population base of no fewer than one million people. It is unlikely that a single Regional Poison Center could adequately serve more than 10 million people. The center must provide evidence that it adequately serves its entire region. In addition, the center must receive at least 10,000 human exposure calls per year.

II. REGIONAL POISON INFORMATION SERVICE

A. The Regional Poison Center shall provide information 24 hours/day, 365 days/year to both health professionals and the public. This criterion will be considered to be met if the center has at least one specialist in poison information in the center at all times, sufficient additional staff to promptly handle the center's incoming calls and has the availability of the medical director or qualified designee, on-call by telephone, at all times.

B. The Regional Poison Center shall be readily accessible by telephone from all areas within the region. This criterion will be considered to be met if the center has a direct incoming telephone system that is extensively publicized throughout the region to both health professionals and the public. The center must maintain sufficient telephone lines to assure ready access. In the absence of a toll-free system, the center must demonstrate that the lack of a toll-free service is not an impediment to public use of the center. AAPCC Certified Regional Poison Centers may not impose a direct fee to individual members of the lay public [either by direct billing or pay-for-call services] for poison exposure emergency calls received from the public within their regions.

C. The Regional Poison Center shall maintain comprehensive poison information resources. This criterion will be considered to be met if the center maintains:

1. One or more comprehensive toxicology information resources, immediately available at the central telephone answering site.
2. Current comprehensive texts covering both general and specific aspects of acute and chronic poisoning management immediately available at the central telephone answering site.

site.

3. Primary information resources and ready availability of a major medical library.
4. A list of poison center specialty consultants who are available on an on-call basis (See II.E.5. below).

D. The Regional Poison Center shall maintain written operational guidelines which provide a consistent approach to evaluation and management of toxic exposures. This criterion will be considered to be met if the center provides written operational guidelines which include but are not limited to the follow-up of all potentially toxic exposures and appropriate criteria for patient disposition. These guidelines must be available in the center at all times and must be approved in writing by the medical director of the program.

E. Staff qualifications for the Regional Poison Center.

1. Medical director. The medical director should be board certified in medical toxicology. In the absence of this certification, the medical director must be board certified in internal medicine, pediatrics, family medicine or emergency medicine and be able to clearly demonstrate ongoing interest and expertise in toxicology as evidenced by publications, research and meeting attendance. The medical director must have a medical staff appointment at a comprehensive poison treatment facility and must be involved in the management of poisoned patients. The medical director should devote at least 50% of his/her professional activities to toxicology. In addition to clinical, academic teaching and research activities, the medical director must formally commit at least 10 hours per week to poison center operational activities, involving staff training, development of medical guidelines and quality assurance activities.

2. Managing director. The managing director of a regional poison center must be a registered nurse, pharmacist, physician or hold a degree in a health science discipline. This individual may also be the medical director. This individual should be certified or eligible for certification by the American Board of Medical Toxicology for physicians or by the American Board of Applied Toxicology for non-physicians. In the absence of certification, the managing director must be able to demonstrate on-going interest and expertise in toxicology as evidenced by publications, research and meeting attendance. The managing director must be able to clearly demonstrate full-time commitment to poison center related activities, including the areas of clinical toxicology, education, research and administration.

3. Specialists in poison information. Specialists in poison information must be registered nurses, pharmacists or physicians, or be currently certified by the Association as a specialist in poison information. Specialists in poison information must be qualified to understand and interpret standard poison information resources and to transmit that information in a logical, concise, and understandable way to both health professionals and the public. All specialists in poison information must complete a training program approved by the medical director and must be certified by the Association as a specialist in poison information within two examination administrations of their initial eligibility for the certification process. Specialists in poison information not currently certified by the Association as specialists in poison information must spend an annual average of no less than 16 hours per week in poison center related activities, including providing telephone consultation, teaching, public education, or in poison center operations. Specialists in poison information currently certified by the Association as specialists in poison information must spend an annual average of no less than 8 hours per week in poison center related activities, including providing telephone consultation, teaching, public education, or in poison center operations. All specialists in poison information, whether full-time or part-time, must be 100% dedicated to poison center activities during periods when they are assigned to the center.

4. **Other poison information providers.** Other poison information providers must be qualified to understand and interpret standard poison information resources and to transmit that information understandably to both health professionals and the public under the direct supervision of a specialist in poison information or the medical director. This requirement will be considered to be met if the person has an appropriate health-oriented background and has specific training and/or experience in poison information sciences. While they may be part-time staff or have a part-time commitment to the poison center, 100% of their time should be dedicated to poison center activities while assigned to the center.

5. **Poison center specialty consultants.** Poison center specialty consultants should be qualified by training or experience to provide sophisticated toxicology or patient care information in their area(s) of expertise. These consultants should be available on-call, with an expressed commitment to provide consultation services on an on-call, as needed basis. The list of consultants should reflect the type of poisonings encountered in the region.

6. **Administrative staff.** Poison center administrative personnel should be qualified by training and/or experience to supervise finances, operations, personnel, data analysis, and other administrative functions of the poison center.

7. **Education Staff.**

a. **Professional education.** Professional education personnel should be qualified by training or experience to provide quality professional education lectures or materials to health professionals. This role will be supervised by the medical director.

b. **Public education.** Public education personnel should be qualified by training or experience to provide public-oriented poison center awareness, poison prevention and first aid for poisoning presentations. They must be capable of providing verbal presentations to public audiences, and have sufficient understanding of the material to accurately answer public questions. They may be full-time, part-time or volunteer staff.

F. **The Regional Poison Center shall have an ongoing quality assurance program.** This criterion will be considered to be met if the center has regularly scheduled staff inservices, morbidity and mortality conferences, case reviews and audits (such as chart, process or outcome audits).

III. **REGIONAL TREATMENT CAPABILITIES**

A. **The Regional Poison Center shall identify the treatment capabilities of the treatment facilities of the region.** As a minimum, regional poison centers shall identify analytical toxicology, emergency and critical care, and extracorporeal capabilities within the region for adults and children.

B. **The Regional Poison Center should have a working relationship with all poison treatment facilities in its region.**

C. **The Regional Poison Center should understand the analytical toxicology services in its region and how to interface with them.**

D. **The Regional Poison Center should understand how the region's prehospital transportation system is structured and how to interface with it.**

IV. REGIONAL DATA COLLECTION SYSTEM

A. The Regional Poison Center shall keep records of all cases handled by the center in a form that is acceptable as a medical record. This criterion will be considered to be met if the center completes a record that contains data elements and sufficient narrative to allow for peer review and medical and/or legal audit, and such records are kept on file in compliance with standards for hospital record keeping in the region.

B. The Regional Poison Center shall submit all its human exposure data (except as noted in IV.B.1) to the Association's Toxic Exposure Surveillance System meeting specified submission deadlines and quality requirements and including all required data elements .

1. The submission of human exposure data derived from industry contracts is encouraged but not required for certification.
2. Poison centers that withhold industry-derived human exposure data must annually submit the number of industry-derived human exposures per FTE that were managed by the poison center.

C. The Regional Poison Center shall tabulate its experience for regional program evaluation on at least an annual basis. This criterion will be considered to be met if the center completes an annual report summarizing its own experience.

V. PROFESSIONAL AND PUBLIC EDUCATION PROGRAMS

A. The Regional Poison Center shall provide information on the management of poisoning to the health professionals throughout the region who care for poisoned patients. This criterion will be considered to be met if the center continually offers information about poison center services/availability and updates on new and important advances in poisoning management to the health professionals throughout the region.

B. The Regional Poison Center shall provide a public education program aimed at educating both children and adults about poisoning dangers and other necessary concepts related to poison control. This criterion will be considered to be met if the center continually offers through lectures, public media (newspapers, radio, television), printed educational materials, or through other instructional modalities, information describing the following:

1. Services and availability of the poison center.
 2. Poison prevention measures.
 3. First aid measures for poisoning management.
- This information must be offered to all parts of the region.

VI. ASSOCIATION MEMBERSHIP

The applicant center must be an institutional member in good standing of the American Association of Poison Control Centers.

(Approved April 1988 by the AAPCC Board of Directors. Amended October 1991; September 1992; January 1996.) [under review 1998]

ORIGINAL REVISION BY
Person Care Legislation

ORDER OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CREATING RULES

FINDING OF EMERGENCY

The Department of Health and Social Services finds that an emergency exists and that the adoption of the rules included in this order is necessary for the immediate preservation of the public peace, health, safety or welfare. The facts constituting the emergency are as follows:

Poisoning is a leading cause of hospitalization of children and a common reason for bringing a child to a hospital or clinic emergency room to receive medical attention.

Studies have shown that when people can call a poison control center for assistance during an ingestion emergency they are less likely to seek immediate medical attention at their local hospital or clinic emergency room. This is because most of the time the ingestion is not life threatening and directions to alleviate the short term side effects of the ingestion can be handled over the phone. Therefore, unnecessary health care costs can be avoided.

There are currently two poison control centers in the state where parents and others can call for information, assistance, and interpretation of poison information when a child or someone else has ingested a poisonous substance or a possible poisonous substance. One center is operated by the Children's Hospital of Wisconsin located in Milwaukee and the other by the University of Wisconsin Hospital and Clinics located in Madison. Together, the two centers provide services for the entire state.

Section 146.57, Stats., as created by 1993 Wisconsin Act 16, directs the Department to implement a statewide poison control system by July 1, 1994, which includes designation of no more than 2 regional poison control centers, and to distribute \$375,000 for fiscal year 1994-1995 to the 2 centers to supplement their resources.

These are rules for operation of the statewide poison control system. They require the centers as a condition for receiving state assistance to submit to the Department every 2 years a joint proposal for coordinating activities, to comply with that agreement, to maintain a toll-free hotline, to provide services 24 hours a day and 365 days a week, to be staffed by medical personnel or poison information specialists certified by or eligible for certification by the American Association of Poison Control Centers (AAPCC), and to annually report specified poison control data to the Department.

These rules are being promulgated as emergency rules to improve protection of the public health and safety by as early an implementation of a statewide poison control system as is possible. Since August 1994 when s. 146.57, Stats., was created, the Department has been developing the policies included in the rules. The permanent rulemaking process will take several more months. With promulgation of the rules as emergency rules, the system requirements will be in place by July 1, 1994, as required by s. 146.57(3), Stats., the state funds can be distributed as soon as possible to help the centers operate as a system, and the

Department can begin evaluating the system in order to report its findings and recommendations to the Legislature and the Governor by July 1, 1995, as required by s. 9126(16h) of 1993 Wisconsin Act 16.

ORDER

Pursuant to authority vested in the Department of Health and Social Services by s. 146.57(4), Stats., as created by 1993 Wisconsin Act 16, and ss. 227.11(2) and 227.24(1), Stats., the Department of Health and Social Services hereby creates rules interpreting s. 146.57, Stats., as created by 1993 Wisconsin Act 16, as follows:

SECTION 1. Chapter HSS 167 is created to read

Chapter HSS 167

STATEWIDE POISON CONTROL SYSTEM

HSS 167.01	Authority and purpose
HSS 167.02	Applicability
HSS 167.03	Definitions
HSS 167.04	Allocation of funds
HSS 167.05	Statewide system components
HSS 167.06	Proposal
HSS 167.07	Records and reports

HSS 167.01 AUTHORITY AND PURPOSE. This chapter is promulgated under the authority of ss. 146.57(4) and 227.11(2), Stats., to establish a statewide poison control system for the purpose of ensuring that poison prevention and intervention services are accessible as needed to all Wisconsin residents.

HSS 167.02 APPLICABILITY. This chapter applies to the department and to the no more than 2 regional poison control centers that receive state general purpose revenue under s. 146.57(3), Stats., for the provision of poison control services.

HSS 167.03 DEFINITIONS. In this chapter:

- (1) "AAPCC" means American Association of Poison Control Centers.
- (2) "Department" means the Wisconsin department of health and social services.
- (3) "Division" means the department's division of health.
- (4) "Exposure data" means the information about ingestion of a poisonous substance or of a possible poisonous substance, including information about what, how much, by whom, when, and where.
- (5) "Funding year" means the state fiscal year beginning July 1 and ending June 30.
- (6) "On line staff" means staff of a center who personally respond to phone inquiries received by the center.
- (7) "Poison control services" means provision of rapid and accurate poison interpretation and poison intervention and management information, and provision of poison prevention education for health care professionals and the public.

(8) "Regional poison control center" or "center" means a hospital designated by the department to receive state general purpose revenue to provide poison control services to a part of the state, and to be part of the statewide poison control system.

(9) "State fiscal year" means the 12 month period beginning July 1 and ending June 30.

(10) "Statewide poison control system" means no more than 2 regional poison control centers that collaborate to provide comprehensive and coordinated poison control services statewide.

(11) "Work plan" means an outline of the goals, objectives and implementation steps for a regional poison control center during one funding year, and against which the department will monitor the center.

HSS 167.04 ALLOCATION OF FUNDS. (1) In order to receive funds made available under s. 146.57(3)(a), Stats., a regional poison control center shall meet all requirements of this chapter.

(2) The department shall distribute funds under 146.57(3)(a), Stats., annually based on the state fiscal year.

(3) Funds shall be distributed as separate contracts if there is more than one center.

(4) A regional poison control center may only be funded if there is a matching contribution from the regional poison control center amounting to at least 50% of state funding for the center.

HSS 167.05 STATEWIDE SYSTEM COMPONENTS. (1) The statewide poison control system shall provide poison control services that are available throughout the state, 24 hours a day and 365 days a year.

(2) A regional poison control center shall maintain telephone services capable of providing rapid, accurate, complete and accessible poison information throughout the state. These services shall be free to users through a statewide toll-free hotline.

(3) On line staff at a regional poison control center who will interpret poison exposure data and provide poison intervention and management information shall be one or more of the following:

(a) A registered nurse licensed under ch. 441, Stats.;

(b) A pharmacist licensed under ch. 450, Stats.;

- (c) A physician licensed under ch. 448, Stats., to practice medicine or osteopathy;
- (d) A poison information specialist certified by or eligible for certification by the AAPCC;
- (e) A graduate of a school of pharmacy, accredited by the American Council on Pharmaceutical Education, who is in residency training;
- (f) A pharmacy student enrolled in a school of pharmacy, accredited by the American Council on Pharmaceutical Education, who has completed the second professional practice year; or
- (g) A person employed as an on-line staff member at a center on May 1, 1994, who has worked in that capacity at the center for at least 3 years and who receives at least 16 documented hours of continuing education each year in interpreting poison data and in providing poison intervention and management information.

(4) The statewide poison control system shall provide poison information and education to professionals and the public.

HSS 167.06 JOINT PROPOSAL. (1) Every 2 years beginning in 1994, the 2 regional poison control centers shall submit a joint proposal to the division no later than May 1.

(2) The joint proposal shall contain regional work plans and budgets for the statewide poison control system and include the following parts:

- (a) Geographic delineation of service regions;
- (b) Protocols for triage, referral and follow-up of toxic exposures until the patient is medically stable;
- (c) On line staff qualifications and experience;
- (d) A plan for publicizing statewide poison control services to the general public;
- (e) Professional and public education programs;
- (f) A quality assurance plan;
- (g) Data collection;
- (h) Regional budgets and supporting budget narratives; and
- (i) Assurance that duplication of services will be minimized.

(3) A center shall submit a revised work plan and budget to the division in the alternate year, no later than May 1, beginning in 1995. If a center's revised budget and work plan indicate that the center is not operating according to the agreed joint proposal, the

department may withhold all or part of an annual distribution of funds until all provisions of the agreed joint proposal are met.

HSS 167.07 RECORDS AND REPORTS. (1) A regional poison control center shall keep a record of all inquiries received by the center and the disposition of each inquiry, and shall treat that record as a confidential patient health care record pursuant to s. 146.82, Stats.

(2) A regional poison control center shall submit a record of all calls requesting information and exposure data to the AAPCC's national data collection system on a quarterly basis within 30 days after the end of the quarter.

(3) The centers shall submit to the department reports required by the department, including a joint annual statewide report submitted to the department no later than September 1 of each year beginning in 1995. The joint report shall include progress on attaining the goals, objectives and implementation steps outlined in the regional work plans and the following data elements:

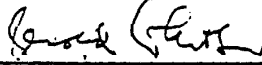
- (a) Epidemiology of poison case calls;
- (b) Breakdown of cases by nature of exposure;
- (c) Source of calls; and
- (d) Geographic origin of cases.

(4) The centers shall provide center data and statewide data in the joint report.

(5) Failure of a center to maintain the records or to submit the reports required under this section may result in the department's termination of the award.

The rules contained in this order shall take effect as emergency rules on July 1, 1994.

Wisconsin Department of Health
and Social Services

By: 

Gerald Whitburn
Secretary

Date: June 20, 1994

SEAL:



D-NOTE

^
Jg

LFB:.....Goldman – Statewide poison control centers

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

1 At the locations indicated, amend the bill as follows:

2 1. Page 1051, line 23: after that line insert:

3 “SECTION 2251d. 146.57 (title) of the statutes is amended to read:

4 146.57 (title) **Statewide poison control program system.**

History: 1993 a. 16; 1995 a. 27; 1997 a. 27.

5 SECTION 2251e. 146.57 (1m) of the statutes is created to read:

6 146.57 (1m) DEFINITIONS. In this section:

7 (a) “Appropriate health-oriented background” means one of the following:

8 1. Licensure as an emergency medical technician – basic, emergency medical

9 technician – intermediate or emergency medical technician – paramedic under s.

10 146.50 (5) (a).

11 2. Licensure as a licensed practical nurse under s. 441.10 (3).

1 3. Completion of a training program directed by a physician specializing in
2 toxicology and, as determined by the medical director of a poison control center,
3 background sufficient to understand and interpret standard poison information
4 resources and to transmit that information understandably to both health
5 professionals and the public under the direct supervision of a staff member specified
6 under sub. (3m) (b) or the medical director.

7 (b) “On–line staff member” means a member of the staff of a poison control
8 center who personally responds to telephone inquiries received by the poison control
9 center.

10 (c) “Pharmacist” has the meaning given in s. 450.01 (15). ✓

11 (d) “Physician” has the meaning given in s. 448.01 (5). ✓

12 (e) “Poison control services” means poison prevention education, and rapid and
13 accurate poison interpretation, poison intervention and management information.

14 (f) “Registered nurse” means a nurse who is licensed under s. 441.06.

15 (g) “School of pharmacy” means a school of pharmacy that is accredited by the
16 American Council on Pharmaceutical Education.

17 (h) “Triage” means assign priority order on the basis of where resources can
18 best be used or are most needed.

19 **SECTION 2251f.** 146.57 (3) (a) ✓ of the statutes is amended to read:

20 146.57 (3) (a) The department shall implement a statewide poison control
21 program system, which shall provide poison control services that are available
22 statewide, on a 24–hour per day and 365–day per year basis and shall provide poison
23 information and education to health care professionals and the public. From the
24 appropriation under s. 20.435 (5) (ds), the department shall, if the requirement
25 under par. (b) is met, distribute total funding of not more than \$375,000 in each fiscal

1 year to supplement the operation of the ~~program~~ system and to provide for the
2 statewide collection and reporting of poison control data. The department may, but
3 need not, distribute all of the funds in each fiscal year to a single poison control
4 center.

History: 1993 a. 16; 1995 a. 27; 1997 a. 27.

5 **SECTION 2251g.** 146.57 (3m) ^X of the statutes is created to read:

6 146.57 (3m) REQUIREMENTS OF POISON CONTROL CENTERS. (a) A poison control
7 center shall maintain telephone services capable of providing rapid, accurate and
8 complete poison information that is accessible throughout the state and that is free
9 to users through a statewide toll-free hotline.

10 (b) An on-line staff member who interprets poison exposure data and provides
11 poison intervention and management information shall be one of the following:

- 12 1. A registered nurse.
- 13 2. A pharmacist.
- 14 3. A physician.
- 15 4. A person who is certified by or eligible for certification by the American
16 Association of Poison Control Centers as a specialist in poison information.

17 5. A school of pharmacy graduate who is in residency training.

18 6. A school of pharmacy enrollee who has completed the ~~second~~ ^{2nd} professional
19 practice year.

20 7. A person who was employed as an on-line staff member on May 1, 1994, who
21 has worked in that capacity at the poison control center for at least 3 years and who
22 annually receives at least 16 documented hours of continuing education in
23 interpreting poison exposure data and providing poison intervention and
24 management information.

1 (c) An on-line staff member who is designated as a poison information provider
2 may, if he or she annually receives at least 16 documented hours of job-relevant
3 continuing education and has an appropriate health-oriented background, provide
4 poison information to manage non-toxic exposures and routine follow-up.

5 (d) An on-line staff member who is designated as a poison information provider
6 shall triage incoming telephone calls concerning toxic exposures and, for health care
7 professionals, concerning drug interaction interpretations, and refer such calls to an
8 on-duty staff member under par. (b).”

9

(END)

plain

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRBb0234/1dn
DAK:jl:km

May 14, 1999

To Amie Goldman:

1. This amendment contains several changes from the exact language of Motion #207, the most important of which are as follows:

a. Because the specifications for a poison information provider under (d) (5) of the motion as to 16 hours of continuing education and "appropriate health-oriented background" were redundant to the requirements of (d) (intro.), I eliminated them.

b. With respect to "1999 American Association of Poison Control Centers accreditation standards" specified for a poison information provider under (d) (5) of the motion, I substituted the wording specified as a requirement for "Other poison information providers" under II. E. 4. of the "Criteria for Certification as a Regional Poison Center" of the American Association of Poison Control Centers 1998-1999 Membership Directory, p. 13. I believe this wording corresponds to the reference in the motion. I separately defined the term "appropriate health-oriented background" to include this requirement. It is my understanding that the standards of the AAPCC permit the medical director of a poison control center to make the determination as to whether or not a person meets the "appropriate health-oriented background" requirement, and I have so provided.

2. Because the duties of a poison control center are, under the motion, required to be statewide, I did not include the designation of "regional" for poison control centers in describing them.

3. Motion #207 did not include as a person who has an "appropriate health-oriented background" a "pharmacy intern registered under Ch. Ph-Int 1, Wis. Admin. Code", as was set forth in the DHFS proposed rules (the statutory equivalent of which would probably be "intern in the practice of pharmacy under s. 450.045"). Was this omission intentional?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137

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State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0234/1
DAK:jlg:km

LFB:.....Goldman – Statewide poison control centers

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

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