

Chapter HFS 110

LICENSING OF AMBULANCE SERVICE PROVIDERS AND EMERGENCY MEDICAL TECHNICIANS-BASIC

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Note: Chapter H 20 was repealed and recreated as HSS 110.01 to 110.09 by emergency rule effective July 1, 1990. Chapter H20 as it existed on January 31, 1991 was repealed and HSS 110.01 to 110.09 was created effective February 1, 1991. **Chapter HSS 110 was renumbered chapter HFS 110 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, November, 1998, No. 515.**

HFS 110.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (5) (b) and (d) 1., (6) (b) 2. and (c) (intro.) and (13) and 250.04 (7), Stats., to protect members of the public who require emergency medical care in prehospital or interfacility 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), standards for certifying EMTs-basic to do defibrillation and standards for department authorization of EMTs-basic to use non-visualized advanced airways.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 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 or who apply for authorization to use non-visualized advanced airways.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.03 Definitions. In this chapter:

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

(2) "Advanced life support" or "ALS" means use, by appropriately trained and licensed personnel, in prehospital and interfacility 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. HFS 111 or emergency medical technicians-paramedic under ch. HFS 112 and which are not included in basic life support.

(3) "Advanced skill" means any skill that requires medical direction including the use of non-visualized advanced airways, performance of defibrillation and administration of epinephrine.

(4) "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.

(5) "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.

(6) "Ambulance service provider" or "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.

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

(8) "Basic life support" or "BLS" 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.

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

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

(11) "Defibrillation" means the administration of an electrical impulse to an individual's heart for the purpose of treating ventricular fibrillation or pulseless ventricular tachycardia.

(12) "Department" means the Wisconsin department of health and family services.

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

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

(15) "Emergency medical technician-DA" means an emergency medical technician-basic who is certified by the department to use an automatic defibrillator to administer defibrillation in a prehospital or interfacility setting to a person experiencing cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia.

(16) "Emergency medical technician-DM" means an emergency medical technician-basic who is certified by the department to use a manual defibrillator to administer defibrillation in a prehospital or interfacility setting to a person experiencing cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia.

(17) "Emergency medical technician defibrillation personnel" means emergency medical technicians-DA or emergency medical technicians-DM certified under this section.

(18) "Emergency medical technician-basic instructor-coordinator" means a person approved by the department or, if employed by the Wisconsin technical college system board,

jointly approved by the department and the Wisconsin technical college system board, who meets or exceeds the requirements identified under s. HFS 110.07.

(19) "EMT defibrillation 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 an emergency medical technician defibrillation program and which details the training and utilization of emergency medical technicians to administer defibrillation, as well as the quality assurance mechanisms to be used in the program.

(20) "EMT defibrillation training course" means a department approved course of instruction which will qualify a student for examination and certification as an emergency medical technician-DA or an emergency medical technician-DM.

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

(22) "EMT-basic training" means a department-approved training course consisting of classroom and supervised clinical or field experience which will qualify the student for examination and an EMT-basic license.

(23) "EMT-intermediate" means a person who is licensed under s. 146.50, Stats., and ch. HFS 111 to perform the functions specified in ch. HFS 111 relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the handling and transporting of sick, disabled or injured persons.

(24) "EMT-paramedic" means a person who is licensed under s. 146.50, Stats., and ch. HFS 112 to perform the functions specified in ch. HFS 112 relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the handling and transporting of sick, disabled or injured persons.

(25) "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.

(26) "Manual defibrillator" means a monitor and defibrillator which requires the operator to analyze and recognize a cardiac rhythm and will charge and deliver an electrical impulse to an individual's heart only at the command of the operator.

(27) "Medical control" means direction, through oral orders or a department-approved protocol, supervision and quality control by the medical director or by a physician designated by the medical director of the activities of an emergency medical technician administering defibrillation in the prehospital or interfacility emergency care of a patient.

(28) "Medical control hospital" means an acute care hospital or hospitals named in an approved plan as the hospital or hospitals with a physician on call 24-hours-a-day, 7-days-a-week to furnish medical information and direction to EMTs by direct voice contact.

(29) "Monitor and defibrillator" means a device which is capable of monitoring the rhythm of an individual's heart, creating a continuous integrated recording of the electrocardiogram and voice communication occurring simultaneously during operations by emergency medical technician defibrillation personnel, and delivering a regulated electrical impulse to the individual's heart.

(30) "National registry of EMTs" means the non-profit, independent, non-governmental agency 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.

(31) "National standard curriculum for training EMTs-basic" means the Emergency Medical Technician-Basic: National Standard Curriculum, 1994 edition, 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-basic may be consulted at the offices of the department's division of public 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, P.O. Box 371954, Pittsburgh, PA 15250-7954.

(32) "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.

(33) "On-line medical control physician" means a physician who is designated by the program medical director to provide voice communication of medical direction to emergency medical technician personnel and to assume responsibility for the care provided by emergency medical technician personnel in response to that direction.

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

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

(36) "Physician assistant" means a person certified under ch. 448, Stats., to perform as a physician assistant.

(37) "Prehospital or interfacility setting" means a location at which emergency medical care is administered to a patient prior to the patient's arrival at a hospital or between health care facilities.

(38) "Program coordinator" means the person designated by the program medical director to be responsible for day-to-day operation and record keeping for the emergency medical technician defibrillation program described in the plan.

(39) "Program medical director" means the physician who is designated in an EMT operational plan to be responsible for the medical control, direction and supervision of all phases of the emergency medical technician program operated under the plan and of emergency medical technicians performing under the plan, the establishment of standard operating procedures for these personnel, the coordination and supervision of evaluation activities carried out under the plan, and, if they are to be used in implementing the emergency medical technician program, the designation of on-line medical control physicians.

(40) "Protocol" means a written statement approved by the department and signed by the program medical director which lists and describes the steps an emergency medical technician is to follow in assessing and treating a patient.

(41) "Pulseless ventricular tachycardia" means a disturbance in the normal rhythm of the heart which is characterized by rapid electrical activity of the heart with no cardiac output.

(42) "Quality assurance program" means a department-approved program operating under the direction of a physician on a regional or statewide basis, which collects and analyzes case records submitted by 2 or more ambulance service providers using emergency medical technician defibrillation personnel and provides data summaries of emergency medical technician defibrillation activity and performance improvement recommendations to those service providers and personnel.

(43) "Registered nurse" means a person who is licensed as a registered nurse under ch. 441, Stats.

(44) "Service medical director" means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, and designates physicians for the day-to-day direction and supervision of emergency medical technicians and who reviews the performance of emergency medical technicians and ambulance service providers.

(45) "Ventricular fibrillation" means a disturbance in the normal rhythm of the heart which is characterized by rapid, irregular and ineffective twitching of the lower chambers, or ventricles, of the heart.

(46) "WTCS district" means a Wisconsin technical college system district.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; correction in (22) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1995, No. 476; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.04 Licensing of ambulance service providers. (1) APPLICATION. A person requesting an initial license or the renewal of a license to act or advertise as an ambulance service provider shall:

- (a) Apply on a form provided by the department;
- (b) Provide written documentation sufficient to establish that:
 1. The applicant employs sufficient licensed EMTs to operate the proposed ambulance service in conformance to the requirements of s. 146.50, Stats., and this chapter;
 2. All ambulances to be operated under the license have been inspected by the Wisconsin department of transportation within the preceding 12 months and meet the requirements of ch. Trans 309; and
 3. Insurance coverage required by s. 146.50 (6) (c) (intro.), Stats., is in force;
- (c) Agree in writing to comply with the operational requirements under sub. (3);
- (d) If applying for renewal of a license, submit the information required under sub. (4) (c); and
- (e) Provide any additional information requested by the department during its review of the application.

(2) DEPARTMENT RESPONSIBILITY. (a) Prior to issuing an initial ambulance service provider license or renewing an ambulance service provider license, the department shall determine that the applicant meets the standards set forth in s. 146.50, Stats., and this chapter and, as applicable, s. 146.55, Stats., and chs. HFS 111 and 112.

(b) Within 90 days after receiving a complete application for an ambulance service provider license, the department shall either approve the application and issue the license or deny the application. If the application for a 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 and the documentation necessary to establish that the requirements of sub. (1) (b) to (e) are met.

(3) OPERATIONAL REQUIREMENTS. An EMT-basic ambulance service provider shall meet each of the following operational requirements:

- (a) When a patient is being transported, the ambulance service provider shall:
 1. Ensure that the ambulance is staffed with a minimum of:
 - a. Two licensed EMTs; or
 - b. A licensed EMT and one of the following: an individual with an EMT-basic training permit, a registered nurse, a physician assistant or a physician; and
 2. Ensure that an individual with an EMT license or a registered nurse, a physician assistant or a physician who is trained in the use of all skills the service is authorized to provide is in the patient compartment with the patient at all times during the transportation of the patient;
- (b) The ambulance service provider shall require the completion of a written report on a form prescribed or approved by the department at the completion of each ambulance run.
- (c) When installing communications equipment in ambulances, the ambulance service provider shall comply with the specifications and standards of the Wisconsin statewide emergency medical services communications system. All ambulances

shall have direct radio contact with a hospital emergency department on the designated ambulance-to-hospital frequency. Adequate EMT-paramedic communications, as required in s. HFS 112.07 (2) (o), meets this requirement for direct radio contact with a hospital emergency department;

Note: The referenced specifications and standards are found in the Wisconsin Emergency Medical Services Communication/Telemetry Standards and Guidelines, a copy of which may be obtained without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison WI 53701-0309.

(d) The ambulance service provider shall ensure that 24-hour-per-day, 7-day-per-week emergency ambulance response is available to the service area covered by the ambulance service. An ambulance service applying for a license for special events shall state that in writing and request a waiver of the 24-hour-per-day, 7-day-per-week requirement; and

(e) As required by s. 146.50 (6) (c) (intro.), Stats., the ambulance service provider shall provide and maintain insurance coverage sufficient to protect EMTs in the performance of their duties.

Note: Operational requirements for EMT-intermediate ambulance service providers can be found in s. HFS 111.07 (2) and operational requirements for EMT-paramedic ambulance service providers can be found in s. HFS 112.07 (2).

(4) LICENSE RENEWAL. (a) An ambulance service provider license shall remain in effect until the beginning of the next biennial licensing period, unless suspended or revoked.

(b) The department shall send an application for biennial renewal of an ambulance service provider 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.

(c) For renewal of a license, an ambulance service provider shall submit to the department, in addition to the information specified in sub. (1), an updated roster of individuals holding EMT licenses and training permits affiliated with the ambulance service provider.

Note: Copies of the form required to apply for issuance or renewal of an ambulance service provider license and the form for reporting on an ambulance run are available from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.045 Qualifications of medical directors of certain ambulance services. (1) AUTHORITY AND PURPOSE. This section is promulgated under the authority of s. 146.50 (8m) and (13) (b), Stats., to establish qualifications for medical directors of ambulance services providing emergency medical services beyond basic life support services.

(2) APPLICABILITY. This section applies to all ambulance service providers providing advanced life support or other services that require use of advanced skills and to any person who assumes the role of medical director of an ambulance service using EMTs that provide these services.

(3) QUALIFICATIONS OF SERVICE MEDICAL DIRECTORS. (a) *General.* An ambulance service provider offering advanced life support or any other service that requires the use of advanced skills shall have a medical director that meets the following qualifications:

1. The person is licensed as a physician under ch. 448, Stats., to practice medicine and surgery; and
2. The person has read and has acknowledged, in writing, having read in its entirety the service medical directors' manual developed by the department.

(b) *Effect on current provider license.* 1. An ambulance service provider providing advanced life support or any other service that requires the use of advanced skills shall, beginning March 1, 1996, have a medical director who meets the qualifications under par. (a), except that when the ambulance service provider appoints a replacement medical director, the new medical director shall have 90 days from the date of appointment to comply with par. (a) 2.

2. On or after March 1, 1996, a person applying for an ambulance service provider license under s. HFS 110.04 at an advanced life support level or to offer any other service that requires the use of advanced skills shall have a medical director who meets the qualifications under par. (a) prior to the license being issued.

History: Cr. Register, February, 1996, No. 482, eff. 3-1-96; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.05 Licensing of EMTs—basic. (1) APPLICATION. An individual requesting a license to act as an EMT—basic shall:

- (a) Apply on a form provided by the department;
- (b) Be at least 18 years of age;
- (c) Subject to ss. 111.321, 111.322 and 111.335, Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department;
- (d) Present documentation of successful completion of department—approved EMT—basic training taken within 24 months prior to application or proof of current national registry of EMTs registration;
- (e) Present documentation of successful completion of a department—approved written and practical skills examination under s. 146.50 (6) (a) 3., Stats., taken after successful completion of EMT—basic training;
- (f) Present documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid; and
- (g) Provide any additional information requested by the department during its review of the application.

(2) ACTION BY THE DEPARTMENT. Within 90 days after receiving a complete application for an EMT—basic license under sub.(1), the department shall either approve the application and issue the license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial. In this section, “complete application” means a completed application form and documentation that the requirements of sub. (1) (b) to (g) are met.

(3) EXAMINATION. (a) An examination for an EMT—basic license shall consist of written and practical skills portions.

(b) An individual who fails to pass the written examination after 3 attempts may not participate in another examination until having presented to the department satisfactory documentation of successful completion of at least EMT—basic refresher training following the third failure.

(4) AUTHORIZED ACTIONS OF EMTS—BASIC. An emergency medical technician is authorized to perform only the following actions:

- (a) Administration of basic life support in accordance with skills and medications covered in the national standard curriculum;
- (b) Administration of the following advanced skills:
 - 1. Performance of defibrillation, if the EMT—basic is affiliated with an ambulance service approved by the department to perform defibrillation, authorized by the ambulance service medical director and certified by the department under s. HFS 110.10 (13);
 - 2. Use of non—visualized advanced airways, if the EMT—basic is affiliated with an ambulance service approved by the department to use non—visualized advanced airways, authorized by the ambulance service medical director and authorized by the department under s. HFS 110.11 (12) or (13); and
 - 3. Administration of epinephrine for anaphylactic shock, if the EMT—basic is affiliated with an ambulance service approved by the department to administer epinephrine and is authorized by

the ambulance service medical director following completion of a department—approved course on treatment for anaphylactic shock under s. 146.50 (9), Stats.; and

(c) Handle and transport sick, disabled or injured individuals.

(5) RENEWAL OF A LICENSE. (a) *Notice of renewal.* The department shall send an application 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—basic 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 provided by the department;
- 2. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;
- 3. Documentation that the licensee has, during the biennial period immediately preceding the license expiration date, successfully completed EMT—basic refresher training; and
- 4. Any other documentation which the department deems necessary to prove eligibility for a license.

(c) *Failure to submit materials by license expiration date.* A licensee who fails to submit the materials described in sub. (1) and par. (b) by the renewal date may not represent himself or herself as, function as or perform the duties of a licensed EMT—basic 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 provided by the department;
- b. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;
- c. Documentation that the licensee has, within the 24 months immediately preceding the license expiration date, successfully completed department approved EMT—basic refresher training; and
- d. Any other documentation which the department deems necessary to prove eligibility for a license.

2. Granting of late renewal under this paragraph does not exempt the licensee from the responsibility to complete department approved EMT—basic refresher training 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 lapsed 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. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;
- c. Documentation that the applicant has, within the 24 months immediately preceding the license expiration date, successfully completed department approved EMT—basic refresher training;
- d. Documentation that the applicant has successfully completed a written and practical skills examination approved by the department following successful completion of the EMT—basic refresher training required under subd. 1. c.; and
- e. Documentation that the applicant meets any additional eligibility requirements for a license specified in s. 146.50, Stats., or this chapter.

2. Being granted reinstatement of a license under this paragraph does not exempt the licensee from the responsibility to complete EMT–basic refresher training within the biennial licensing 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 4 or more years may be reinstated only if the applicant has successfully completed the training and examination requirements for the initial EMT–basic license within the 24 months immediately preceding application for reinstatement.

(f) *Completion of other emergency medical technician training.* A licensee may substitute the following training for the required EMT–basic refresher training:

1. Documentation of successful completion, within the 24 months immediately preceding the license expiration date, of an EMT–basic, EMT–intermediate or EMT–paramedic training course, including the knowledge and skills objectives of the national standard curriculum for training EMTs–basic, the national standard curriculum for training EMTs–intermediate, as defined in s. HFS 111.03 (14), or the national standard curriculum for training EMTs–paramedic, as defined in s. HFS 112.03 (17), as approved by the department, shall be considered to have met the requirement of this paragraph; or

2. If an EMT–basic is required to be licensed in 2 states in order to function as an EMT–basic, refresher training received to meet the requirements of the other state may be accepted by the department if the training meets at least the minimum requirements for license renewal under this chapter.

Note: Copies of the form required to apply for issuance or renewal of an EMT–basic license are available without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701–0309.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; emerg. cr. (3m), eff. 1–1–96; r. and rec. Register, May, 1996, No. 485, eff. 6–1–96; **correction in (5) (f) 1. made under s. 13.93 (2m) (b) 7., Stats., Register, November, 1998, No. 515.**

HFS 110.06 EMT–basic training permits. (1) APPLICATION. An individual requesting an EMT–basic training permit shall:

- (a) Apply on a form provided by the department;
- (b) Be at least 17 years of age;
- (c) Subject to ss. 111.321, 111.322 and 111.335, Stats., not have an arrest or conviction record that substantially relates to performance of the duties as an EMT as determined by the department;
- (d) Present documentation of previous emergency care training as required in sub. (2);
- (e) Present documentation of affiliation with a licensed ambulance service provider, consisting of the signature of the responsible party for the licensed ambulance service provider on the training permit application form; and
- (f) Provide any additional information requested by the department during its review of the application.

(2) REQUIRED TRAINING. An applicant for an EMT–basic training permit shall provide documentation of current certification in cardiopulmonary resuscitation, after successfully completing a course for professionals approved by the department, and one of the following:

- (a) Current certification in a first aid program acceptable to the department. The training shall include at least 16 hours of instruction, excluding the time required for certification or recertification in cardiopulmonary resuscitation, and shall include knowledge and skills of emergency care sufficient to assist a licensed EMT in patient treatment;
- (b) Written evidence of the successful completion, within the past 24 months, of the national standard basic first responder curriculum, or equivalent training approved by the department, or current voluntary certification as a Wisconsin first responder;

(c) Written evidence of the successful completion of the first 46 hours of a current EMT–basic training course approved by the department under s. HFS 110.07 (2) or completion of an EMT–basic course approved by the department under s. HFS 110.07 (2) within the past 24 months; or

(d) Written evidence of a current EMT license issued by another state.

(3) ACTION BY THE DEPARTMENT. Within 60 days after receiving a complete application for an EMT–basic training permit under sub. (1), 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 documentation that the requirements of sub. (1) (b) to (f) are met.

(4) RESTRICTIONS. (a) An individual holding an EMT–basic training permit may function as an EMT only under the direction of an EMT.

(b) An individual holding an EMT–basic training permit is not considered a licensed individual under s. HFS 110.04 (3) (a).

(c) An individual holding an EMT–basic training permit may perform any of the actions authorized for an EMT–basic for which he or she has been trained, except advanced skills requiring medical director approval, but only if a licensed EMT directly supervises the permit holder.

(5) DURATION OF PERMIT. (a) An EMT–basic training permit shall be issued for 2 years.

(b) An EMT–basic training permit shall expire after 2 years in force and may not be further extended or renewed.

Note: Copies of the form required to apply for issuance or renewal of an EMT–basic license are available without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701–0309.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; r. and rec. Register, May, 1996, No. 485, eff. 6–1–96.

HFS 110.07 EMT–basic training. (1) TRAINING CENTER APPROVAL. (a) EMT–basic training and EMT–basic refresher training under sub. (2) (c) shall be provided by training centers certified by the department under this subsection.

(b) Any Wisconsin technical college system district, other public or private school or college, hospital or other organization may apply to the department for certification to provide EMT–basic training.

(c) An application from a WTCS district for training center certification shall be jointly reviewed by the department and the Wisconsin technical college system board.

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

- 1. Documentation of the need for training center certification;
- 2. A description of the capabilities of the training center to do training of EMTs in the provision of emergency medical care in prehospital and interfacility settings. The training shall include training covered in the national standard curriculum for training EMTs–basic and additional training approved by the department, including the advanced skills of using non–visualized advanced airways and administration of epinephrine;
- 3. A signed commitment to provide EMT–basic training in accordance with the national standard curriculum for training EMTs–basic, and to comply with relevant requirements of s. 146.50, Stats., and this chapter;
- 4. A signed commitment to retain documentation of training and examination scores for 5 years for each EMT enrolled in a course. The training center shall make the documentation available to the department for review upon request;
- 5. Identification and qualifications of the physician who will function as medical director of the training center with responsibility for overall medical quality of the EMT–basic training pro-

gram. The medical director shall have emergency medical experience and shall settle questions of medical protocol and serve as a liaison between the training center and the medical community. 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;
- 6. Identification and qualifications of the person who will function as instructor-coordinator of the EMT-basic training with specification of that person's responsibilities. The EMT-basic instructor-coordinator shall:

- a. Be currently certified as an EMT by the national registry of emergency medical technicians or be currently licensed as an EMT-paramedic under ch. HFS 112;
- b. Be currently certified as a cardiopulmonary resuscitation (CPR) instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals;
- c. Successfully complete an EMS instructor-coordinator orientation workshop conducted by the department and the Wisconsin technical college system board;
- d. Possess a minimum of 2 years of field experience as an EMT or emergency health care provider in a related health care field;
- e. Possess prior experience in providing emergency medical services instruction which shall include a minimum of one EMT-basic course and one EMT-basic refresher course or 2 EMT-basic courses while under the direct supervision of a currently approved EMT-basic instructor-coordinator or equivalent training as approved by the department;
- f. Have overall responsibility for day-to-day coordination and administration of all aspects of the training course; and
- g. If teaching the advanced skills of defibrillation, non-visualized advanced airways and epinephrine administration, be certified in the skills or have successfully completed training and testing in the skills and be approved by the training center medical director to teach the skills.

Note: An application for certification of an EMT-basic training center should be sent to the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(e) Within 90 days after receiving a complete application for certification of an EMT-basic 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.

(f) Approval of the proposed training center by the department shall be a prerequisite to the initiation of EMT-basic training and EMT-basic refresher training.

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

(b) Application for initial course approval shall be made by submitting to the department a statement that all sections of the national standard curriculum and department standards for training EMTs-basic in advanced skills, including use of non-visualized advanced airways and administration of epinephrine, will be used and which identifies the number of hours devoted to classroom training and supervised clinical or field experience. Applications for approval of an initial course from a WTCS district shall be jointly reviewed by the department and the Wisconsin technical college system board. An application for initial course approval shall include:

- 1. Description of the course schedule and lesson scope, subject matter content and time allocations to be utilized by the certified training center;
- 2. Description of the supervised clinical or field experience and training to be provided to the student;
- 3. Identification of the normal class size to be taught and student selection procedures to be used;
- 4. Identification of the student text, workbooks, handouts and evaluation instruments to be used; and
- 5. Identification and description of the methods to be used to evaluate student performance and establish successful completion of the course.

Note: The materials that comprise an application for EMT-basic training course approval or EMT-basic refresher training course approval should be sent to the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(c) EMT-basic refresher training shall be approved by the department. To be approved by the department, EMT-basic refresher training shall meet the following criteria:

- 1. The training shall be offered by a certified training center or be approved by the department;
- 2. The training shall include the knowledge and skills objectives contained in the U.S. department of transportation/national highway traffic safety administration's national standard curriculum for refresher training of EMTs-basic, 1994 edition, and additional training as approved by the department;
- 3. Each session of formal course work shall be directly supervised by an EMT-basic instructor-coordinator approved by the department under sub. (1) (d) 6.
- 4. The training shall contain at least 30 hours of instruction, excluding the time required for certification or recertification in cardiopulmonary resuscitation;
- 5. Successful completion of the training shall require successful completion of comprehensive written and practical skills testing administered by the department-approved instructor-coordinator as part of the course; and
- 6. The certified training center shall meet any procedural requirements for approval of the training that the department may impose.

Note: The U.S. department of transportation national highway traffic safety administration's national standard curriculum for refresher training of EMTs-basic may be consulted at the offices of the department's division of public 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, P.O. Box 371954, Pittsburgh, PA 15250-7954.

(d) Within 90 days after receiving a complete application for approval of an EMT-basic or EMT-refresher 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.

(e) Approval of the proposed course by the department shall be a prerequisite to the initiation of EMT-basic or EMT-refresher training. Approval of the training course shall include approval of curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

(3) TRAINING COURSE CONTENT AND HOURS. (a) The national standard curriculum for training EMTs-basic shall be used as the basis for a training course. Additional skills training shall be approved by the department. Any deviation from the curriculum shall be submitted separately and approved by the department prior to its use in the course.

(b) An EMT-basic training course shall have a minimum of 110 hours of instruction and may not exceed 130 hours of mandatory attendance. The required hours shall include supervised clinical or field experience.

(c) Handouts and checklists used shall be consistent with knowledge and skills standards of the national standard curriculum and the Wisconsin standards and procedures of practical skills manual.

(d) Course curriculum and training plans shall be reviewed by the certified training center on an annual basis and revised and resubmitted as necessary.

Note: Training centers may obtain copies of the Wisconsin Standards and Procedures of Practical Skills Manual from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.08 Denials and sanctions. (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 ambulance service provider or EMT-basic license, an EMT-basic training permit or a training center certification or reprimand a licensee, permit holder or certified training center after providing the applicant, ambulance service provider, EMT-basic licensee, EMT training permit holder or certified training 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 training center does not meet the eligibility requirements established in s. 146.50, Stats., and this chapter;

(b) The licensing examination was completed through error or fraud;

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

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

(e) The licensee or permit holder has committed or has permitted, aided or abetted the commission of an unlawful act that substantially relates to performance of an EMT's duties as determined by the department;

(f) The licensee or permit holder has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or permit;

(g) As an EMT-basic licensee or permit holder, the individual has failed to maintain certification in cardiopulmonary resuscitation for professionals by completing a course approved by the department, and acted as an EMT;

(h) As an ambulance service provider, the licensee has failed to provide or maintain, when required, insurance coverage sufficient to protect EMTs in the performance of their duties for the ambulance service provider; or

(i) As a certified training center, the center has failed to adhere to the requirements under ss. HFS 110.05 (5) (f) and 110.07.

(2) EMERGENCY SUSPENSION OF LICENSE OR PERMIT. (a) The department may summarily suspend an ambulance service provider license, EMT-basic license, EMT-basic training permit or training center certification when the department has probable cause to believe that the licensee, permit holder or certified training center has violated the provisions of s. 146.50, Stats., or this chapter and that it is necessary to suspend the license or permit immediately without advance written notice, to protect the public health, safety or welfare.

(b) Written notice of the suspension and of the right to request a hearing shall be sent to the licensee, permit holder or certified training center within 48 hours after the suspension takes place. If the licensee, permit holder or certified training center desires a hearing, a request for hearing shall be submitted in writing to and received by the department of administration division of hearings and appeals within 30 days after the date of the notice of suspension. The division of hearings and appeals shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final deci-

sion within 10 days after the hearing. The suspension of the license or permit shall remain in effect until a final decision is rendered.

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

(3) COMPLAINTS. The department may, upon receipt of a complaint or on its own volition, investigate alleged violations of s. 146.50, Stats., or this chapter.

(4) APPEAL. In the event that the department denies, refuses to renew, suspends under sub. (1) or revokes an ambulance service provider license, an EMT-basic license or training permit or a training center certification, or reprimands a licensee, permit holder or certified training center, the applicant, licensee, permit holder or certified training center may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice required under sub. (1).

Note: The mailing address of the division of hearings and appeals is P.O. Box 7875 Madison, WI 53707.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.09 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 waiver of the requirement 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; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 110.10 Defibrillation by EMTs-basic. (1) PURPOSE. This section establishes standards for certification by the department of licensed emergency medical technicians-basic to administer defibrillation, under medical control, in a prehospital or interfacility setting. It also establishes standards for department approval of plans for the delivery of defibrillation services by licensed ambulance service providers and establishes requirements to assure standardization and quality assurance in training and use of defibrillation by EMT personnel statewide.

(2) AUTHORITY. This section is promulgated under the authority of s. 146.50 (13), Stats.

(3) APPLICABILITY. This section applies to any person involved in emergency medical services supervision, training or provision who seeks to provide training for, provide medical control for, be trained in or engage in defibrillation by emergency medical technicians-basic.

(4) GENERAL PROVISIONS. (a) No ambulance service provider may permit an emergency medical technician-basic to perform defibrillation on any individual unless the EMT-basic is certified by the department to perform defibrillation.

(b) No person licensed only as an emergency medical technician-basic may perform defibrillation unless the person is certified by the department as an emergency medical technician-DA or an emergency medical technician-DM and is a participant in a department-approved emergency medical technician defibrillation program.

(c) No emergency medical technician-DA or emergency medical technician-DM may administer drugs or perform other advanced life support procedures except defibrillation under an EMT defibrillation plan.

(d) No emergency medical technician-DA or emergency medical technician-DM may take the place of an emergency medical technician-paramedic as defined in s. 146.50 (1) (h), Stats., in the provision of ambulance service nor may any ambulance service provider operating under an emergency medical technician-paramedic plan approved by the department under s. 146.55 (2) (a), Stats., substitute an emergency medical technician-basic trained

in administering defibrillation for an emergency medical technician-paramedic required by the emergency medical technician-paramedic plan.

(5) **PLAN FOR DEFIBRILLATION BY EMERGENCY MEDICAL TECHNICIANS.** (a) *Plan submission.* One or more hospitals providing emergency services, one or more licensed physicians and one or more ambulance service providers may submit an EMT defibrillation plan to the department. The plan shall contain all the information required under par. (b).

(b) *Required elements.* No person may begin use of emergency medical technicians to provide prehospital or interfacility defibrillation services until an EMT defibrillation plan has been submitted to and approved by the department. At a minimum, the plan shall:

1. Identify the hospital or hospitals providing emergency services, licensed physician or physicians, and licensed ambulance service provider or providers by or for whom the plan is being submitted;
2. Identify and describe the roles, responsibilities and qualifications of the program medical director, the medical control hospital or hospitals, the on-line medical control physicians, if they are to be used, the program coordinator, the training course medical director, the training course instructor-coordinator and the service medical director or directors in the proposed program;
3. Identify and describe the roles, responsibilities and qualifications of the certified training center to be used and its relationship to the medical control hospital or hospitals;
4. Describe the licensed ambulance service provider or providers planning to use emergency medical technician defibrillation personnel under the plan;
5. Include statistical information which identifies the number of pulseless, non-breathing patients encountered in the year previous to plan submission by each ambulance service provider included in the plan, the outcome of prehospital or interfacility treatment of each patient and the response times from dispatch to arrival at the scene of patient treatment for each of the cases;
6. Describe the efforts which have been made or are continuing in the geographic area covered by the plan to minimize ambulance service response times and to provide community education to improve access to emergency medical services and public knowledge of emergency cardiac care;
7. Describe the EMT defibrillation training course, including content, objectives for individual lessons, clock hours, competency testing standards and procedures and training methods, or reference the training center if it has been previously approved to provide training;
8. Describe the manner in which each ambulance service provider operating under the plan will use emergency medical technician defibrillation personnel, including the number of emergency medical technicians defibrillation personnel and the service area to be covered;
9. List the equipment to be used by emergency medical technician defibrillation personnel to administer defibrillation, including the brand name, capabilities and technical specifications of each piece of equipment and specify the type of defibrillator to be used by each ambulance service provider included in the plan. Each ambulance service provider shall designate either an automatic or manual defibrillator, but not both, as the type to be used exclusively in its service;
10. Include a copy of the operating policies and procedures to be used in medical control, implementation and evaluation of the emergency medical technician defibrillation program;
11. Include a copy of the department approved protocol or protocols required under sub. (7) (c), signed by the program medical director, to be followed by emergency medical technician defibrillation personnel in determining the need for defibrillation,

administering defibrillation and providing additional emergency care to a pulseless, non-breathing patient;

12. If on-line medical control physicians are to be used in the provision of emergency medical technician defibrillation services under the plan, describe the communications system to be used for the medical control and direction of emergency medical technician defibrillation personnel in the geographic area covered by the plan;

13. Describe the methods by which continuing education and case review will be provided to emergency medical technician defibrillation personnel and continuing competency of those personnel will be assured;

14. Describe the relationship of the proposed emergency medical technician defibrillation program to other emergency and public safety services in the geographic area covered by the plan, including how the program will be coordinated with and will secure assistance from any advanced life support services existing in the geographical area covered by the plan;

15. Include a copy of agreements or letters of commitment from the hospitals, physicians, ambulance service providers, certified training center, training course instructor-coordinator, program coordinator and local governments participating in the emergency medical technician defibrillation program indicating 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;

16. Include a copy of a letter of agreement from or a contract involving the program medical director, ambulance service provider or providers and the service medical director or directors included in the plan, and a quality assurance program. The letter of agreement or contract shall specify that the written record and electrocardiogram recording of each ambulance run in which emergency medical technician defibrillation personnel render treatment to a pulseless, nonbreathing patient will be reviewed and evaluated by the quality assurance program;

17. Document insurance coverage which will be in force as of the date proposed for the beginning of the first EMT-basic defibrillation training course offered under the plan covering all hospitals, physicians, ambulance service providers and emergency medical technician-basic defibrillation personnel included in the emergency medical technician-basic defibrillation program for any liability they incur in the performance of their responsibilities in implementing the program; and

18. Provide evidence of commitment to and endorsement of the proposed program by local and regional medical, governmental and emergency medical services agencies and authorities.

Note: Plans should be sent to the EMS Section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309. A guide to assist in developing an EMT defibrillation plan is available free of charge from the Division of Public Health.

(c) *Deadline for submission.* The plan shall be submitted to the department in complete form at least 90 days prior to the date proposed for beginning EMT defibrillation service. If training is being provided by a training center not previously approved by the department, the plan shall be submitted 90 days prior to the date proposed for beginning the EMT defibrillation 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 plan in complete form, approve or disapprove the plan and notify the applicant accordingly, in writing.

2. In reaching an approval or disapproval decision on any plan, the department shall consult with an advisory committee of physicians and other persons experienced in emergency medical services and familiar with emergency medical technician defibrillation programs regarding the quality and feasibility of the plan. Members of the committee shall be selected by the department secretary. Recommendations of the committee are not binding on the department.

3. Approval or disapproval of a plan shall be based on the requirements in this section, consideration of the recommendation of the committee described in subd. 2. and the findings of a site visit by a department representative to the hospital or hospitals, ambulance service or services and certified training center involved in the plan.

(e) *Implementation.* 1. Following department approval of an EMT defibrillation plan, all persons named in the plan may implement the program.

2. No change may be made in the emergency medical technician defibrillation program which alters the hospital or hospitals, medical director or directors or ambulance service provider or providers involved, or the training program or emergency medical technician defibrillation program operations included in an approved plan, unless the change is approved by the department.

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

(6) MEDICAL CONTROL AND DEFIBRILLATION PROTOCOL REQUIREMENTS. (a) *Program medical director.* An emergency medical technician defibrillation program shall be under the medical supervision of a program medical director identified in the plan. Upon signing the EMT defibrillation plan, the program medical director shall be responsible for the medical aspects of implementation of the emergency medical technician defibrillation training and operation carried out under the plan and shall:

1. Select, approve or designate the personnel who will train and medically supervise emergency medical technician defibrillation personnel, including the training course medical director, the service medical directors, the program coordinator, the training course instructor if the course is offered outside of an approved EMT–basic or refresher course, and, if they are to be used in the program, the on–line medical control physicians;

2. Sign the protocol or protocols which will be used by emergency medical technician defibrillation personnel in providing defibrillation services under the plan;

3. Ensure that all aspects of the emergency medical technician defibrillation program are under constant medical supervision and direction;

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

5. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, certified training center, ambulance service providers and emergency medical technicians in the emergency medical technician defibrillation program;

6. Ensure that the findings and recommendations of the quality assurance program under sub. (12) are implemented; and

7. Ensure that the emergency medical technician defibrillation program operates in conformance with the approved plan, this section and standards of professional practice.

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

(c) *On–line medical control physicians.* If an EMT defibrillation plan includes the use of on–line medical control physicians, each on–line medical control physician shall be designated 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 emergency medical technician defibrillation 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 emergency medical technician defibrillation 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.

(d) *Medical control hospital.* By signing the EMT defibrillation plan, the medical control hospital or hospitals designated in the EMT–basic defibrillation plan agree to:

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

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

3. Ensure that any medical control provided to emergency medical technician defibrillation personnel by on–line medical control physicians at the hospital or hospitals is consistent with the approved protocol and the medical control policies and procedures established by the program medical director; and

4. Make available to the program and service medical directors and the quality assurance program the patient data necessary to carry out the quality assurance activities required under the plan.

(e) *Emergency medical technician defibrillation protocol.* 1. Each EMT defibrillation plan shall include a protocol or protocols signed by the program medical director under which emergency medical technician defibrillation personnel will provide emergency care and transportation to the cardiac arrest victim. Voice contact with an on–line medical control physician is not required for emergency medical technician defibrillation personnel to implement the protocol.

2. The protocol shall be specific to the type of defibrillator used in the plan. If individual ambulance service providers included in the plan have selected different types of monitor and defibrillator equipment for use, a protocol shall be included for each type selected.

3. The protocol used shall be a standard protocol developed and distributed by the department, based on the recommendations of the committee established under sub. (5) (d) 2.

Note: The protocol is available from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701–0309.

(7) EMERGENCY MEDICAL TECHNICIAN DEFIBRILLATION TRAINING. (a) *Applicability.* 1. An EMT–basic defibrillation training course that is not part of a department–approved EMT–basic or refresher course shall meet the requirements listed in pars. (b) to (g).

(b) *Direction and supervision.* An EMT–basic defibrillation training course 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 the qualifications of and approve the training course instructor 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 assurance of the training course.

(c) *Instructor.* Each training course shall have a training course instructor who shall:

1. Be a licensed physician, certified physician assistant, registered nurse, emergency medical technician-paramedic, emergency medical technician-intermediate with defibrillation training, or emergency medical technician-basic with defibrillation training;
2. Be currently certified as a cardiopulmonary resuscitation (CPR) instructor by the American heart association, American red cross or equivalent organization recognized and approved by the department for providing training in CPR to health care professionals;
3. Be approved by the training course medical director;
4. 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
5. Display competence in operating the specific type of monitor and defibrillator used in the training course to the satisfaction of the training course medical director.

(d) *Automatic defibrillator training.* 1. An emergency medical technician-basic-DA training course shall include theory and practice found in the national standard curriculum for training of EMTs-basic and additional training approved by the department.

2. The training course shall include a minimum of 5 hours of classroom instruction, skills practice and competency testing.

(e) *Manual defibrillator training.* 1. An emergency medical technician basic-DM training course shall include theory and practice in at least the following content areas:

- a. Introduction to emergency medical technician-basic defibrillation;
- b. Patient assessment and evaluation;
- c. Cardiac anatomy and physiology;
- d. Cardiac rhythm interpretation;
- e. Use and maintenance of the manual defibrillator;
- f. Cardiac defibrillation and the manual defibrillation protocol;
- g. Cardiopulmonary resuscitation as it relates to defibrillation;
- h. Skills practice;
- i. Final written and practical skills examination approved by the department; and
- j. Post-course debriefing.

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-basic defibrillation-DM training courses implemented under an approved plan.

4. The training course shall include a minimum of 20 hours of classroom instruction, skills practice and competency testing.

(f) *Department approval.* 1. Department approval of a proposed training course shall be a prerequisite to the initiation of emergency medical technician-basic defibrillation training. Approval of a training course shall include approval of a curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

2. Application for initial course approval shall be made by submitting to the department a statement that the standard department approved curriculum will be used and identification of the

training course medical director, instructor, and number of hours of instruction.

Note: Copies of the standard Department-approved defibrillation curriculum are available from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

Note: An application for approval of an EMT-basic defibrillation training course should be sent to the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(g) *Record of student performance.* The training course medical director shall, upon completion of each EMT-basic defibrillation training course, submit to the department a record of student performance for each emergency medical technician-basic who participated in the course and a list of the emergency medical technicians-basic who successfully completed the course.

Note: Records of student performance and lists of EMTs-basic who successfully completed the course should be sent to the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(8) MONITOR AND DEFIBRILLATOR EQUIPMENT. (a) *Required defibrillator components.* Monitors and defibrillators used in an emergency medical technician-basic defibrillation program shall meet the following specifications:

1. A manual defibrillator shall have, at a minimum, an electrocardiographic display, self-adhering monitoring electrodes or pads for placement on a patient's chest, a paper strip recorder for production of a permanent record of the electrical activity of the heart, an electrocardiogram recorder, and a manually triggered defibrillator for delivery of defibrillation;

2. A fully automatic defibrillator shall have, at a minimum, self-adhering monitoring and defibrillator electrodes or pads for placement on a patient's chest, an electrocardiogram recorder, and an automatically triggered defibrillator for delivery of defibrillation; and

3. A semiautomatic defibrillator shall have, at a minimum, self-adhering monitoring and defibrillator electrodes or pads for placement on a patient's chest, an electrocardiogram recorder, and a manually triggered defibrillator for delivery of defibrillation.

(b) *Attachment of electrodes and recording required.* During any prehospital or interfacility emergency care effort in which the monitor and defibrillator are used, monitoring electrodes or pads shall be attached to the patient and the electrocardiogram recorder shall be in operation. Recording shall begin upon the arrival of the emergency medical technician defibrillation personnel at the patient's side and may not be terminated until patient care by the emergency medical technician defibrillation personnel is complete.

(c) *Inspection.* All components of the monitor and defibrillator and the electrocardiogram recorder shall be inspected by a qualified service technician at least 2 times each calendar year to ensure that the equipment is maintained to the manufacturer's specifications. In this paragraph, "qualified service technician" means a person who has successfully completed training in the maintenance and repair of monitor and defibrillator equipment and possesses current knowledge of the technical troubleshooting and maintenance of monitor and defibrillator equipment with electrocardiogram capability. A qualified service technician is not required to be employed by or affiliated with a monitor and defibrillator manufacturer, provided the technician meets the training and knowledge requirements of this paragraph.

(d) *Modification.* No modification may be made to monitor and defibrillator equipment which results in a deviation from the manufacturer's standard specifications unless prior approval is received from the department. Prior to deciding on approval or disapproval of a request for equipment modification, the department shall ask the committee described in sub. (5) (d) 2. for a recommendation. The recommendation of the committee is not binding on the department. A written request for approval of a modification shall include, at a minimum:

1. Documentation of the manufacturer's standard specifications for the equipment;
2. Description of the modification requested;

3. Rationale for the modification and description of its effect on the emergency medical technician defibrillation program; and

4. Documentation that the requested modification, if made, will not expose patients on whom the equipment is used to an increased risk of harm.

(e) *Monitoring with self-adhering electrodes or pads.* Emergency medical technician defibrillation personnel may use only self-adhering electrodes or pads for monitoring the electrical activity of the heart. Quick look technique may not be used. In this paragraph, "quick look technique" means monitoring the electrical activity of the heart by means of defibrillator paddles or other devices which are not self-adhering to a patient's chest.

(f) *Battery systems.* Battery systems for the monitor and defibrillator and the electrocardiogram recorder shall be maintained and replaced in accordance with the manufacturer's standard specifications.

(g) *Records.* Ambulance service providers included in an EMT defibrillation plan shall maintain written records of the maintenance, repair and inspection of all monitor and defibrillator equipment used by emergency medical technician defibrillation personnel. These records shall be available for review by the department on request.

(9) AMBULANCE SERVICE PROVIDER REQUIREMENTS. An ambulance service provider using emergency medical technician defibrillation personnel shall:

(a) Submit, as part of the emergency medical technician defibrillation plan, a written plan of action describing the methods the provider is using or will use to minimize response times. A provider is exempt from submitting this plan of action if documentation is submitted which establishes that a minimum of 2/3 of the provider's ambulance runs involving a pulseless, non-breathing patient in the year immediately preceding the filing of the EMT defibrillation plan had a dispatch-to-arrival at the scene of patient treatment response time of 5 minutes or less;

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

1. The performance of defibrillation by emergency medical technician personnel is carried out under medical control;

2. Emergency medical technician defibrillation personnel receive continuing education and performance evaluations with sufficient frequency to maintain safe and effective delivery of defibrillation;

3. The defibrillation protocol approved by the department is used; and

4. Emergency medical technician defibrillation personnel who fail to demonstrate acceptable competency in implementation of the defibrillation protocol are not permitted to engage in the provision of defibrillation services until they have been reevaluated and have demonstrated competency in performance of the protocol to his or her satisfaction;

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

(d) Ensure that any monitor and defibrillator used by emergency medical technician defibrillation personnel affiliated with the provider is of the type specified for the provider in the plan and meets the requirements of this section;

(e) Ensure that, when a patient is being cared for or transported using a monitor and defibrillator, the ambulance is staffed by at least one licensed emergency medical technician who is certified to operate the type of defibrillator used by the ambulance service and one individual with an emergency medical technician-basic training permit. A certified emergency medical technician-DA or emergency medical technician-DM shall be with the patient during the period of emergency care and transportation. A licensed

physician, registered nurse, certified physician assistant or emergency medical technician-paramedic designated by the program or service medical director may be substituted for the emergency medical technician-DA or emergency medical technician-DM required by this paragraph;

(f) Ensure that emergency medical technician defibrillation service is available on a 24-hour-a-day, 7-day-a-week basis to its service area as described in the plan; and

(g) Ensure that all written records, monitor and defibrillator recordings and electrocardiogram recordings of each ambulance run in which emergency medical technician defibrillation personnel rendered treatment to a pulseless, non-breathing patient are delivered to the program or service medical director for review within 72 hours after the ambulance run and are made available to the quality assurance program described in the plan in a manner which conforms to the applicable requirements of ss. 146.50 (12) and 146.81 to 146.83, Stats.

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

1. For an emergency medical technician-DA:

a. Participation in case review and continuing education sessions as required by the program or service medical director; and

b. Demonstration of competent performance of the protocol in a simulated cardiac arrest situation to the satisfaction of the service medical director or training course medical director, or that person's designee, 4 times in the 2 year license cycle, preferably at 6 month intervals. The demonstration shall be witnessed by the service medical director at least once annually; and

2. For an emergency medical technician-DM:

a. Participation in case review and continuing education sessions as required by the program or service medical director; and

b. Demonstration of competent performance of the protocol in a simulated cardiac arrest situation to the satisfaction of the service medical director or training course medical director or that person's designee, 4 times in the 2 year license cycle, preferably at 6 month intervals. The demonstration shall be witnessed by the service medical director at least once annually.

(b) The program medical director or service medical director may require additional continuing education of emergency medical technician defibrillation personnel functioning under the plan.

(c) An emergency medical technician-DA or emergency medical technician-DM who fails to satisfy the continuing education requirements set forth in the plan or who fails to demonstrate competent performance in a required cardiac arrest simulation shall be removed from providing emergency medical technician defibrillation services until the program medical director or service medical director has reviewed the individual's performance and approves the individual to return to service. The program medical director or service medical director shall immediately inform the department in writing of the removal of the individual from service and shall inform the department of the date the individual is returned to service.

(d) Each ambulance service provider shall retain documentation for a period of 2 years establishing that each emergency medical technician-DA or emergency medical technician-DM affiliated with the service has satisfied the continuing education requirements. The ambulance service provider shall make the documentation available to the department for review upon request.

(11) EVALUATION. Each EMT defibrillation plan shall contain an evaluation process which includes, at a minimum:

(a) Maintenance for at least 5 years of documentation by emergency medical technician defibrillation personnel of each case in which treatment was rendered to a pulseless, non-breathing patient by the personnel. Documentation shall consist of a written report, on a form approved by the department, for each case and an electrocardiogram recording for each case in which cardiopulmonary resuscitation, monitoring or defibrillation was performed.

Note: Copies of the form for the written report are available without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(b) A requirement for delivery of the written records and electrocardiogram recording of each case to the program or service medical director within 72 hours after the ambulance run involved;

(c) Prompt review and critique of all cardiac arrest runs by the service medical director based on the documentation provided in par. (b), with feedback provided to the ambulance service provider and emergency medical technician defibrillation personnel as soon as possible but no later than 30 days after the run involved. The review shall be documented on a form provided by the department, a copy of which is forwarded to the quality assurance program with the case records; and

(d) Participation, under a contract or letter of agreement, in a quality assurance program to which copies of the documentation of each cardiac arrest response as required in par. (a) shall be sent by the program medical director or service medical director at least once each calendar quarter. The quality assurance program shall meet the requirements set forth in sub. (12) and shall be approved by the department.

(12) QUALITY ASSURANCE PROGRAM. (a) To qualify for approval under this section, a quality assurance program shall:

1. Apply to the department;
2. Be under the direction of a physician who is certified in advanced cardiac life support by the American heart association, is highly skilled in cardiac rhythm interpretation, possesses a working knowledge of prehospital emergency medical services systems and emergency medical technician defibrillation programs, and is able to actively participate in the review of individual case records and formulation of required periodic reports;
3. Have sufficient staff to ensure that case records will be reviewed in a timely and competent manner, data will be logged accurately and promptly, statistical analyses and summaries will be performed competently and efficiently, critical errors occurring in any emergency medical technician defibrillation program will be identified and responded to competently and quickly and recommendations for improvements and modifications in emergency medical technician defibrillation programs will be made in a timely and appropriate manner;
4. Have sufficient data gathering and analysis resources to maintain a computerized database of all case records reviewed and produce summary and analytical reports on a service, region and aggregate basis in a timely fashion; and
5. Have experience in and an effective system established for handling medical care records with appropriate safeguards for confidentiality.

Note: : Copies of the form to apply for approval of a quality assurance program are available without charge from the EMS section, Division of Public Health P.O. Box 309 Madison WI 53701-0309.

(b) A quality assurance program shall, at a minimum, provide the following services to an emergency medical technician defibrillation program:

1. Review and evaluation of written reports and electrocardiogram recordings from emergency medical technician defibrillation cases within 60 days of receipt;
2. Computerized database of emergency medical technician defibrillation runs for analysis and reporting as requested by the program medical director;

3. Summary reports and recommendations for improvement of the emergency medical technician defibrillation program made to the program or service medical director on at least a quarterly basis;

4. Advice to the program and service medical director on improvements which could be made in the evaluation activities carried out in the emergency medical technician defibrillation program;

5. Notification of serious emergency medical technician defibrillation personnel performance errors as soon as noted and recommendations for action to correct the noted errors; and

6. An annual summary report of the data collected for the service or program on a form provided by the department.

(c) The quality assurance program shall notify the program medical director and service medical director immediately when it notes a performance error it considers serious during the review of case records provided by that emergency medical technician defibrillation program. The notification shall be accompanied by a recommendation for action to address the error. The program medical director or service medical director shall advise the quality assurance program within 90 days after receiving notification of any action taken regarding the identified error. The quality assurance program shall advise the department of the resolution of the error immediately following the expiration of the 90 day period.

(d) The quality assurance program shall report annually to the department on its activities. The report shall include an annual summary of all data collected from emergency medical technician defibrillation programs to be used in development of a statewide statistical report. The annual report and data summary shall be on a form provided by the department.

Note: Copies of the form for the annual report are available without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701-0309.

(13) CERTIFICATION. (a) A person requesting certification as an emergency medical technician-DA or emergency medical technician-DM shall:

1. Apply for certification on a form provided by the department;
2. Hold a currently valid emergency medical technician license issued by the department or be currently registered as an emergency medical technician by the national registry of emergency medical technicians;
3. Be affiliated with an ambulance service provider identified in an approved EMT defibrillation plan;
4. Present evidence of successful completion of an approved emergency medical technician-DA or emergency medical technician-DM training course; and
5. Present documentation signed by the program medical director and acceptable to the department of competence in the performance of defibrillation according to the protocol for the certification category involved.

(b) Within 60 days after receiving a complete application for emergency medical technician-DA or emergency medical technician-DM certification, the department shall either approve the application and certify the applicant or deny the application. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial and shall give the applicant an opportunity to appeal the denial in accordance with sub. (15) (e).

(c) Certification shall be evidenced by an endorsement to the emergency medical technician license of the qualified applicant and shall indicate whether the person is certified as an emergency medical technician-DA or emergency medical technician-DM, or both.

(d) A person certified as an emergency medical technician-DA may perform defibrillation using only an automatic defibrillator and following the fully automatic or semiautomatic defibrilla-

tor protocol included in the plan for the provider for which he or she is authorized to function as an emergency medical technician–DA.

(e) A person certified as an emergency medical technician–DM may perform defibrillation using only a manual defibrillator and following the manual defibrillator protocol included in the plan for the provider for which he or she is authorized to function as an emergency medical technician–DM.

(14) RENEWAL OF CERTIFICATION. (a) Application for renewal of an emergency medical technician–DA or emergency medical technician–DM certification shall be made biennially concurrent with application for renewal of the emergency medical technician license. Application for renewal shall be made by the person certified on forms provided by the department and shall be signed by the program medical director responsible for the emergency medical technician defibrillation program involved. Each emergency medical technician–DA and emergency medical technician–DM certificate shall expire on June 30 of even-numbered years.

(b) A person whose emergency medical technician–DA or emergency medical technician–DM certification has been expired for more than 60 days shall complete any additional training and testing required by the service medical director prior to being issued certification.

Note: Copies of application forms for certification and renewal of certification are available without charge from the EMS section, Division of Public Health, P.O. Box 309, Madison, WI 53701–0309.

(15) DENIAL OR REMOVAL OF CERTIFICATION. (a) *Certification denial, nonrenewal, suspension or revocation.* The department may deny, refuse to renew, suspend or revoke an emergency medical technician–DA or emergency medical technician–DM certification after providing the applicant, emergency medical technician–DA or emergency medical technician–DM 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 certified does not meet the eligibility requirements established in this section;
2. Certification was obtained through error or fraud;
3. Any provision of this section is violated; or
4. The person certified has engaged in conduct detrimental to the health or safety of a patient or to members of the general public during a period of emergency care or transportation.

(b) *Emergency suspension of certificate.* 1. The department may summarily suspend an emergency medical technician–DA or emergency medical technician–DM certificate when the department is informed by the project medical director that the certificate holder has been removed from the emergency medical technician defibrillation program for cause or the department has probable cause to believe that the holder of the certificate has violated the provisions of this section and that it is necessary to suspend the certification immediately to protect the public health, safety or welfare.

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 emergency medical technician–DA or emergency medical technician–DM. That person may request a hearing on the decision. A request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice of suspension. The division of hearings and appeals shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days' prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed final decision within 10 days after the hearing. The suspension of the emergency medical technician–DA or emergency medical technician–DM certificate shall remain in effect until a final decision is rendered.

(c) *Effect on the license of an emergency medical technician–basic when there is an action taken on the certificate.* Denial, refusal to renew, expiration, suspension or revocation of an emergency medical technician–DA or emergency medical technician–DM certification shall not affect licensure as an emergency medical technician unless action is also taken under s. HFS 110.08 against the EMT license.

(d) *Effect on the certificate when there is an action taken on the license of an emergency medical technician–basic.* Denial, refusal to renew, expiration, suspension or revocation of an emergency medical technician–basic license under HFS 110.08, shall have an identical effect on any emergency medical technician–DA or emergency medical technician–DM certification attached to the license.

(e) *Appeal.* In the event that under par. (a) the department denies issuance of or renewal of or suspends or revokes an emergency medical technician–DA or emergency medical technician–DM certification, the applicant or emergency medical technician–DA or emergency medical technician–DM may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration; division of hearings and appeals. Review is not available if the request is received in the division of hearings and appeals more than 30 days after the date of the notice required under par. (a).

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

(16) CANCELLATION OF APPROVAL. (a) *Plan approval.* The department may, at any time, cancel its approval of an EMT defibrillation plan if parties to the plan fail to adhere to the plan, if parties to the plan violate the provisions of this section or if there is evidence that the emergency medical technician defibrillation 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 the provision of emergency medical technician defibrillation services upon written notice mailed to the program medical director, except that emergency medical technician defibrillation 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 ambulance service provider or providers in an EMT defibrillation plan if the provider or providers fail to adhere to the approved plan, violate the provisions of this section or engage in activities in the emergency medical technician defibrillation program that present a danger to the health and safety of patients or the general public. The ambulance service provider or providers shall cease the provision of emergency medical technician defibrillation services upon written notice mailed to the owner or operator for each ambulance service provider involved, except that emergency medical technician defibrillation services may continue pending appeal under par. (d).

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

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

division of hearings and appeals and received by that office within 30 days after the date of the notice of suspension. The department of administration division of hearings and appeals shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days' prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of 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 an EMT defibrillation plan or participation by an ambulance service provider or providers in the plan, the program medical director, in the case of cancellation of plan approval, or the owner or operator for each ambulance service provider involved, in the case of cancellation of provider participation, may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration division of hearings and appeals. Review is not available if the request is received in the office of division of hearings and appeals more than 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.

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; r. and recr. Register, May, 1996, No. 485, eff. 6-1-96.

HFS 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. HFS 111 or emergency medical technicians–paramedic under ch. HFS 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 recordkeeping 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 implementing 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–para-

medic 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 Public 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. HFS 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 Public 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

ized 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 Public 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 Public 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, other 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. HFS 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 to renew, expiration, suspension or revocation of an EMT–basic license under s. HFS 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 of administration’s division of hearings and appeals and received by that office within 30 days after the date of the notice required under par. (a).

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, 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 of administration division of hearings and appeals and received by that office within 30 days after the date of the notice of suspension. The division of hearings and appeals shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior 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 of administration’s division of hearings and appeals 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 Division of Hearings and Appeals is P.O. Box 7875, Madison, WI 53707.

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