

Chapter HSS 110

LICENSING OF AMBULANCE SERVICE PROVIDERS AND
EMERGENCY MEDICAL TECHNICIANS-BASIC

HSS 110.01	Authority and purpose (p. 1)	HSS 110.07	EMT-basic training (p. 9)
HSS 110.02	Applicability (p. 1)	HSS 110.08	Denials and sanctions (p. 12)
HSS 110.03	Definitions (p. 1)	HSS 110.09	Waivers (p. 14)
HSS 110.04	Licensing of ambulance service providers (p. 3)	HSS 110.10	Defibrillation by emergency medical technicians-basic (p. 14)
HSS 110.05	Licensing of EMTs-basic (p. 5)	HSS 110.11	Use of advanced airways by EMTs-basic
HSS 110.06	EMT-basic training permits (p. 8)		

Note: Chapter H20 was repealed and recreated as HSS 110.01 to 110.09 by emergency rule effective July 1, 1990. Chapter H20 as it existed on January 31, 1991 was repealed and HSS 110.01 to 110.09 was created effective February 1, 1991.

HSS 110.01 Authority and purpose. This chapter is promulgated under the authority of ss. 140.05 (3) and 146.50 (5) (b) and (d) 1, (6) (b) 2 and (c) (intro.) and (13), Stats., to protect members of the public who require emergency medical care in prehospital settings by establishing standards for licensing ambulance service providers, including standards for the operation of ambulance services, standards for licensing emergency medical technicians-basic (EMTs-basic) and standards for certifying EMTs-basic to do defibrillation.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91

HSS 110.02 Applicability. This chapter applies to all applicants for and holders of an ambulance service provider license, an EMT-basic license or an EMT-basic training permit and to all EMTs-basic who apply for certification to do defibrillation or who are certified to do defibrillation.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91

HSS 110.03 Definitions. In this chapter:

(1) "Ambulance" has the meaning specified in s. 146.50 (1) (a), Stats., namely, an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

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

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

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

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

(6) "Certified training center" means any organization, including a medical or educational institution, approved by the department under s. HSS 110.07 (1) to conduct EMT-basic training.

(7) "Defibrillation" means the administration of an electrical impulse to an individual's heart for the purpose of stopping ventricular fibrillation.

(8) "Department" means the Wisconsin department of health and social services.

(9) "EMT" means an emergency medical technician.

(10) "EMT-basic" or "emergency medical technician-basic" means an individual who is licensed under this chapter to administer basic life support and to properly handle and transport sick, disabled or injured individuals.

(11) "EMT-basic refresher training" means training required for EMTs-basic under s. HSS 110.05 (4) as a condition for license renewal.

(12) "EMT-basic training" means a department-approved training course consisting of classroom and in-hospital instruction which will qualify the student for examination and an EMT-basic license.

(13) "EMT-intermediate" means an emergency medical technician licensed under ch. HSS 111.

(14) "EMT-paramedic" means an emergency medical technician licensed under ch. HSS 112.

(15) "Individual" means a natural person, and does not include a firm, corporation, association, partnership, institution, public agency, joint stock association or any other group of individuals.

(16) "National registry of EMTs" means the non-profit, independent, non-governmental agency headquartered in Columbus, Ohio, which serves as the national certifying agency attesting to the proficiency of ambulance personnel through provision of a standardized written examination for individuals who have had state-approved EMT training or documentation of EMT certification and 6 months of EMT experience.

(17) "National standard curriculum for training EMTs-basic" means the *Emergency Medical Technician — Ambulance: National Standard Curriculum*, March 1984, published by the national highway traffic safety administration of the U.S. department of transportation.

Note: The U.S. Department of Transportation National Highway Traffic Safety Administration's national standard curriculum for training EMTs-ambulance [s-basic] may be consulted at the offices of the Department's Bureau of Environmental Health or at the Secretary of State's Office or the Revisor of Statutes Bureau. The curriculum may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

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

(19) "Physician" means a person licensed to practice medicine or osteopathy under ch. 448, Stats.

written recommendation for certification from the program medical director.

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

History: Cr. Register, January, 1985, No. 349, eff. 2-1-85; emerg. am. (4) (c) 4., eff. 6-29-87; am. (4) (c) 4., Register, October, 1987, No. 382, eff. 11-1-87; r. and recr. Register, June, 1988, No. 390, eff. 7-1-88; reprinted to correct error in (11) (a) 2.c., Register, August, 1988, No. 392; r. and recr. Register, January, 1991, No. 421, eff. 2-1-91.

HSS 110.11 Use of advanced airways by EMTs-basic. (1) PURPOSE. This section establishes standards for department authorization of EMTs-basic to use non-visualized advanced airways, under medical control, in prehospital settings, standards for department approval of plans for ambulance service provider delivery of non-visualized advanced airway services and requirements to assure standardization and quality assurance in training and use of non-visualized advanced airways by EMTs-basic statewide.

(2) **AUTHORITY.** This section is promulgated under the authority of ss.146.50 (6m) (a) and 250.04 (7), Stats.

(3) **APPLICABILITY.** This section applies to any person involved in emergency medical services supervision, training or service provision who seeks to provide training for, provide medical control for, be trained in or be engaged in the use of non-visualized advanced airways.

(4) **DEFINITIONS.** In this section:

(a) "Advanced airway" means a device inserted into a patient's trachea or esophagus for the purpose of ventilating the patient.

(b) "Advanced life support" or "ALS" means use, by appropriately trained personnel, in prehospital and interhospital emergency care and transportation of patients, of the medical knowledge, skills and techniques included in the department-approved training required for licensure of emergency medical technicians-intermediate under ch. HSS 111 or emergency medical technicians-paramedic under ch. HSS 112 and which are not included in basic life support.

(c) "EMT-basic non-visualized advanced airway personnel" means EMTs-basic authorized under sub. (12) to administer non-visualized advanced airways and functioning under a plan.

(d) "EMT-basic non-visualized advanced airway plan" or "plan" means a plan submitted by or for one or more hospitals providing emergency medical services, one or more licensed physicians, and one or more ambulance service providers intending to implement a non-visualized advanced airway program and which details the training and utilization of EMTs-basic to administer non-visualized advanced airways as well as the quality assurance mechanisms to be used in the program.

(e) "EMT-basic non-visualized advanced airway program" or "program" means the program described in an EMT-basic non-visualized advanced airway plan.

(f) "EMT-basic non-visualized advanced airway training course" means a department-approved course of instruction which will qualify a student for examination and authorization to utilize non-visualized advanced airways.

(g) "Intubation" means the placement of a non-visualized advanced airway into a patient's trachea or esophagus.

(h) "Medical control" means direction, through oral orders or a protocol, supervision and quality control by the medical director or a physician-designee of the medical director of the activities of an EMT-basic administering non-visualized advanced airways in the prehospital emergency care of a patient.

(i) "Medical control hospital" means a hospital providing emergency services which accepts responsibility to serve as a base for the system of communication, medical control and direction for EMTs-basic who use non-visualized advanced airways.

(j) "Non-visualized advanced airway" means an advanced airway which is inserted through a patient's mouth into the patient's esophagus or trachea without visualization.

(k) "On-line medical control physician" means a physician who is designated by the program medical director to give medical direction by voice communication to EMTs-basic authorized to use non-visualized advanced airways and to assume responsibility for the care provided by EMTs-basic administering non-visualized advanced airways in response to that direction.

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

(m) "Program coordinator" means a person designated by a program medical director to be responsible for day-to-day operation and record-keeping for the EMT-basic non-visualized advanced airway program described in a plan.

(n) "Program medical director" means a physician who is designated in an EMT-basic non-visualized advanced airway plan to be responsible for the medical control, direction and supervision of all phases of the EMT-basic non-visualized advanced airway program operated under the plan and for EMTs-basic administering non-visualized advanced airways under the plan, the establishment of standard operating procedures for these personnel, the coordination and supervision of evaluation activities carried out under the plan and, if they are to be used in implement-

ing the EMT-basic non-visualized advanced airway program, the designation of on-line medical control physicians.

(o) "Protocol" means a written statement, signed by the program medical director, which lists and describes the steps an EMT-basic is to follow when administering a non-visualized advanced airway.

(p) "Quality improvement" means review by the program medical director of all cases in which non-visualized advanced airways are used by EMTs-basic and provision of data summaries of EMT-basic use of non-visualized advanced airways and recommendations for performance improvement to those service providers and EMTs-basic.

(q) "Service medical director" means a physician who accepts responsibility for the medical aspects of the program and for medical supervision of EMT-basic services for a specific ambulance service provider.

(r) "Training center" means a medical or educational institution which sponsors a department-approved EMT-basic non-visualized advanced airway training course.

(s) "Training course instructor-coordinator" means a physician, a physician assistant, a registered nurse, an EMT-basic with non-visualized advanced airway training, an EMT-intermediate with non-visualized advanced airway training or an EMT-paramedic designated by the training course medical director and training center to coordinate and administer an EMT-basic non-visualized advanced airway training course.

(t) "Training course medical director" means a physician who accepts responsibility for the medical aspects of the EMT-basic non-visualized advanced airway training course offered by a training center.

(5) DEPARTMENT AUTHORIZATION. (a) An EMT-basic may administer only non-visualized advanced airways. No EMT-basic may administer an endotracheal tube as an advanced airway.

(b) No ambulance service provider may permit an EMT-basic to administer non-visualized advanced airways on an individual unless the EMT-basic is authorized by the department under sub. (12) or (13) to administer non-visualized advanced airways.

(c) No person licensed only as an EMT-basic may administer non-visualized advanced airways unless the person is authorized by the department, under sub. (12) or (13), to administer non-visualized advanced airways and is a participant in a program under a department-approved EMT-basic non-visualized advanced airway plan.

(6) PLAN FOR ADMINISTRATION OF NON-VISUALIZED ADVANCED AIRWAYS BY EMT-BASIC. (a) *Plan submission.* One or more hospitals providing emergency services, one or more licensed physicians and one or more EMT-basic service providers may submit a non-visualized advanced airway plan to the department. The plan shall contain all the information required under par. (b).

(b) *Required elements.* No person may begin training or use of EMTs-basic to provide prehospital non-visualized advanced airway services until an EMT-basic airway plan has been submitted to and approved by the department. At a minimum, the plan shall:

1. Identify the program medical director, the EMT-basic service provider or providers and the training course instructor-coordinator by or for whom the plan is being submitted and shall indicate by including the signatures of these parties their willingness to participate in the program, to fulfill their responsibilities as described in the plan and to adhere to the requirements of this section;

2. Identify the receiving hospital or hospitals;

3. If on-line medical control is used, identify the hospital or hospitals providing on-line medical control and the physicians who will be providing medical direction and indicate by including the signatures of these parties their willingness to fulfill their responsibilities as described in the plan and to adhere to the requirements of this section;

4. Identify the type of non-visualized advanced airway to be used by EMT-basic personnel, including the brand name;

5. Include a copy of the quality improvement policies to be used in medical control, implementation and evaluation of the EMT-basic non-visualized advanced airway program;

6. Include a copy of the protocol, signed by the program medical director, to be followed by EMT-basic non-visualized advanced airway personnel in determining the need for non-visualized advanced airways, administering non-visualized advanced airways and providing additional emergency care to a patient receiving a non-visualized advanced airway; and

7. Describe the methods by which continuing education and case review will be provided to EMTs-basic using non-visualized advanced airways and continuing competency of those personnel will be assured.

Note: Plans should be sent to the EMS Section, Division of Health, P.O. Box 309, Madison, WI, 53701-0309. A guide for developing an EMT-basic non-visualized advanced airway plan is available from the EMS Section.

(c) *Deadline for submission.* A plan shall be submitted to the department in complete form at least 90 days prior to the date proposed for beginning the EMT-basic non-visualized advanced airway training course. The plan is not in complete form until all information and materials noted in par. (b) have been received by the department.

(d) *Review and decision.* 1. The department shall, within 75 days following receipt of a complete plan, approve or disapprove the plan and notify the applicant accordingly, in writing.

2. Approval or disapproval of a plan shall be based on the requirements of this section.

(e) *Implementation.* 1. Following department approval of an EMT-basic non-visualized advanced airway plan, all persons named in the plan may implement the program.

2. No change may be made in the EMT-basic non-visualized advanced airway program unless the change is first approved by the department.

3. The program medical director and EMT-basic non-visualized advanced airway service provider or providers named in the plan shall biennially review the plan and update it as necessary and submit the updated

plan to the department. The department shall notify the parties to the plan at least 90 days before the date the update is due and provide a format to be followed for reviewing and updating the plan. Department approval of the review and update is required for continuation of plan approval and for continuation of EMT-basic non-visualized advanced airway operations.

(7) **MEDICAL CONTROL AND NON-VISUALIZED ADVANCED AIRWAY PROTOCOL REQUIREMENTS.** (a) *Program medical director.* 1. An EMT-basic non-visualized advanced airway program shall be under the medical supervision of the program medical director identified in the plan.

2. The program medical director shall be responsible for the medical aspects of implementation of the EMT-basic non-visualized advanced airway training and operations carried out under the plan and shall:

a. Select, approve or designate the personnel who will train and medically supervise EMTs-basic using non-visualized advanced airways, including the training course medical director, the service medical directors, the program coordinator, the training course instructor-coordinator and, if used in the program, the on-line medical control physicians;

b. Sign the protocol or protocols which will be used by EMT-basic non-visualized advanced airway personnel in providing non-visualized advanced airway services under the plan;

c. Ensure that all aspects of the EMT-basic non-visualized advanced airway training and operational program are under constant medical supervision and direction;

d. Establish, in consultation with the other physicians involved in the plan, medical control and quality improvement policies and procedures for the program;

e. Ensure that quality improvement and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, training center, EMT-basic service providers and EMTs-basic in the program; and

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

3. The program medical director may also serve as the training course medical director or a service medical director, or both.

(b) *On-line medical control physicians.* If an EMT-basic non-visualized advanced airway plan includes the use of on-line medical control physicians, each on-line medical control physician shall be designated in writing by the program medical director, shall agree to provide medical control instructions consistent with the approved protocol, and shall be:

1. Familiar with the design and operation of the EMT-basic non-visualized advanced airway program under the plan;

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

3. Willing to participate in medical control and evaluation activities in the EMT-basic non-visualized advanced airway program; and

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

(c) *Medical control hospital.* The medical control hospital or hospitals designated in the EMT-basic non-visualized advanced airway plan shall agree to:

1. Support the provision of medical control, if on-line medical control physicians are to be used in the EMT-basic non-visualized advanced airway program, by permitting designated on-line medical control physicians to use its telecommunications resources for medical control of EMTs-basic in the program;

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

3. Ensure that any medical control provided to EMTs-basic using non-visualized advanced airways by on-line medical control physicians at the hospital or hospitals is consistent with the approved protocol or protocols and the medical control policies and procedures established by the program medical director; and

4. Receive patients who have non-visualized advanced airways administered by EMTs-basic.

(d) *EMT-basic non-visualized advanced airway protocol.* 1. Each EMT-basic non-visualized advanced airway plan shall include a protocol or protocols signed by the program medical director under which EMTs-basic using non-visualized advanced airways will provide emergency care to the patient. Voice contact with an on-line medical control physician is not required for EMTs-basic to implement the protocol unless specified in the plan by the service medical director.

2. A protocol shall be specific to the type of non-visualized advanced airway used in the plan. If individual emergency medical technician service providers included in the plan have selected different types of airways for use, a protocol shall be included for each type selected.

3. A protocol shall specify, at a minimum:

a. The sequence of steps to be performed during a resuscitation attempt;

b. Guidelines for speed of delivery of the non-visualized advanced airway and total time spent with the patient prior to transporting the patient to the hospital;

c. The method of airway insertion to be used;

d. The steps to be taken if the intubation is unsuccessful;

e. The maximum number of intubation attempts which EMT-basic non-visualized advanced airway personnel may administer to a single patient if intubation is unsuccessful;

f. Criteria for removal of the airway;

g. The assessment and management of a patient who is intubated;

- h. The management of a patient who cannot be intubated;
- i. Criteria including patient age, weight or medical condition which will affect the administration of a non-visualized advanced airway; and
- j. If use of an on-line medical control physician is included in the plan, guidelines for contact with the on-line medical control physician during attempted use of an advanced airway.

(8) EMT-BASIC NON-VISUALIZED ADVANCED AIRWAY TRAINING. (a) *Direction and supervision.* EMT-basic non-visualized advanced airway training shall be under the direction and supervision of a training course medical director who shall:

1. Screen and accept students for admission to the training course;
2. Review and approve the qualifications of the training course instructor-coordinator and the instructors who will teach the training course;
3. Review and approve the evaluation processes and standards used to determine successful completion of the training course;
4. Ensure that the training course complies with the requirements of this section and standards of professional practice; and
5. Provide overall medical supervision, coordination and quality improvement of the training course.

(b) *Instructor-coordinator.* Each EMT-basic non-visualized advanced airway training course shall have a training course instructor-coordinator who shall:

1. Be qualified in the use of non-visualized advanced airways through training and experience acceptable to the training course medical director;
2. Be approved by the training course medical director;
3. Have a minimum of one year of teaching experience, including lecturing, skills instruction and evaluation of student competence, in an educational program for prehospital emergency medical care personnel or an equivalent background acceptable to the training course medical director; and
4. Display competence in using the specific type of non-visualized advanced airway taught in the training course to the satisfaction of the training course medical director.

(c) *Prerequisites for admission.* To be eligible for admission to an EMT-basic non-visualized advanced airway training course, an individual shall:

1. Be currently licensed as an EMT-basic by the department under the criteria established in s. HSS 110.05; or
2. Be accepted for admission to the training course by the service medical director and training course medical director.

(d) *Non-visualized airway training.* 1. An EMT-basic non-visualized advanced airway training course shall include theory and practice in at least the following content areas:

- a. Introduction to EMT-basic non-visualized airway;
- b. Patient assessment and evaluation;
- c. Respiratory system anatomy and physiology;
- d. Use of the non-visualized airway;
- e. Non-visualized airway protocol;
- f. Respiratory maintenance as it relates to the non-visualized airway;
and
- g. Skills practice.

2. Each content area under subd. 1 shall be designed to meet objectives for individual lessons developed and distributed by the department.

3. The training course content and objectives for individual lessons shall be the same for all emergency medical technician non-visualized advanced airway training courses implemented under an approved plan.

4. The training course shall include a final written and practical skills examination approved by the department.

5. The training course shall be followed by an evaluation of student and instructor performance.

6. The training course shall include a minimum of 4.5 hours of classroom instruction, skills practice and competency testing.

(e) *Department approval.* Department approval of a proposed training course shall be a prerequisite to the initiation of EMT-basic non-visualized advanced airway training. Approval of a training course shall include approval of a curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

Note: Send materials for course approval to the EMS Section, Division of Health, P.O. Box 309, Madison WI 53701-0309.

(f) *Record of student performance.* The training course medical director shall, upon completion of an EMT-basic non-visualized advanced airway training course, submit to the department a record of student performance for each EMT-basic who participated in the course and a list of the EMTs-basic who successfully completed the course.

Note: Send the list of EMTs-basic who successfully complete a course to the EMS Section, Division of Health, P.O. Box 309, Madison WI 53701-0309.

(9) **AMBULANCE SERVICE PROVIDER REQUIREMENTS.** An ambulance service provider using EMT-basic non-visualized advanced airway personnel shall:

(a) Have a service medical director who is approved by the program medical director and accepts responsibility for ensuring that:

1. Administration of non-visualized advanced airways by EMTs-basic is carried out under medical control;

2. EMT-basic non-visualized advanced airway personnel receive continuing education and performance evaluation with sufficient frequency to maintain safe and effective delivery of non-visualized advanced airways;

3. The non-visualized advanced airway protocol included in the plan is used; and

4. EMT-basic non-visualized advanced airway personnel who fail to demonstrate acceptable competency in implementation of the non-visualized advanced airway protocol are not permitted to engage in the provision of non-visualized advanced airway services until they have been reevaluated and have demonstrated competency in performance of the protocol to his or her satisfaction;

(b) Provide the service medical director with sufficient access to EMT-basic non-visualized advanced airway personnel to enable the service medical director to carry out the responsibilities specified in par. (a);

(c) Ensure that any non-visualized advanced airway used by EMT-basic personnel affiliated with the provider is of the type specified for the provider in the plan and meets the requirements of this section;

(d) When a patient is being cared for or transported using a non-visualized advanced airway, ensure that the ambulance has at least one EMT-basic who is authorized to use the non-visualized advanced airway approved by the department for that ambulance service. An EMT-basic authorized by the department to administer non-visualized advanced airways shall be with the patient during the period of emergency care and transportation. A physician, a registered nurse licensed under ch. 441, Stats., a physician assistant certified under ch. 448, Stats., an EMT-paramedic or an EMT-intermediate who has non-visualized advanced airway training and is designated by the program or service medical director may be substituted for the EMT-basic non-visualized advanced airway person required by this paragraph;

(e) Ensure that the EMT-basic non-visualized advanced airway service is available on a 24-hour-a-day, 7-day-a-week basis to its service area as described in the plan within 6 months of initiation of the non-visualized advanced airway program; and

(f) Ensure that all written records of an ambulance run in which non-visualized advanced airways were administered to a patient by an EMT-basic are delivered for review to the program or service medical director within 72 hours after the ambulance run in a manner which conforms to the applicable requirements for confidentiality of ss. 146.50 (12) and 146.81 to 146.83, Stats.

(10) CONTINUING EDUCATION. (a) An EMT-basic non-visualized advanced airway plan shall include requirements for continuing education to be completed by EMT-basic non-visualized advanced airway personnel. Completion of the continuing education required in the plan shall be a prerequisite to maintaining approval by the program medical director to provide EMT-basic non-visualized advanced airway services. Continuing education shall include, at a minimum:

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

2. Annual recertification in cardiopulmonary resuscitation by the American heart association or American red cross; and

3. Demonstration of competent performance of the protocol in a simulated respiratory situation or documentation of experience in the use of

non-visualized advanced airways to the satisfaction of the service or training course medical director or the training course instructor-coordinator every 6 months.

(b) The program or service medical director may require additional continuing education of EMT-basic non-visualized advanced airway personnel functioning under the plan. Any additional requirements set forth by the program or service medical director shall be described in the plan.

(c) An EMT-basic authorized to use non-visualized advanced airways who fails to satisfy the continuing education requirements set forth in the plan or who fails to demonstrate competent performance in a required respiratory simulation shall be removed from providing EMT-basic non-visualized advanced airway services until the program or service medical director has reviewed the individual's performance and approves the individual to return to service. The program or service medical director shall immediately inform the department in writing of the removal of an individual from service and shall inform the department of the date the individual is returned to service.

(d) Each emergency medical technician service provider shall retain documentation establishing that each EMT-basic authorized to use non-visualized advanced airways and affiliated with the service has satisfied the continuing education requirements. The emergency medical technician service provider shall make the documentation available to the department for review upon request.

(11) EVALUATION. Each EMT-basic non-visualized advanced airway plan shall contain an evaluation process which includes, at a minimum:

(a) Maintenance for at least 5 years of documentation by EMT-basic non-visualized advanced airway personnel of each case in which treatment was rendered to a patient by the personnel. Documentation shall consist of a written report, on a form provided by the department, for each case in which non-visualized advanced airways were administered;

Note: Copies of the form for the written report are available from the EMS Section, Division of Health, P.O. Box 309, Madison, WI 53701-0309.

(b) A requirement for delivery of the written records of each case to the program or service medical director within 72 hours after the particular emergency response;

(c) Prompt review and critique by the service medical director of all non-visualized advanced airway responses based on the documentation in par. (b), with results provided to the emergency medical technician service provider and EMT-basic non-visualized advanced airway personnel as soon as possible but no later than 30 days after the particular response; and

(d) Annual review by the hospital or hospitals, physicians, and emergency medical technician service providers involved in the EMT-basic non-visualized advanced airway program of the implementation and impact of the program, including determination of whether:

1. The general public is responding appropriately to a person who may be in need of non-visualized advanced airways;

2. The time between dispatch and the arrival of EMT-basic non-visualized advanced airway personnel is as short as possible;

3. Performance factors, such as minimum elapsed time from arrival at the scene to airway insertion attempt, are optimized;

4. Backup of EMT-basic non-visualized advanced airway personnel by advanced life support services, if available, is provided as rapidly as possible;

5. Data necessary to evaluate the implementation of the plan are being accurately gathered and periodically reviewed; and

6. Appropriate modification is made, with approval of the department, in any aspect of the plan which is shown to need modification to optimize patient outcomes.

(12) NON-VISUALIZED ADVANCED AIRWAY AUTHORIZATION. (a) An EMT-basic authorized to administer non-visualized advanced airways shall:

1. Hold a current Wisconsin EMT-basic license;

2. Have completed a non-visualized advanced airway training course approved under sub. (8). A person holding a current Wisconsin EMT-intermediate license and who has been authorized to administer non-visualized advanced airways prior to enactment of this section meets the requirement of this subdivision; and

3. Have successfully passed a department-approved written and practical skills examination no more than 6 months prior to the date of application. An EMT-basic who fails to achieve a passing grade on the required examination may be admitted for reexamination only after presenting evidence of successful completion of further EMT-basic non-visualized advanced airway training acceptable to the program medical director.

(b) The program medical director shall submit to the department documentation of all individuals competent in the performance of non-visualized advanced airways according to the protocol for providing non-visualized advanced airway services under the plan.

(c) An EMT-basic who has met the requirements in par. (a) and for whom documentation is submitted under par. (b) is authorized to administer non-visualized advanced airways following written approval provided to the medical director by the department.

(d) A person authorized to administer non-visualized advanced airways may administer non-visualized advanced airways using only a non-visualized airway and following the non-visualized airway protocol included in the plan for the provider under which he or she is authorized to administer non-visualized advanced airways.

(13) RENEWAL OF NON-VISUALIZED ADVANCED AIRWAY AUTHORIZATION. Application for renewal of non-visualized advanced airway authorization shall be on a renewal form sent by the department to the EMT-basic as part of biennial renewal. This application form will be sent to the EMT-basic at least 30 days before expiration of the current authorization. The application shall be signed by the program medical director responsible for the EMT-basic non-visualized advanced airway program

involved. Authorization for all EMT-basic non-visualized advanced airway personnel shall expire on June 30 of even numbered years.

Note: Copies of the form required to apply for renewal of authorization for an EMT-basic to use non-visualized advanced airways are available from the EMS Section, Division of Health, P. O. Box 309, Madison, WI 53701-0309.

(14) **DENIAL OR REMOVAL OF AUTHORIZATION.** (a) *Authorization denial, nonrenewal or revocation.* The department may deny, refuse to renew or revoke an authorization for an EMT-basic to use non-visualized advanced airways after providing the applicant or person authorized with prior written notice of the proposed action and of the opportunity for a hearing under par. (e) if the department finds that:

1. The applicant or person authorized does not meet the eligibility requirements established in this section;
2. Authorization was obtained through error or fraud;
3. Any provision of this section is violated; or
4. The person authorized has engaged in conduct detrimental to the health or safety of a patient, fellow emergency medical technicians or members of the general public during a period of emergency care.

(b) *Emergency suspension.* 1. The department may summarily suspend non-visualized advanced airway authorization when the department is informed by the program medical director that the individual has been removed from the EMT-basic non-visualized advanced airway program for cause or the department has probable cause to believe that the holder of the authorization has violated a provision of this section and that it is necessary to suspend the authorization immediately to protect the public health, safety or welfare.

2. Written notice of the suspension, the department's proposed additional action or actions and a written notice of the right to request a hearing shall be sent to the EMT-basic authorized to administer non-visualized advanced airways. That person may request a hearing on the decision. A request for a hearing shall be submitted in writing to and received by the department's office of administrative hearings within 30 days after the date of the notice of suspension. The office of administrative hearings shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of the non-visualized advanced airway authorization shall remain in effect until a final decision is rendered. If the hearing examiner's decision is to uphold the suspension, the department may proceed under par. (a) to revoke the authorization.

(c) *Effect on the license of an EMT-basic when there is an action taken on the non-visualized advanced airway authorization.* Denial, refusal to renew, expiration, suspension or revocation of an EMT-basic non-visualized advanced airway authorization shall not affect licensure as an EMT-basic unless action is also taken under s. HSS 110.08 against the ambulance attendant license.

(d) *Effect on the non-visualized advanced airway authorization when there is an action taken on the license of an EMT-basic licensee.* Denial, refusal
Register, May, 1995, No. 473

DEPARTMENT OF HEALTH AND SOCIAL SERVICES 38-11
HSS 110

to renew, expiration, suspension or revocation of an EMT-basic license under s. HSS 110.08 shall have an identical effect on any non-visualized advanced airway authorization attached to the license.

(e) *Appeal*. In the event that under par. (a) the department denies issuance or renewal of or revokes an authorization for an EMT-basic to use non-visualized advanced airways, the applicant or authorized person may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department's office of administrative hearings and received by that office within 30 days after the date of the notice required under par. (a).

Note: The mailing address of the Office of Administrative Hearings is P.O. Box 7876, Madison, WI 53707.

(15) CANCELLATION OF PLAN OR PROVIDER APPROVAL. (a) *Plan approval*. The department may, at any time, cancel its approval of an EMT-basic non-visualized advanced airway plan if a party to the plan fails to adhere to the plan, if any party to the plan violates any provision of this section or if there is evidence that the program operated under the plan presents a danger to the health and safety of patients or the general public. All persons involved in the implementation of the plan shall cease providing EMT-basic non-visualized advanced airway services upon written notice received by the program medical director from the department, except that EMT-basic non-visualized advanced airway services may continue pending appeal under par. (d).

(b) *Provider approval*. The department may, at any time, cancel its approval of the participation by a specific emergency medical technician provider in an EMT-basic non-visualized advanced airway plan if the provider fails to adhere to the approved plan, violates any provision of this section or engages in activities in the EMT-basic non-visualized advanced airway program that present a danger to the health and safety of patients or the general public. The emergency medical technician service provider or providers shall cease providing EMT-basic non-visualized advanced airway services upon written notice received by the owner or operator for each emergency medical technician provider involved, except that EMT-basic non-visualized advanced airway services may continue pending appeal under par. (d).

(c) *Emergency suspension*. 1. The department may summarily suspend approval of an EMT-basic non-visualized advanced airway plan or the participation of an emergency medical technician service provider in an EMT-basic non-visualized advanced airway plan when the department has probable cause to believe that implementation of the plan or operation of the emergency medical technician service provider under the plan fails to adhere to the plan or violates the provisions of this section and that it is necessary to suspend approval of the plan or the participation of the emergency medical technician service provider in the plan immediately to protect the public health, safety or welfare.

2. Written notice of the suspension, the department's proposed additional action or actions and written notice of the right to request a hearing shall be sent to the program medical director, in the case of cancellation of plan approval, or the owner or operator of each emergency medical technician service provider involved, in the case of cancellation of provider participation. A request for hearing shall be submitted in writing to the department's office of administrative hearings and re-

ceived by that office within 30 days after the date of the notice of suspension. The office of administrative hearings shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notice of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of plan approval or provider participation shall remain in effect until a final decision is rendered.

(d) *Appeal.* In the event that under par. (a) or (b) the department cancels approval of a plan or the participation of a provider under a plan, the parties to the plan or provider under the plan may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department's office of administrative hearings and received by that office within 30 days after the date of the notice required under par. (a) or (b).

Note: The mailing address of the Office of Administrative Hearings is P.O. Box 7875, Madison, WI 53707.

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