Chapter DHS 167

STATEWIDE POISON CONTROL SYSTEM

DHS 167.01 Authority and purpose. This chapter is promulgated under the authority of ss. 227.11 (2) and 255.35 (4), 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; correction made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 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. 255.35 (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; correction made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 167.03 Definitions. In this chapter:

1. “AAPCC” means American association of poison control centers.

2. “Department” means the Wisconsin department of health 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; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637.

DHS 167.04 Allocation of funds. (1) In order to receive funds made available under s. 255.35 (3) (a), Stats., a regional poison control center shall meet all requirements of this chapter.

(2) The department shall distribute funds under s. 255.35 (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; corrections in (1) and (2) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 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.

DHS 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 in 1995. If a center’s updated 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.

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

DHS 167.07 Records and reports. (1) A regional poison control center shall keep a record of each inquiry.

Note: A record of an inquiry must be treated as a confidential patient health care record pursuant to ss. 146.81 to 146.83, 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 a description of progress on attaining the goals, objectives and implementation steps outlined in the regional work plans and shall provide both center data and statewide data for 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) 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 funding available under s. 255.35 (3), Stats.

History: Cr. Register, January, 1995, No. 469, eff. 2−1−95; correction in (4) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.