

Chapter HSS 111

LICENSING OF EMERGENCY MEDICAL
TECHNICIANS-INTERMEDIATE AND APPROVAL OF
EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE
OPERATIONAL PLANS

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Note: Chapter HSS 111 was repealed and recreated by emergency rule effective July 1, 1990. Chapter HSS 111 as it existed on January 31, 1991 was repealed and a new chapter was created effective February 1, 1991.

HSS 111.01 Purpose and authority. This chapter is adopted under the authority of ss. 140.05 (3) and 146.50 (4) (c), (5) (b) and (d) 2, (6) (b) 2 and (13), Stats., to permit EMTs-basic licensed under ch. HSS 110 to be trained to perform selected skills beyond the basic life support level and be examined and licensed by the department to perform those skills. The EMT-intermediate license is designed for use in areas in which EMT-paramedic status is impractical or unnecessary. This chapter mandates control of the training and operation of an EMT-intermediate program by a hospital and licensed physician to provide for standardization and maintenance of quality in training and service provision statewide.

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

HSS 111.02 Applicability. This chapter applies to any person who applies for or holds an EMT-intermediate license or training permit or is involved in the development or operation of an ambulance service using EMTs-intermediate to deliver emergency medical care.

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

HSS 111.03 Definitions. In this chapter:

(1) "Basic life support" has the meaning specified in s. 146.50 (1) (d), Stats., namely, 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 to be licensed as an EMT-basic.

(2) "Certified training center" means a medical or educational institution or other organization approved by the department to conduct EMT-intermediate training.

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

(4) "Emergency medical technician-basic" means a person who is licensed under s. 146.50, Stats., and ch. HSS 110 to perform the functions specified in s. 146.50 (6m) (a), Stats., and ch. HSS 110 relating to the

administration of emergency medical procedures and the handling and transporting of sick, disabled or injured persons.

(5) "Emergency medical technician-intermediate", means a person who is licensed under s. 146.50, Stats., and this chapter to perform the functions specified in s. 146.50 (6m) (b), Stats., and this chapter relating to the administration of emergency medical procedures in a prehospital setting and the handling and transporting of sick, disabled or injured persons.

(6) "Emergency medical technician-intermediate operational plan" means a plan submitted jointly by the medical director, medical control hospital, certified training center and licensed ambulance service provider intending to participate in EMT-intermediate training and services which details the training and use of EMT-intermediate personnel.

(7) "Emergency medical technician-intermediate training course" means a course of instruction consisting of classroom, clinical and supervised field training, approved by the department, which will qualify the student for examination and an EMT-intermediate license.

(8) "Emergency medical technician-paramedic" means a person who is licensed under s. 146.50, Stats., and ch. HSS 112 to perform the functions specified in s. 146.50 (6m) (c), Stats., and ch. HSS 112 relating to the administration of emergency medical procedures in a prehospital setting and the handling and transporting of sick, disabled or injured persons.

(9) "EMT" means emergency medical technician.

(10) "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.

(11) "Medical control" means the direction and supervision of the activities of an EMT-intermediate by the medical director or a physician designee through verbal orders.

(12) "Medical control hospital" means the acute care hospital named in the EMT-intermediate plan which accepts the responsibility to manage and serve as the base for the system of communications and medical control and direction for EMT-intermediate personnel and to designate the medical director for the program.

(13) "Medical director" means a physician licensed under ch. 448, Stats., who accepts responsibility for the training, medical coordination, direction and supervision of EMT-intermediate personnel, the establishment of standard operating procedures for those personnel and the designation of specific physicians for day-to-day medical control for EMTs-intermediate functioning under an approved EMT-intermediate plan.

(14) "National standard curriculum for training EMTs-intermediate" means the *Emergency Medical Technician — Intermediate: National Standard Curriculum*, August 1986, 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-intermediate may be consulted at the offices of the Department's Bureau of Environmental Health or at the Secretary of State's Register, October, 1991, No. 430

Office of the Revisor of Statutes Bureau. The curriculum may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

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

(16) "Training program coordinator" means the person designated by the medical director and certified training center who has the responsibility for coordination and administration of an EMT-intermediate training course.

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

HSS 111.04 Training permit, license and renewal of license. (1) TRAINING PERMIT. (a) A licensed EMT-basic may apply for an EMT-intermediate training permit. Application shall be made on a form provided by the department and shall be accompanied by written verification from the medical director that the applicant is enrolled in an approved EMT-intermediate training course. The following conditions apply:

1. A training permit shall be valid for one year provided that the applicant is satisfactorily participating in an approved training course, and may not be renewed; and

2. The holder of a training permit may perform EMT-intermediate functions only under direct visual supervision of the medical director or a training instructor designated by the medical director. The training instructor shall be licensed to at least the EMT-intermediate level.

(b) Within 90 days after receiving a complete application for an EMT intermediate training permit, the department shall either approve the application and issue the permit or deny the application. If the application for a permit is denied, the department shall give the applicant reasons, in writing, for the denial. In this subsection, "complete application" means a completed application form and the written verification from the medical director under par. (a).

(2) LICENSE. (a) An individual requesting a license to act as an EMT-intermediate shall:

1. Hold a currently valid EMT-basic license issued by the department;

2. Apply on a form provided by the department;

3. Be at least 18 years of age;

4. Be employed by a licensed ambulance service provider identified in an approved EMT-intermediate plan;

5. Present evidence of at least one year of experience in emergency medical care and transportation as a licensed EMT-basic prior to entry into the EMT-intermediate training program;

6. Present evidence of successful completion of an EMT-intermediate training course approved under s. HSS 111.05 (2) or equivalent training in the field of emergency medical care approved by the department. In this subdivision, "equivalent training" means training in all areas listed under s. HSS 111.05 (3);

7. Present evidence, signed by the medical director and acceptable to the department, of competence in the performance of the skills required for an EMT-intermediate license. Records shall be submitted by the

medical director which indicate the number of times the candidate has, in the clinical or field setting and on training manikins:

- a. Satisfactorily inserted an esophageal obturator airway or esophageal gastric tube airway, or both;
- b. Satisfactorily inserted intravenous (I.V.) lines;
- c. Properly prepared and administered doses of medication;
- d. Satisfactorily applied a pneumatic anti-shock garment; and
- e. Satisfactorily drew blood samples; and

8. Present evidence of having successfully completed a department approved written and practical examination. A person failing to achieve a passing grade in the required examination may request reexamination and may be reexamined not more than twice at not less than 30-day intervals. An applicant who fails to achieve a passing grade on the second reexamination may not be admitted for further examination until reapplication and presentation of evidence of further training acceptable to the department.

(b) An EMT-intermediate license shall be evidenced as an endorsement to the EMT-basic license of the approved applicant.

(c) Within 90 days after receiving a complete application for an EMT-intermediate license under par. (a), the department shall either approve the application and license the applicant or deny the application. If the application for license is denied, the department shall give the applicant reasons, in writing, for the denial. In this paragraph, "complete application" means a completed application form, evidence of experience in emergency care and transportation required under par. (a) 5, evidence of training and skill performance required under par. (a) 6 and 7 and evidence of having successfully completed the examination required under par. (a) 8.

(3) RENEWAL OF A LICENSE. (a) *Notice of renewal.* The department shall send an application form for biennial renewal of a license to the last address shown for the licensee in the department's records. Failure to receive notification does not relieve the licensee of the responsibility to maintain a current license.

(b) *Requirements for renewal.* To renew an EMT-intermediate license, a licensee shall, by June 30 of the even-numbered year following initial licensing and every 2 years thereafter, file with the department:

1. An application for renewal on a form prescribed by the department;
2. Documentation of current certification at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level;
3. Documentation that the licensee has, during the biennial period immediately preceding application, successfully completed the refresher training requirements specified in par. (f); and
4. A statement from the medical director of an EMT-intermediate program that is operating under an approved plan, attesting to the fact that the licensee retains proficiency in basic life support and in EMT-intermediate skills specified in s. 146.50 (6m) (b), Stats., and is autho-

rized by the medical director of the EMT-intermediate system in which the licensee functions to use those skills.

(c) *Failure to submit materials by license expiration date.* A licensee who fails to submit the materials described in par. (b) by the renewal date may not represent himself or herself as, function as, or perform the duties of a licensed EMT-intermediate after the date of license expiration.

(d) *Late renewal.* 1. During the first year following license expiration, a license shall be renewed if the licensee files with the department:

a. An application for renewal on a form prescribed by the department;

b. An affidavit that the licensee has not acted as an EMT-intermediate during the period in which the license was expired;

c. Documentation of current certification at the American heart association basic cardiac life support course C level or American red cross cardiopulmonary resuscitation for the professional rescuer level;

d. Documentation that the licensee has, within the 24 months immediately preceding application, successfully completed the continuing training requirements specified in par. (f) 1; and

e. A statement from the medical director of an EMT-intermediate program that is operating under an approved plan, attesting to the fact that the licensee retains proficiency in basic life support and in EMT-intermediate skills specified in s. 146.50 (6m) (b), Stats., and is authorized by the medical director of the EMT-intermediate system in which the licensee functions to use those skills.

2. Granting of late renewal under this paragraph does not exempt the licensee from the responsibility to complete the refresher training required under par. (f) 1 within the biennial period for which the renewal license is issued in order to qualify for renewal on the next renewal date.

(e) *Reinstatement of expired license.* 1. A license which has been expired for more than one year but less than 4 years shall be reinstated if the applicant files with the department:

a. A reinstatement application on a form prescribed by the department;

b. An affidavit that the applicant has not acted as an EMT-intermediate during the period in which the license was expired;

c. Documentation of current certification at the American heart association basic cardiac life support course C level or American red cross cardiopulmonary resuscitation for the professional rescuer level;

d. Documentation that the applicant has, within the 24 months immediately preceding application, successfully completed the continuing training requirements specified in par. (f) 1;

e. A statement from the medical director of an EMT-intermediate program that is operating under an approved plan, attesting to the fact that the applicant retains proficiency in basic life support and in EMT-intermediate skills specified in s. 146.50 (6m) (b), Stats., and is authorized by the medical director of the EMT-intermediate program in which the applicant would function to use those skills; and

f. Documentation that the applicant has successfully completed a written and practical skills examination approved by the department following successful completion of the refresher training required under par. (f) 1.

2. Being granted reinstatement under this paragraph does not exempt the licensee from the responsibility to complete the continuing training requirements specified in par. (f) 1 within the biennial period for which the reinstated license is issued in order to qualify for renewal on the next renewal date.

3. A license which has been expired for more than 4 years shall be reinstated only if the applicant has successfully completed the training and examination requirements for the initial EMT-intermediate license within the 24 months immediately preceding application for reinstatement.

(f) *Refresher training requirements.* 1. To be eligible for renewal of an EMT-intermediate license, the licensee shall, during the biennial period when the license is in effect, successfully complete the following:

a. An EMT-basic refresher training course that meets the requirements of s. HSS 110.05 (4) (f); and

b. An additional 12 hours of training based on and including the knowledge and skills objectives contained in the national standard curriculum for training EMTs-intermediate as approved by the medical director or the department.

2. For renewal of a license expiring June 30, 1992, the department shall accept an EMT-basic refresher training course approved under s. HSS 110.05 (4) (f), the ending dates for which fall within the period July 1, 1990 to June 30, 1992, as fulfilling the requirement of subd. 1 a. After June 30, 1992, only an approved EMT-basic refresher training course begun and completed during the biennial licensing period immediately preceding a renewal application shall be accepted as fulfilling the requirement of subd. 1 a.

3. A licensee who received an initial EMT-intermediate license less than 12 months prior to the license expiration date shall be issued, one time only, a renewal license on that date without completing an EMT-basic refresher training course, provided the licensee completes a total of at least one hour of refresher training acceptable under subd. 1 b for each month the license has been in effect up to the expiration date and is otherwise qualified for license renewal.

4. A licensee who submits evidence of successful completion within the 24 months immediately preceding application of an EMT-intermediate or EMT-paramedic training course, including the knowledge and skills objectives of the national standard curriculum for training EMTs-intermediate or the national standard curriculum for training EMTs-paramedic, as defined under s. HSS 112.03 (16), if approved by the department, shall be considered to have met the requirements of subd. 1.

(g) *Resumption of emergency medical technician-basic license.* A licensee who does not renew an EMT-intermediate license may become licensed as an EMT-basic if, prior to expiration of the EMT-intermediate license, the licensee:

1. Completes all refresher training required under s. HSS 110.05 (4) for the EMT basic license; and

2. Files an application for renewal of the EMT-basic license which meets the requirements specified in s. 146.50, Stats., and ch. HSS 110.

Note: Copies of the forms required to apply for issuance or renewal of an EMT-intermediate license, issuance of an EMT-intermediate training permit or issuance of an EMT-basic license are available without charge from the EMS Section, Division of Health, P.O. Box 309, Madison, WI 53701-0309.

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

HSS 111.05 EMT-intermediate training. (1) **TRAINING CENTER APPROVAL.** (a) EMT-intermediate training shall be provided by training centers certified by the department under this subsection.

(b) Any Wisconsin vocational technical and adult education college, any other public or private school or college, any hospital or any other organization may apply to the department for certification to provide EMT-intermediate training or to offer EMT-intermediate training courses.

(c) Application for certification shall be made by letter addressed to the department which shall include or have attached the following:

1. A description of the capabilities of the training center to do training of EMTs-intermediate in the provision of emergency medical care in prehospital and hospital settings, including training in:

- a. Patient assessment skills;
- b. Administration of intravenous fluids;
- c. Administration of subcutaneous injections;
- d. Use of the esophageal obturator or esophageal gastric tube airway;
- e. Application of medical anti-shock trousers;
- f. Drawing of blood samples; and
- g. Medical communications;

2. A signed commitment to provide EMT-intermediate training in accordance with the national standard curriculum for training EMTs-intermediate, and to comply with relevant requirements of s. 146.50, Stats., and this chapter;

3. Identification and qualifications of a Wisconsin licensed physician who will function as medical director of the training center, with responsibility for medical coordination, direction and conduct of the EMT-intermediate training program. The medical director of the program may serve also as the training center medical director. Materials shall include:

a. Endorsement of the training center medical director by the training center and, if different, by the program medical director;

b. A signed commitment by the training center medical director to accept the responsibilities of serving as medical director; and

c. A copy of the training center medical director's resume;

4. Identification and qualifications of the person who will function as coordinator of the EMT-intermediate training with specifications of that person's responsibilities, including a copy his or her resume. The coordinator shall:

a. Be trained or licensed to at least the EMT-intermediate level, with knowledge of and experience in using EMT-intermediate skills in the emergency setting. Physicians, registered nurses, physicians assistants and EMTs-paramedic, besides EMTs-intermediate, are considered to be trained to at least the EMT-intermediate level;

b. Be designated by the training center medical director and accepted by the program medical director, if different; and

c. Have overall responsibility for day-to-day coordination and administration of all aspects of the training course.

Note: The application for certification of an EMT-intermediate training center should be sent to the EMS Section, Division of Health, P.O. Box 309, Madison, Wisconsin 53701-0309.

(d) Within 90 days after receiving a complete application for certification of an EMT-intermediate training center, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial.

(e) Approval by the department of the proposed training center is a prerequisite for initiation of EMT-intermediate training.

(2) TRAINING COURSE APPROVAL. (a) Each EMT-intermediate training course offered by a training center certified under sub. (1) shall be approved by the department under this subsection.

(b) Application for course approval shall be made by submitting to the department:

1. Either a copy of the course curriculum or a statement that the national standard curriculum for training EMTs-intermediate will be used verbatim, and identification of the number of hours devoted to classroom training, clinical training and supervised field experience. If a copy of the course curriculum is submitted it shall include:

a. Content and behavioral objectives of the course, including for the classroom, clinical and supervised field experience phases of training;

b. The specific skills and drugs to be covered; and

c. Hours of instruction for each phase of the training;

2. A description of training program operations, including:

a. A statement of how students will be screened;

b. Training and experience prerequisites for the course;

c. In regard to classroom training, its location, how it will be conducted and the names of instructors available to present each topic with their qualifications;

d. In regard to clinical experience, its location and how it will be conducted, the emergency care and training capabilities of the teaching hospital or hospitals, the clinical areas available for hands-on experience and

observation, with all skills specified in the curriculum to involve hands-on training, the identity and qualifications of the person supervising students' clinical experience and keeping records of student participation, and with a copy of the form prescribed by the department for use by the training center in documenting the clinical experience received;

e. In regard to supervised field experience, how it will be conducted and its content, and the qualifications of the person who will supervise the field experience who may be a physician, a registered nurse, a physician's assistant, an EMT-paramedic or, if approved in writing by the training center medical director, an EMT-intermediate experienced in providing emergency care; and

3. A description of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

Note: The materials that comprise an application for EMT-intermediate course approval should be sent to the EMS Section, Division of Health, P.O. Box 309, Madison, Wisconsin 53701-0309. Copies of the form for documenting the clinical experience received by students may be obtained from the same office.

(c) Within 90 days after receiving a complete application for approval of an EMT-intermediate training course, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial.

(3) TRAINING COURSE CONTENT AND HOURS. (a) An EMT-intermediate training course shall include classroom, clinical and supervised field experience in the following areas:

1. Patient examination and physical assessment, including evaluation of shock and principles of shock;
2. Airway management, including the use of an esophageal obturator or esophageal gastric tube airway, or both;
3. Intravenous infusion therapy;
4. Drawing blood samples;
5. Administration of subcutaneous injections;
6. Application of medical anti-shock trousers; and
7. Administration of drugs and solutions selected under par. (b).

(b) The training course shall include instruction in the use of specific prepackaged drugs and solutions, chosen by the medical director from the following:

1. Five percent dextrose in water, administered intravenously;
2. Lactated Ringers solution, administered intravenously;
3. Normal saline solution, administered intravenously;
4. Fifty percent dextrose solution, administered intravenously;
5. Naloxone, administered intravenously;
6. Epinephrine 1:1000, administered subcutaneously; and

7. Syrup of ipecac, administered orally.

(c) Additions to or substitutions of skills under par. (a) or drugs and solutions under par. (b) may be made with written approval of the department.

(d) The training course shall include content and behavioral objectives at least equivalent to the following sections of the national standard curriculum for training EMTs-intermediate:

1. Section 1 - Roles and responsibilities;
2. Section 2 - EMS systems;
3. Section 3 - Medical/legal considerations;
4. Section 4 - Medical terminology;
5. Section 5 - EMS communications;
6. Section 6 - General patient assessment and initial management;
7. Section 7 - Airway management ventilation; and
8. Section 8 - Assessment and management of shock.

(e) The course shall include a minimum of 100 hours of instruction, divided among classroom, clinical and supervised field training. Classroom instruction shall be a minimum of 40 hours of this total. Clinical training shall take place in the medical control hospital.

(f) Approval by the department of the proposed training course is a prerequisite to the initiation of EMT-intermediate training. Approval of a training course shall include approval of curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

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

HSS 111.06 EMT-intermediate operational plan. (1) **PLAN SUBMISSION.** A county, city, town, village, licensed ambulance service provider, hospital or any combination of these which seeks to use EMTs-intermediate for the delivery of emergency care and transportation shall first submit an operational plan to the department. The plan shall contain all the information required under sub. (2).

(2) **REQUIRED ELEMENTS.** No person may begin training or use of EMTs-intermediate to provide EMT-intermediate services until an EMT-intermediate operational plan has been submitted to and approved by the department. At a minimum, the plan shall:

- (a) Identify the person submitting the plan;
- (b) Identify and describe the medical control hospital, medical director and designated physicians providing day to day medical control;
- (c) Identify the certified EMT-intermediate training center that will be used to provide EMT-intermediate training;

Note: If a previously certified EMT-intermediate training center will not be used, see s. HSS 111.05 (1) for training center requirements.

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(d) Identify and describe the licensed ambulance service provider or providers planning to use EMT-intermediate personnel;

(e) Describe the operating policies and procedures for medical control and provision of EMT-intermediate services;

(f) Describe the communication system for providing medical control to EMT-intermediate personnel;

(g) Describe the methods by which the continued competency of EMT-intermediate personnel will be assured;

(h) Describe the relationship of the proposed EMT-intermediate services to other emergency medical and public services in the geographic area covered in the plan. This shall include a description of coordination between the EMT-intermediate operational plan and any EMT-paramedic operational plan existent in any part of the area;

(i) Provide evidence of commitment to the proposed program and endorsement by local and regional medical, governmental and emergency medical services agencies and authorities;

(j) Document that insurance coverage required by ss. 146.50(6) (c) and 146.55 (7), Stats., is in force or will be in force when provision of EMT-intermediate service begins;

(k) Document that all ambulances to be used by EMTs-intermediate have been inspected by the Wisconsin department of transportation within the 12 months preceding submission of the plan and meet the requirements of ch. Trans 309;

(l) Provide assurance that all ambulances to be used by EMTs-intermediate will carry equipment and supplies required to effectively render EMT-intermediate services, including:

1. A sphygmomanometer, adult and infant sizes;
2. Intravenous administration sets;
3. Subcutaneous injection equipment;
4. An esophageal obturator airway or esophageal gastric tube airway, or both;
5. A pneumatic anti-shock garment; and
6. Prepackaged medications, drugs and solutions specified in standard operating procedures approved by the medical director;

(m) Include protocols to be used for EMT-intermediate handling of:

1. A pulseless, non-breathing patient;
 2. Patient assessment and triage;
 3. Drawing of blood samples;
 4. Two-way communication breakdown;
 5. Medical authority, other than medical control physician at scene;
- and

6. Specific emergencies and illnesses for which the medical director establishes protocols;

(n) Include protocols for EMT-intermediate use of:

1. Specific crystalloid intravenous (I.V.) solutions to be used;
2. Epinephrine 1:1000, if carried;
3. Naloxone, if carried;
4. Fifty percent dextrose solution, if carried;
5. Syrup of ipecac;
6. An esophageal obturator or gastric tube airway; and
7. A pneumatic anti-shock garment;

(o) Document that there will be instantaneous 2-way voice communication between an ambulance and the hospital and medical control physician;

(p) Include written mutual aid and backup agreements with other ambulance services in the area included in the plan; and

(q) Document that each ambulance service provider providing EMT-intermediate service maintains sufficient ambulances, equipment and licensed EMTs-intermediate to provide EMT-intermediate service on a 24-hour-a-day, 7-day-a-week basis.

Note: The EMT-intermediate plan should be sent to the EMS Section, Division of Health, P.O. Box 309, Madison, WI 53701-0309.

(3) **REVIEW AND DECISION.** (a) The department shall, within 90 days following receipt of a plan in complete form, approve or disapprove the plan and notify the applicant accordingly, in writing.

(b) The department's approval of a plan shall be based on the department's determination that the plan meets the requirements of this chapter and on a site visit to the area included in the plan.

(4) **IMPLEMENTATION.** (a) Following department approval of an EMT-intermediate operational plan, all persons named in the plan may implement the program.

(b) No change may be made in the EMT-intermediate program which alters the hospital or hospitals, medical director or directors or ambulance service provider or providers involved, or the training program or EMT-intermediate program operations included in an approved plan, unless the change is approved by the department.

(5) **CONTINUED APPROVAL.** Continuation of approval of an EMT-intermediate operational plan shall depend on continuous conformance of the plan with the requirements of sub. (2).

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

HSS 111.07 Ambulance service provider requirements. In addition to satisfying the requirements under s. 146.50, Stats., and s. HSS 110.04, the licensed ambulance service provider making use of EMT-intermediate personnel shall ensure that:

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(1) All ambulance vehicles carrying EMT-intermediate personnel include:

- (a) A sphygmomanometer, adult and infant sizes;
- (b) A stethoscope;
- (c) Intravenous administration sets;
- (d) Subcutaneous injection equipment;
- (e) An esophageal obturator airway or esophageal gastric tube airway, or both;
- (f) A pneumatic anti-shock garment; and
- (g) Pre-packaged medications, drugs and solutions specified in standard operating procedures approved by the medical director;

(2) Every ambulance vehicle carrying EMT-intermediate personnel include, at a minimum, 2-way VHF radio voice communication between the ambulance and the hospital and medical director or designated medical control physician;

(3) When a patient is being cared for and transported with use of EMT-intermediate equipment and treatment skills, the ambulance is staffed by at least one EMT-intermediate and one EMT-basic. An EMT-intermediate shall be with the patient during the period of emergency care and transportation, except that the EMT-intermediate may be replaced by a registered nurse, physician's assistant or physician who has a minimum of 6 months of experience in prehospital or hospital emergency medical care; and

(4) The ambulance service maintains sufficient vehicles, equipment and trained personnel to provide EMT-intermediate services on a 24-hour-a-day, 7-day-a-week basis.

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

HSS 111.08 Denials, sanctions, appeals and waivers. (1) LICENSE, PERMIT OR CERTIFICATION DENIAL, NONRENEWAL, SUSPENSION OR REVOCATION, OR REPRIMAND OF LICENSEE, PERMIT HOLDER OR CERTIFIED TRAINING CENTER. The department may deny, refuse to renew, suspend or revoke an EMT-intermediate license or training permit or a training center certification, or reprimand a licensee, permit holder or certified center after providing the applicant, EMT-intermediate licensee or training permit holder or certified center with prior written notice of the proposed action and written notice of opportunity for a hearing if the department finds that:

(a) The applicant, licensee, permit holder or certified center does not meet the eligibility requirements established in s. 146.50, Stats., and this chapter;

(b) The license, permit or certification was obtained through error or fraud;

(c) The licensee or permit holder violated any provision of s. 146.50, Stats., or this chapter;

(d) The licensee or permit holder has permitted, aided or abetted the commission of an unlawful act;

(e) The licensee or permit holder has engaged in conduct detrimental to the health or safety of patients or to members of the general public during a period of emergency care or transportation;

(f) The licensee has failed to maintain certification at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level, and acts as an EMT-intermediate; or

(g) The training center has failed to adhere to the requirements under ss. HSS 111.04 (3) (f) and 111.05.

(2) EMERGENCY SUSPENSION OF LICENSE, PERMIT OR CERTIFICATION.

(a) The department may summarily suspend an EMT-intermediate license, EMT-intermediate training permit or training center certification when the department has probable cause to believe that the licensee, permit holder or training center has violated a provision of s. 146.50, Stats., or this chapter and that it is necessary to suspend the license, permit or certification immediately to protect the public health, safety or welfare.

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified center. If the licensee, permit holder or certified center desires a hearing, a request for 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 license permit or certification shall remain in effect until a final decision is rendered.

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

(3) EFFECT ON EMT-BASIC LICENSE OF ACTION ON EMT-INTERMEDIATE LICENSE. Denial, refusal of renewal, suspension or revocation of an EMT-intermediate license does not affect an EMT-basic license unless action is also taken under ch. HSS 110 in regard to that license.

(4) EFFECT ON EMT-INTERMEDIATE LICENSE OF ACTION ON EMT-BASIC LICENSE. Denial, refusal of renewal, suspension or revocation of an EMT-basic license under ch. HSS 110 shall have an identical effect on any EMT-intermediate license.

(5) APPEAL. In the event that the department denies, refuse to renew, suspends under sub. (1) or revokes an EMT-intermediate license, an EMT-intermediate training permit or a training center certification, or reprimands a licensee, permit holder or certified center, the applicant, licensee, permit holder or certified center 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. Review is not available if the request is received by the office of administrative hearings more than 30 days after the date of the notice required under sub. (1).

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

(6) **WAIVERS.** The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds that it is demonstrated that strict enforcement of the requirement will create an unreasonable hardship in meeting the emergency medical service needs of an area and that the waiver will not adversely affect the health, safety or welfare of patients or the general public.

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