

Chapter HFS 112

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

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Note: Chapter H 21 was repealed and recreated as Ch. HSS 112, by emergency rule effective July 1, 1990. Chapter H 21 as it existed on January 31, 1991 was repealed and a new chapter HSS 112 was created effective February, 1991. Ch. HSS 112 as it existed on August 31, 1996 was repealed and a new chapter HFS 112 was created effective September 1, 1996.

HFS 112.01 Authority and purpose. This chapter is promulgated under the authority of ss. 250.04 (7) and 146.50 (4) (c), (5) (b) and (d) 3., (6) (b) 2. and (13), Stats., to protect members of the public who require emergency medical care in prehospital or interfacility settings by establishing standards for licensing emergency medical technicians-paramedic (EMTs-paramedic) and for approval of county, city, town, village and hospital emergency medical service plans that propose to use EMTs-paramedic to deliver emergency medical care.

History: Cr. Register, August, 1996, No. 488, eff. 9-1-96; correction made under s. 13.93 (2m) (b) 7., Stats., Register, January, 2000, No. 529.

HFS 112.02 Applicability. This chapter applies to any person who applies for or holds an EMT-paramedic license or training permit; to any organization applying for certification or certified to offer EMT-paramedic training; and to any county, city, town, village, hospital or ambulance service provider, or any combination of these, wanting to use or using EMTs-paramedic to deliver emergency medical care.

History: Cr. Register, August, 1996, No. 488, eff. 9-1-96.

HFS 112.03 Definitions. In this chapter:

(1) "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 this chapter and which are not included in basic life support.

(2) "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.

(3) "Ambulance service" means the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(4) "Ambulance service provider" or "ambulance provider" means a person engaged in the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(5) "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 under 146.50, Stats., and this chapter as a condition for being issued an EMT-basic license.

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

(7) "Certified training center" means any organization, including a medical or educational institution, approved by the department under s. HFS 112.06 (1) to conduct EMT-paramedic training.

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

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

(10) "EMT-paramedic" or "emergency medical technician-paramedic" means a person who is licensed under s. 146.50, Stats., and this chapter to perform the functions specified in this chapter 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.

(11) "EMT-paramedic operational plan" means the plan required under s. 146.55 (2) (a), Stats., for training and using EMTs-paramedic to deliver emergency medical care in a specified service area.

(12) "EMT-paramedic refresher training" means training required for EMTs-paramedic under s. HFS 112.04 (4) (f) 1. as a condition for license renewal.

(13) "EMT-paramedic training course" means a training course approved by the department under s. HFS 112.06 (2) which consists of classroom, clinical and supervised field training and experience to qualify an individual for examination and an EMT-paramedic license.

(14) "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.

(15) "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 EMT-paramedic performing paramedic skills in the pre-hospital or interfacility emergency care of a patient.

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

(17) "National standard curriculum for training EMTs-paramedic" means the Emergency Medical Technician-Paramedic: National Standard Curriculum, current edition, 1986, published by the national highway traffic safety administration of the U.S. department of transportation.

Note: The U.S. Department of Transportation National Highway Traffic Safety Administration's national standard curriculum for training EMTs-paramedic 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 pur-

chased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954.

(18) "On-line medical control physician" means a physician licensed under ch. 448, Stats., who is designated by the program medical director to provide voice communication of medical direction to EMT-paramedic personnel and to assume responsibility for the care provided by EMT-paramedic personnel in response to that direction.

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

(20) "Physician" means a person licensed to practice medicine and surgery under ch. 448, Stats.

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

(22) "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.

(23) "Program medical director" means a physician who is responsible under an approved EMT-paramedic operational plan for the training, medical coordination, direction and supervision of EMT-paramedic personnel, the establishment of standard operating procedures for those personnel, and reviewing the performance of and designating physicians for the day-to-day direction and supervision of EMTs-paramedic and ambulance service providers functioning under an approved plan.

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

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

(26) "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.

History: Cr. Register, August, 1996, No. 488, eff. 9-1-96.

HFS 112.04 Licensing of EMTs-paramedic.

(1) APPLICATION. An individual requesting a license to act as an EMT-paramedic 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 an EMT-paramedic training course approved under s. HFS 112.06 (2) within 24 months prior to application, or equivalent training acceptable to the department. In this paragraph, "equivalent training" means training in all areas listed under s. HFS 112.06 (3);
- (e) Present documentation of current training in advanced cardiac life support which meets the standards for certification established by the American heart association;
- (f) Present documentation of successful completion of a department-approved written examination under s. 146.50 (6) (a) 3., Stats., taken after successful completion of EMT-paramedic training;
- (g) If not currently licensed as a Wisconsin EMT at any level, 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;
- (h) If affiliated with an EMT-paramedic ambulance service, present a signed statement from the program medical director cer-

tifying acceptance of the applicant in the EMT-paramedic program and endorsing the application; and

(i) Provide any additional information requested by the department during its review of the application.

(2) EXAMINATION. (a) The examination for an EMT-paramedic license shall be a written examination administered by the department at a time and place fixed by the department. The written examination shall be based on the content of the national standard curriculum and additional training approved for Wisconsin.

(b) An individual who fails to achieve a passing grade on the written examination may request reexamination and may be reexamined not more than 2 times at not less than 30 day intervals. An applicant who fails to achieve a passing grade on the second reexamination may not be admitted for further examination until presenting documentation of further EMT-paramedic training or education acceptable to the department.

(3) ACTION BY THE DEPARTMENT. Within 90 days after receiving a complete application for an EMT-paramedic 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 subsection, "complete application" means a completed application form and documentation that the requirements of sub. (1) (b) to (i) are met.

(4) AUTHORIZED ACTIONS OF EMTs-PARAMEDIC. An emergency medical technician-paramedic may perform only the following actions:

(a) Administration of basic life support in accordance with skills and medications covered in the national standard curriculum for training EMTs-basic as defined in s. HFS 110.03 (31), except automatic external defibrillation unless approved by the ambulance service medical director and certified by the department under s. HFS 110.10 (13);

(b) Administration of the following advanced skills if the EMT-paramedic is affiliated with an EMT-paramedic ambulance service operating under a department-approved plan and is authorized to administer those skills by the ambulance service medical director:

1. Administration of advanced life support in accordance with skills and medications covered in the national standard curriculum for training EMTs-paramedic;
2. Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58., Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats.
3. Administration of the following skills:
 - a. Advanced airways;
 - b. Pulse oximetry;
 - c. External pacing;
 - d. 12 lead ECG;
 - e. Insertion of IVs for administration of fluids, medications and drawing of blood;
 - f. IV infusion pumps;
 - g. Intraosseous infusions;
 - h. Medication administration via ET tube;
 - i. Medication administration via nebulizer;
 - j. Sublingual medication administration;
 - k. Rectal medication administration;
 - L. Parenteral medication administration;
 - m. Insertion of nasogastric tube;
 - n. Positive end expiratory pressure;
 - o. Use of peak flow meter;
 - p. Use of end-tidal carbon dioxide detector;
 - q. Transtracheal ventilation;

- r. Blood glucose analysis;
- s. Eye irrigation;
- t. Carotid sinus massage;
- u. ECG telemetry;
- v. Use of automatic BP cuffs;
- w. Pericardialcentesis;
- x. Treatment of tension pneumothorax;
- y. Cardioversion;
- z. Cricothyrotomy;
- za. Use of ventilators; and
- zb. Tracheostomy care;

(c) For a single paramedic operating in an approved EMT-paramedic program, all of the skills authorized under s. HFS 111.04 (4) for EMTs-intermediate and advanced skills authorized under ss. HFS 110.10 and 110.11 for EMTs-basic at the scene of a medical emergency in the pre-hospital setting, if use of the EMT-paramedic in this manner is described in the EMT-paramedic operational plan and approved by the program medical director; and

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

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

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

1. An application for renewal on a form prescribed by the department;
2. Documentation of current certification 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;
3. Documentation that the licensee has, during the biennial period immediately preceding application, successfully completed the continuing training requirements specified under par. (f) 1.;
4. If affiliated with a paramedic ambulance service provider, a statement from the medical director of the approved EMT-paramedic program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support as defined in s. 146.50 (1) (d), Stats., and is authorized by the medical director of the EMT-paramedic program in which the licensee functions to use those skills; and
5. Documentation that the licensee meets any additional eligibility requirements for being licensed specified in s. 146.50, Stats., or this chapter.

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

- a. An application for renewal 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. CPR certification shall be maintained throughout the license period for the EMT license to be valid;

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

d. If affiliated with a paramedic ambulance service provider, a statement from the medical director of the approved EMT-paramedic operational program attesting to the fact that the licensee retains proficiency in basic life support as defined in s. 146.50 (1) (d), Stats., and EMT-paramedic skills and is authorized by the medical director of the EMT-paramedic program in which the licensee functions to use those skills; and

e. Documentation that the licensee meets any additional eligibility requirements for licensure specified in s. 146.50, Stats., or this chapter.

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

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

- a. A reinstatement application on a form provided by the department;
- b. 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;

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

d. If affiliated with a paramedic ambulance service provider, a statement from the medical director of the approved EMT-paramedic program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support and in EMT-paramedic skills and is authorized to use those skills by the medical director of the EMT-paramedic program in which the licensee functions;

e. Documentation that the licensee has successfully completed a written examination approved by the department following successful completion of the continuing training required under par. (f) 1.; and

f. Documentation that the licensee 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 the continuing training requirements specified under par. (f) 1 within the biennial period for which the reinstated license is issued in order to qualify for renewal on the next renewal date.

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

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

a. Instruction, once during the biennium, in advanced cardiac life support which meets the standards for certification established by the American heart association; and

b. An additional 48 hours of training provided by a certified training center, or approved by the paramedic program medical director and medically directed by a physician, which is based on and includes the knowledge and skills objectives contained in the

national standard curriculum for training EMTs–paramedic, as approved by the medical director and the department.

2. A licensee who submits evidence of having successfully completed, within the 24 months immediately preceding the license renewal date, an EMT paramedic training course, including the knowledge and skills objectives of the national standard curriculum for training EMTs–paramedic, as approved by the department, shall be considered to have met the requirement of subd. 1. b.

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

1. Completes all refresher training required for the license sought or completes all refresher training required for renewal of an EMT–paramedic license; and

2. Files an application for renewal of the license sought which meets the requirements specified in s. 146.50, Stats., and s. HFS 110.05 (5) or s. HFS 111.04 (5), as appropriate.

Note: Copies of the form required to apply for issuance or renewal of an EMT–paramedic license are available without charge from the EMS Section, Division of Public Health, P.O. Box 2659 Madison, WI 53701–2659.

History: Cr. Register, August, 1996, No. 488, eff. 9–1–96; corrections in (4) and (5) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **correction in (4) (a) made under s. 13.93 (2m) (b) 7., Stats., Register, January, 2000, No. 529.**

HFS 112.05 EMT–paramedic training permits.

(1) APPLICATION. An individual requesting an EMT–paramedic training permit shall:

(a) Apply on a form provided by the department;

(b) Hold a valid EMT license issued by the department or documentation of equivalent training that, at a minimum, meets the national standard curriculum for training EMTs–basic as defined in s. HFS 110.03 (31);

(c) Be at least 18 years of age;

(d) 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;

(e) Present documentation of enrollment in department–approved

EMT–paramedic training as evidenced by the course registration list;

(f) Document that field training will be provided by a Wisconsin licensed EMT–paramedic ambulance provider as evidenced by the signatures of the program medical director and the responsible party for the ambulance service provider on the training permit application form; 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–paramedic training permit, the department shall either approve the application and issue the permit or deny the application. If the application for a permit is denied, the department shall give the applicant reasons, in writing, for the denial. In this subsection, “complete application” means a completed application form and documentation that the requirements of sub. (1) (b) to (g) are met.

(3) RESTRICTIONS. (a) An individual holding an EMT–paramedic training permit may perform the actions authorized for an EMT–paramedic only if the medical director or a training instructor designated by the medical director or training director is present and giving direction. The training instructor shall be an EMT–paramedic, a physician, a registered nurse, or a physician assistant.

(b) An individual holding an EMT–paramedic training permit is not considered licensed as an EMT–paramedic for purposes of s. HFS 112.07 (2) (q).

(4) DURATION OF PERMIT. (a) An EMT–paramedic training permit shall be valid for 2 years and may be renewed for one additional year by application made on a form provided by the department and with verification acceptable to the department that the individual is satisfactorily participating in an approved EMT–paramedic training course.

(b) An EMT–paramedic training permit which has been in force for 36 months shall expire regardless of the individual’s enrollment in an EMT–paramedic training course and may not be further extended or renewed.

Note: Copies of the form required to apply for issuance or renewal of an EMT–paramedic training permit are available without charge from the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

History: Cr. Register, August, 1996, No. 488, eff. 9–1–96; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 112.06 EMT–paramedic training. (1) TRAINING

CENTER APPROVAL. (a) EMT–paramedic training shall be provided by training centers certified by the department under this subsection.

(b) Any organization may apply to the department for certification to provide EMT–paramedic training or to offer EMT–paramedic training courses.

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

1. A description of the capabilities of the training center to train EMTs–paramedic in the provision of emergency medical care in pre–hospital, interfacility and hospital settings. The training shall include training covered in the national standard curriculum for training EMTs–paramedic and may include additional training approved by the department;

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

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

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

b. A copy of the training center medical director’s resume; and

4. Identification and qualifications of the person who will function as coordinator of EMT–paramedic training with specifications of that person’s responsibilities, including a copy of that person’s resume. The coordinator shall:

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

b. Be designated by the training center medical director; and

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

Note: An application for certification of an EMT–paramedic training center should be sent to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(d) Within 90 days after receiving a complete application for certification of an EMT–paramedic training center, the depart-

ment 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) No person may provide EMT–paramedic training until the department has certified the training center under par. (d).

(2) TRAINING COURSE APPROVAL. (a) Each EMT–paramedic training course offered by a training center certified under sub. (1) is subject to approval by the department under this subsection.

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

1. A statement that the national standard curriculum for training EMTs–paramedic and additional training approved by the department in the skills and medications under s. HFS 112.04 (4) (b) 2. to 3. will be used, and identification of the number of hours that will be devoted to classroom training, clinical training and supervised field experience. If a copy of the course curriculum is submitted it shall include:

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

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

c. Hours of instruction for each phase of training;

2. A description of training program operations, including:

a. A statement of how students will be screened for acceptance into the training program;

b. Training and experience prerequisites for the course;

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

d. In regard to clinical experience, its location and how it will be conducted, the emergency care and training capabilities of the teaching hospital or hospitals, the clinical areas available for hands–on experience and observation, with all skills specified in the curriculum to involve hands–on training, the identity and qualifications of the person supervising students' clinical experience and keeping records of student participation, and with a copy of the form prescribed by the department for use by the training center in documenting clinical experience received; and

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

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

Note: The materials that comprise an application for EMT–paramedic course approval should be sent to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659. Copies of the form for documenting the clinical experience received by students may be obtained from the same office.

(c) Within 90 days after receiving a complete application for approval of an EMT–paramedic 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.

(d) Approval by the department of the proposed training course shall be a prerequisite for initiation of EMT–paramedic training. Approval of a training course includes approval of curriculum, procedures, administrative details and guidelines necessary to ensure that there is a standardized program.

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

(3) TRAINING COURSE CONTENT AND HOURS. (a) An EMT–paramedic training course shall include classroom, clinical and

supervised field experience in the skills and medications outlined in the national standard curriculum for training EMTs–paramedic. If the training course includes any additional skills or medications, they shall be approved by the training program medical director and the department.

(b) The training course shall include content and behavioral objectives at least equivalent to all sections of the national standard curriculum for training EMTs–paramedic.

(c) Subsequent applications for course approval using the same curriculum, screening, prerequisites, clinical training, supervised field experience and evaluation may be submitted as a class notification, stating the intention of adhering to the previously approved curriculum and training plan.

(d) A course shall include a minimum of 750 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 200 of these hours spent in the patient care setting.

History: Cr. Register, August, 1996, No. 488, eff. 9–1–96.

HFS 112.07 EMT–paramedic operational plan.

(1) PLAN SUBMISSION. (a) A county, city, town, village, hospital or any combination of these which seeks to use EMTs–paramedic for the delivery of emergency care and transportation shall first submit to the department an EMT–paramedic operational plan with contents as specified in sub. (2) for department review and approval.

(b) An ambulance service provider wanting to use EMTs–paramedic for the delivery of emergency care and transportation to individuals being transferred between health care facilities shall submit an EMT–paramedic patient transfer operational plan with contents as specified in sub. (4) for department review and approval.

(c) For coverage by EMTs–paramedic, there shall be an operational plan and the ambulance provider shall be licensed under s. HFS 110.04. Department approval of the plan and issuance of the license are conditions for initiation of EMT–paramedic service.

(2) REQUIRED ELEMENTS. To be approved, an EMT–paramedic operational plan shall:

(a) Identify the person submitting the plan;

(b) Identify the program medical director, medical control hospital or hospitals and the physicians designated by the medical director to provide day–to–day medical control;

(c) Identify the certified training center;

(d) Identify the licensed ambulance service provider or providers planning to use EMT–paramedic personnel and how they will be used in the program and the geographic area covered by each provider;

(e) Include protocols for EMT–paramedic use of drugs, equipment and medications approved by the program medical director and the department, which describe how medical treatment will be provided and at what point in the protocol direct voice authorization of a physician is required;

(f) Describe the communication system to be used for providing medical control to EMT–paramedic personnel;

(g) Describe the methods by which continuing education and continuing competency of EMT–paramedic personnel will be assured;

(h) Describe the relationship of the proposed EMT–paramedic services to other emergency medical and public safety services in the geographical area covered in the plan;

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

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

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

(L) Provide assurances that all ambulances to be used by EMTs-paramedic will carry equipment and supplies required to effectively render EMT-paramedic services, as determined and approved by the department, including:

1. A cardiac monitor with tape printout;
2. A defibrillator;
3. Intravenous administration kits;
4. Intubation equipment as specified by the medical director; and
5. Medications and drugs specified in the protocols endorsed by the medical director;

(m) Document that each ambulance service provider included in the plan uses an ambulance run report form prescribed or approved by the department under s. HFS 110.04 (3) (b);

(n) Document that there will be instantaneous 2-way voice communication between every ambulance and the medical control physician, including, in addition to a mobile radio in the ambulance, a portable means of voice communication capable of being operated from the patient's side;

(o) Provide assurances that at least 2 licensed EMTs-paramedic will be present whenever a licensee functions as an EMT-paramedic. A physician, registered nurse or physician's assistant trained in advanced cardiac life support and designated by the medical director may replace one of the EMTs-paramedic. A single paramedic operating in an approved EMT-paramedic program may perform all of the skills authorized under s. HFS 111.04 (4) for EMTs-intermediate and advanced skills authorized under ss. HFS 110.10 and 110.11 for EMTs-basic at the scene of a medical emergency in the pre-hospital setting, if use of the EMT-paramedic in this manner is described in the EMT-paramedic operational plan and approved by the program medical director;

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

(q) Document that each ambulance service provider providing EMT-paramedic services maintains sufficient ambulances, equipment and licensed EMTs-paramedic to provide EMT-paramedic services on a 24 hour-per-day and 7 day-per-week basis, except as provided in subs. (3), (4), and (5).

Note: A community planning guide to assist in the development of an EMT-paramedic operational plan is available without charge from the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

Note: EMT-paramedic operational plans should be submitted to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(3) EMT-PARAMEDIC 24-MONTH PHASE-IN OF FULL-TIME COVERAGE. (a) An applicant developing an EMT-paramedic operational plan to provide full-time year around service may, if a hardship can be documented, request approval by the department of a phase-in period of up to 24 months to achieve provision of full-time EMT-paramedic coverage. Phase-in of EMT-paramedic coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An applicant wanting to provide EMT-paramedic coverage over a phase-in period shall submit an operational plan to the department which includes all the elements under sub. (2), and shall in addition:

1. Describe in detail why the phase-in period is necessary, how the phase-in will be accomplished and the specific date, not to exceed 24 months from the initiation of the part-time paramedic service, that full-time paramedic service will be achieved; and

2. Describe how quality assurance and paramedic skill proficiency will be evaluated.

(c) During the phase-in period, all requirements for paramedics under s. 146.50 Stats., and this chapter shall be met except for the requirement to provide 24-hour-per-day, 7-day-per-week coverage.

(d) If the department approves an ambulance service provider to provide EMT-paramedic service during a phase-in period, the department shall issue a provisional license for the duration of the phase-in period. An EMT-paramedic ambulance service provider that does not achieve full-time coverage within the approved phase-in period, 24 months maximum, shall cease providing EMT-paramedic service until able to provide full-time coverage and shall revert back to providing EMT-intermediate or EMT-basic service.

(4) INTERFACILITY PARAMEDIC PLAN. (a) In this subsection, "EMT-paramedic interfacility coverage" means EMT-paramedic service provided during transportation of patients between health care facilities. EMT-paramedic interfacility coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An ambulance service provider wanting to provide EMT-paramedic interfacility coverage shall submit to the department an operational plan which describes how interfacility paramedic services will be provided. An ambulance service already approved to provide prehospital EMT-paramedic services may amend its existing plan to include interfacility coverage.

(c) To be approved, an EMT-paramedic interfacility operational plan shall include all the elements under sub. (2), and shall in addition;

1. Describe the types of medical patients who will be transported;

2. Describe what additional critical care training will be required for paramedics providing interfacility transportation;

3. List any specialized equipment that will be used for patient care during interfacility transportation; and

4. Describe any specialized personnel that may be required to assist EMTs-paramedic during critical care transportation and define the medical nature of this transportation.

(5) SPECIAL EVENT PARAMEDIC PLAN. (a) In this subsection, "special event EMT-paramedic coverage" means prehospital EMT-paramedic service provided at a specific site for the duration of a temporary event. Special event EMT-paramedic coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04. If the special event EMT-paramedic license application is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved which meets all the elements under sub. (2).

(b) If the special event EMT-paramedic coverage is outside an ambulance service provider's primary prehospital service area, the ambulance service shall submit an operational plan that meets all the elements required under sub. (2) and also addresses how the ambulance service applying for special event coverage will work in cooperation with the primary emergency response ambulance service in the area.

(6) SEASONAL PARAMEDIC PLAN. (a) In this subsection, "seasonal EMT-paramedic coverage" means prehospital EMT-paramedic service provided during specific times of the year when the population of an area has substantially increased for a minimum of 30 consecutive days and EMT-paramedic service is maintained on a 24-hour-per-day, 7-days-per-week basis for the duration of the population influx. Seasonal coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An ambulance service wanting to provide seasonal paramedic coverage shall submit to the department an operational plan which describes how prehospital EMT-paramedic service will be provided on a seasonal basis. Once initially approved, the plan for

seasonal EMT-paramedic service shall be renewed annually by the ambulance service submitting a letter to the department. Any changes to the original plan shall be stated in the letter. The letter shall also include an updated roster of EMTs, proof of insurance coverage and documentation that all vehicles are approved under ch. Trans 309.

(c) To be approved, an EMT-paramedic operational plan for seasonal paramedic coverage shall meet all the requirements under sub. (2), and shall in addition:

1. Describe the characteristics of the area which demonstrate population fluctuation, including:

a. Dates during which population increases take place and EMT-paramedic service would be available and how the public is notified of the change in level of service;

b. Approximate population served during the increase; and

c. Reason for the population increase;

2. Describe the geographic area covered by the provider;

3. Describe how EMT-paramedic staffing will be provided, including:

a. How EMT-paramedic personnel will be provided;

b. Number of EMTs-paramedic required to provide full-time coverage;

c. Number of ambulances; and

d. Location of ambulances in region;

4. Describe how quality assurance of the system will be achieved;

5. Describe how EMT-paramedic personnel will be used and how they will maintain skill proficiency in the off-season;

6. Include agreements with the primary ambulance service provider, the local medical director and the receiving health care facilities in the area that describe how services will be integrated or mutual aid provided; and

7. Describe in detail why EMT-paramedic service is not feasible or necessary in the area on a full-time year-round basis.

(7) MEDICAL CONTROL REQUIREMENTS. (a) *Program medical director.* An emergency medical technician-paramedic program shall be under the medical supervision of a program medical director identified in the plan. The program medical director shall be responsible for the medical aspects of the implementation of the EMT-paramedic training and operations carried out under the plan and shall:

1. Select, approve and designate the personnel who will train and medically supervise EMT-paramedic personnel, including the training course medical director under s. HFS 112.06 (1) (c) 3., the ambulance service medical directors, the program coordinator, the training course instructor-coordinator under s. HFS 112.06 (1) (c) 4. and the on-line medical control physicians;

2. Authorize the protocols which will be used by EMT-paramedic personnel in providing EMT-paramedic services under the plan;

3. Ensure that all aspects of the EMT-paramedic program are under constant medical supervision and direction;

4. Establish 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 hospitals, physicians, training center, ambulance service providers and EMTs-paramedic in the EMT-paramedic program; and

6. Ensure that the EMT-paramedic program operates in conformance with the approved EMT-paramedic operational plan, this chapter 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.* Each on-line medical control physician shall be approved by the program medical director, shall agree to provide medical control instructions consistent with the approved protocols, and shall be:

1. Familiar with the design and operation of the EMT-paramedic program under the plan;

2. Experienced in medical control and supervision of pre-hospital emergency care of acutely ill or injured persons;

3. Willing to participate in medical control and evaluation activities in the EMT-paramedic program; and

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

(8) REVIEW AND DECISION. (a) The department shall, within 90 days following receipt of a complete EMT-paramedic operational plan either approve the plan and issue the license or disapprove the plan. If the plan is disapproved, the department shall give the applicant reasons, in writing, for disapproval.

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

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

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

(10) CONTINUED APPROVAL. Continuation of approval of an EMT-paramedic operational plan shall depend on continuous conformance of the plan with the requirements in subs. (2) and (4), as determined by a joint review of the plan by the department and the ambulance service provider every 2 years.

History: Cr. Register, August, 1996, No. 488, eff. 9-1-96; corrections in (1) to (6) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 112.08 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 EMT-paramedic license or training permit or a training center certification, or reprimand a licensee, permit holder or certified training center after providing the applicant, licensee, 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., or this chapter;

(b) The licensing examination was completed through 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, as determined by the department, substantially relates to performance of the licensee's or permit holder's duties as an EMT;

(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 resuscita-

tion for professionals by completing a course approved by the department, and acted as an EMT-paramedic; or

(h) The certified training center has failed to adhere to the requirements under s. HFS 112.06.

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

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified 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 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 decision 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. If the department denies, refuses to renew, suspends under sub. (1) or revokes an EMT-paramedic 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, August, 1996, No. 488, eff. 9-1-96; corrections made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1996, No. 488.

HFS 112.09 Waivers. The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds 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, August, 1996, No. 488, eff. 9-1-96.

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