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Chapter DHS 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Note: Chapter H 20 was repealed and recreated as HSS 110.01 to 110.09 by emergency rule effective July 1, 1990. Chapter H 20 as it existed on January 31, 1991 was repealed and HSS 110.01 to 110.09 was created effective February 1, 1991.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. Chapter HFS 110 was repealed and recreated, Register, February, 2001, No. 542, eff. 3–1–01. **Chapter HFS 110 was renumbered to ch. DHS 110 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.01 Authority and purpose. This chapter is promulgated under the authority of ss. 256.15 (5) (b) and (d) 1., (6) (b) 2. and (c) (intro.), (6n), (8m) and (13) (a) and (c) 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 and operations of ambulance service providers; standards for licensing emergency medical technicians—basic; standards for certifying centers to provide EMT—basic training and for approving training courses and instructor—coordinators; and to specify the elements of an EMT—basic operational plan.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 06–075: am. Register November 2006 No. 611, eff. 12–1–06.

DHS 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, certified training centers, and instructor—coordinators.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 01–052: am. Register September 2001 No. 549, eff. 10–1–01; CR 06–075: am. Register November 2006 No. 611, eff. 12–1–06.

DHS 110.03 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. DHS 111 or emergency medical technicians—paramedic under ch. DHS 112 and which are not included in basic life support.

(2) “Advanced skill” means any skill that requires medical direction including the use of non—visualized airways, performance of defibrillation, administration of approved medications and intravenous therapy.

(3) “Ambulance” has the meaning specified in s. 256.01 (1), 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.

(4) “Ambulance service” has the meaning specified in s. 256.01 (2), Stats., namely, the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.

(5) “Ambulance service provider” or “provider” has the meaning specified in s. 256.15 (3), 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.

(6) “Automatic defibrillator” means a combined monitor and defibrillator which is capable of recognizing the presence or absence of ventricular fibrillation and pulseless ventricular tachycardia 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 or pulseless ventricular tachycardia is detected or “semiautomatic” if it delivers the electrical impulse only at the command of the operator after ventricular fibrillation or pulseless ventricular tachycardia is detected.

(7) “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. 256.15, Stats., and this chapter as a condition for being issued an EMT—basic license.

(8) “Biennial licensing period” means the 2—year period beginning July 1 of even—numbered years.

(9) “Cardiopulmonary resuscitation” or “CPR” means a procedure employed in which cardiac massage and artificial ventilation are used in an attempt to restore breathing and circulation.

(10) “Certified training center” means any organization, including a medical or educational institution, approved by the department under s. DHS 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 services.

(13) “EMS funding assistance program” means the program under s. 256.12 (4) and (5), Stats., that provides supplemental funding to ambulance services that provide primary ambulance service to a geographical area.

(14) “EMT” means an emergency medical technician.

(15) “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.

(16) “EMT—basic advanced skills course” means a department—approved course of instruction which will qualify a student for examination and authorization to use a specific advanced skill.

(17) “EMT—basic instructor—coordinator” means a person approved by the department or, if employed by the Wisconsin technical college system board, jointly approved by the depart-

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ment and the Wisconsin technical college system board, who meets or exceeds the requirements identified under s. DHS 110.07 (2) and is the lead instructor for an approved course.

(19) “EMT–basic operational plan” means the plan required under s. DHS 110.08 for training and using EMTs–basic to deliver emergency medical care in a specified service area.

(20) “EMT–basic refresher training” means training required for EMTs–basic under s. DHS 110.05 (5) as a condition for license renewal.

(21) “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.

(22) “EMT–intermediate technician 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–intermediate technician license.

(23) “EMT–intermediate technician,” “emergency medical technician–intermediate technician”, or EMT–ITECH means an individual who is licensed under s. 256.15, Stats., and ch. DHS 111 to perform the functions specified in s. DHS 111.04 (4) relating to the administration of emergency medical procedures in a prehospital or interfacility setting and relating to the handling and transporting of sick, disabled or injured persons. This title and license level applies to EMTs–intermediate technician who were trained and licensed based on the 2001 Wisconsin revision of the 1989 or earlier edition of the national standard curriculum for training EMTs–intermediate.

Note: The EMT–intermediate technician title and license level applies to EMTs–intermediate technician who were trained and licensed based on the 2001 Wisconsin revision of the 1989 or earlier edition of the national standard curriculum for training EMTs–intermediate.

(24) “EMT–paramedic” means a person who is licensed under s. 256.15, Stats., and ch. DHS 112 to perform the functions specified in ch. DHS 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) “Epinephrine” means the administration of epinephrine for signs and symptoms of anaphylactic shock using an auto–injector or other approved administration device.

(26) “First responder” means a person who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency care to a sick, disabled or injured individual prior to the arrival of an ambulance, but who does not provide transportation for a patient.

(27) “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.

(28) “Interfacility transport” means scheduled or prearranged transportation and non–emergent care of a patient between health care facilities or from a home to a facility when directly requested by the patient or facility. Interfacility transports may also include emergency transports between health care facilities based on local protocol.

(29) “Manual defibrillator” means a combined monitor and defibrillator which requires the operator to analyze and recognize a cardiac rhythm and which will charge and deliver an electrical impulse to an individual’s heart only at the command of the operator.

(30) “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–basic or EMT–basic

IV administering any advanced skill to a patient in the prehospital setting or during interfacility transport of the patient.

(31) “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.

(32) Medical director” means the Wisconsin licensed physician who is designated in an EMT operational plan to be responsible for all of the following off–line medical direction activities:

(a) Controlling, directing and supervising all phases of the emergency medical services program operated under the plan and the EMTs performing under the plan.

(b) Establishing standard operating protocols for EMTs performing under the plan.

(c) Coordinating and supervising evaluation activities carried out under the plan.

(d) Designating on–line medical control physicians, if the physicians are to be used in implementing the emergency medical services program.

Note: “Off–line medical direction” means medical direction that does not involve voice communication provided to EMTs providing direct patient care. Similarly, “on–line” means medical direction that involves voice communication provided to EMTs.

(33) “National registry of EMTs” means the non–profit, independent, non–governmental agency that 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.

(34) “National standard curriculum for training EMTs–basic” or “national standard curriculum” 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 Bureau of EMS and Injury Prevention or at the Secretary of State’s Office. The curriculum may be purchased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954.

(35) “Non–affiliated EMT–basic” means a licensed EMT–basic who is not affiliated with an approved ambulance service provider and therefore does not have medical direction to perform any advanced skills.

(36) “Non–visualized airway” means a tube that is inserted through a patient’s mouth into the patient’s esophagus or trachea without direct visualization of the larynx.

Note: An endotracheal tube is not a non–visualized airway.

(37) “Off–line medical direction” means medical direction that does not involve voice communication provided to EMTs providing direct patient care.

(38) “On–line medical direction” means medical direction of the activities of an EMT–basic that involves voice communication provided to the EMTs by the medical director or by a physician designated by the medical director.

(39) “On–line medical control physician” means a Wisconsin licensed physician who is designated by the medical director to provide voice communicated 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.

(40) “Person” has the meaning specified in s. 256.15 (1) (L), Stats.

(41) “Physician” means a person licensed under ch. 448, Stats., to practice medicine and surgery.

(42) “Physician assistant” means a person licensed under ch. 448, Stats., to perform as a physician assistant.

(42m) “Preceptor” means an individual licensed as an EMT–basic, EMT–intermediate technician, EMT–intermediate, EMT–

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paramedic, a physician, a registered nurse or a physician assistant who meets the requirements listed in s. DHS 110.07 (1) (c) 6m. and who provides supervision of clinical or field experiences for individuals with an EMT–basic training permit.

(43) “Prehospital setting” means a location at which emergency medical care is administered to a patient prior to the patient’s arrival at a hospital.

(44) “Primary service area” means the geographical area in which an ambulance service provides first–in emergency medical care under contract or formal agreement with a local government and that is described in the operational plan required under s. DHS 110.08. “Primary service area” does not include areas that the provider serves through mutual aid agreements or back–up arrangements.

(45) “Protocol” means a written statement approved by the department and signed and dated by the medical director that lists and describes the steps an emergency medical technician is to follow in assessing and treating a patient.

(46) “Pulseless ventricular tachycardia” means a disturbance in the normal rhythm of the heart that is characterized by rapid electrical activity of the heart with no cardiac output.

(47) “Quality assurance program” means a training program and formalized review of ambulance run reports by the medical director or designee to improve future performance and that is described in the service operational plan.

(47m) “Regional trauma advisory council” means an organized group of healthcare entities and other concerned individuals who have an interest in organizing and improving trauma care within a specified geographic region approved by the department.

(48) “Registered nurse” means a person who is licensed as a registered nurse under ch. 441, Stats.

(49) “Restricted” means a determination by the medical director that an EMT–basic may not perform some or all of the skills that require medical director authorization.

(50) “Run” means a response by an ambulance to treat and/or transport a patient.

(51) “Stand–alone EMT–basic advanced skill course means a module taught outside of a formal EMT–basic or refresher course.

(52) “Training center medical director” means the physician who is responsible for medical coordination, direction and conduct of an EMT–basic training program.

(53) “Ventricular fibrillation” means a disturbance in the normal rhythm of the heart that is characterized by rapid, irregular, uncoordinated and ineffective twitching of the lower chambers, or ventricles, of the heart.

(54) “Wisconsin standard curriculum for training EMT–intermediate technician” means the curriculum developed and approved by the department as essential for training EMT–intermediate technician personnel.

(55) “WTCS district” means a Wisconsin technical college system district.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 01–052: am. (25) and (54), cr. (42m), Register September 2001 No. 549, eff. 10–1–01; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573; CR 04–055: cr. (47m) Register December 2004 No. 588, eff. 1–1–05; CR 06–075: am. (10), (19), (20), (23), (35), (38), (42m), (49), (52), and (54), r. (18), r. and recr. (22), Register November 2006 No. 611, eff. 12–1–06; **corrections in (1), (3), (4), (5), (7), (10), (12), (13), (17), (19), (20), (23), (24), (40), (42m) and (44) made under s. 13.92 (4) (b) 6. and 7., Stats., Register January 2009 No. 637.**

DHS 110.04 Licensing of ambulance service providers. (1) APPLICATION. A person requesting an initial license to act or advertise as an ambulance service provider shall do all of the following:

(a) Apply on the current form provided by the department.

(b) Agree to staff the ambulance service to meet at least EMT–basic requirements as follows:

1. When a patient is being transported, the ambulance shall be staffed with a minimum of 2 persons who are qualified under one of the following:

a. Any 2 licensed EMTs, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof.

b. A licensed EMT, licensed registered nurse, licensed physician assistant or physician and an individual with an EMT–basic training permit.

2. When a patient is being cared for and transported with the use of EMT–basic equipment or treatment skills, an individual with an EMT–basic license and authorized in advanced skills 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 shall be in the patient compartment with the patient at all times.

4. The ambulance shall be driven by an individual with a valid driver’s license.

(c) Provide written assurance that 24–hour–per–day, 7–day–per–week emergency ambulance response is available to the primary service area covered by the ambulance service. The service shall provide basic level service including the administration of defibrillation, non–visualized airways and epinephrine and shall employ sufficient licensed EMTs to operate the proposed ambulance service in compliance with the requirements of s. 256.15, Stats., and this chapter. 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.

(d) Submit to the department an operational plan that meets all the requirements for the EMT–basic, EMT–intermediate technician, EMT–intermediate or EMT–paramedic license level being requested. An EMT–basic operational plan shall meet the requirements set out in s. DHS 110.04 (1) (b) and (c) and 110.08.

Note: Ambulance staffing requirements under an EMT–intermediate operational plan are stated in s. DHS 111.07 (2) (o). Ambulance staffing requirements under an EMT–paramedic operational plan are stated in s. DHS 112.07 (2) (a).

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

Note: For a copy of the application form for an ambulance service provider license, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison WI 53701–2659 or download the form from the DHS website at www.dhs.wisconsin.gov/DPH_EMSIP/index.htm.

(2) 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 all of the following:

1. A completed application form.

2. An updated roster of individuals holding EMT licenses affiliated with the ambulance service provider.

3. Evidence that insurance coverage required by ss. 256.12 (7) and 256.15 (6) (c), Stats., is in force.

4. Any updates to the operational plan that have not previously been submitted.

5. Any outstanding expenditure reports from the funds spent under the EMS funding assistance program.

6. Any additional information requested by the department during its review of the application.

Note: For a copy of the application form for renewal of an ambulance service provider license, write to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or download the form from the DHS website at www.dhs.wisconsin.gov/DPH_EMSIP/index.htm.

(3) 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. 256.15, Stats., and this

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chapter and, as applicable, s. 256.12, Stats., and chs. DHS 111 and 112.

(b) Within 60 business 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 and shall inform the applicant of the right to appeal that decision under s. DHS 110.09 (5). In this paragraph, "complete application" means a completed application form and the documentation necessary to establish that the requirements of sub. (1) (b), (c) and (d) are met.

History: Cr. Register, February, 2001, No. 542, eff. 3-1-01; CR 01-052: am. (1) (b) 2. and 3., Register September 2001 No. 549, eff. 10-1-01; CR 06-075: r. (1) (b) 3., am. (1) (d), Register November 2006 No. 611, eff. 12-1-06; **corrections in (1) (c), (d), (2) (c) 3., (3) (a) and (b) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.045 Qualifications of ambulance service medical directors. (1) AUTHORITY AND PURPOSE. This section is promulgated under the authority of s. 256.15 (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 MEDICAL DIRECTORS. An ambulance service provider offering advanced life support or any other service that requires the use of advanced skills shall have a medical director who meets both of the following qualifications:

(a) The person is licensed as a Wisconsin physician.

(b) The person has read and has acknowledged, in writing, having read in its entirety the medical directors' manual developed by the department, except that when the ambulance service provider appoints a replacement medical director, the new medical director shall have 90 days from the date of the appointment to meet this requirement.

(4) MEDICAL DIRECTOR RESPONSIBILITIES. (a) *Medical supervision.* An emergency medical technician–basic program shall be under the medical supervision of a medical director identified in the EMT–basic operational plan. Upon signing the EMT–basic operational plan, the medical director shall be responsible for the medical aspects of implementing the emergency medical technician training and operations carried out under the plan and shall do all of the following:

1. Select, approve or designate the personnel who will train and medically supervise emergency medical technician personnel, the program coordinator and the training course instructor if the course is offered outside of an approved EMT–basic or refresher course.

2. Ensure that if any physicians providing on–line medical control are used in the program, that they provide medical control in a manner consistent with the operational plan.

3. Sign the protocol or protocols that will be used by EMT personnel in providing services under the plan.

4. Ensure that all aspects of the EMT program are under constant medical supervision and direction.

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

6. 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 EMTs in the emergency medical technician program.

7. Ensure that all ambulance runs involving the use of advanced skills are promptly reviewed and critiqued by the medical director or designee. The medical director shall inform the ambulance service provider and EMT personnel of any unusual findings as soon as possible but no later than 30 days after the run involved, and shall document the review on a form, a copy of which shall be forwarded to the quality assurance program with the case records.

8. Ensure that the findings and recommendations of the quality assurance program are implemented.

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

10. Approve EMTs–basic to perform any skills included in the list of authorized actions of EMTs–basic under s. DHS 110.05 (4).

11. Withdraw medical approval from any EMT–basic to perform EMT–basic skills, including approved advanced skills, if the EMT–basic is found to have 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 is found to need remedial training to properly treat patients. Upon withdrawing medical approval, the medical director and ambulance service director must also develop a course of action for remediation of the EMT, with a timeline for completion and return to full service. The EMT–basic shall be restricted in providing EMT–basic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service.

(b) *Designation of on–line medical control physicians.* If an EMT operational plan includes the use of on–line medical control physicians, the medical director shall designate each on–line medical control physician. An on–line medical control physician shall agree to provide medical control instructions consistent with the approved protocol and be all of the following:

1. Familiar with the design and operation of the emergency medical technician 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 program.

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.

5. A Wisconsin licensed physician.

(c) *Other roles filled by medical director.* A medical director may also serve as training course medical director or program medical director, or both.

Note: An ambulance service is required under s. DHS 110.045 (3) to have a medical director who has direct oversight for the medical aspects of the service. The service may also have a program medical director who has oversight for common protocols for several services working in a coordinated geographical area.

History: Cr. Register, February, 2001, No. 542, eff. 3-1-01; CR 06-075: am. (4) (a) (intro.), 1. and 11., Register November 2006 No. 611, eff. 12-1-06; **corrections in (1) and (4) (a) 10. made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.05 Licensing of EMTs–basic personnel.

(1) APPLICATION. An individual requesting a license to act as an EMT–basic shall comply with all of the following:

(a) Apply on the current application form available from the department. An individual who will be affiliated with more than one service shall complete an application form for each service.

(b) Be at least 18 years of age.

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(c) Subject to ss. 111.321, 111.322, 111.335 and 256.15 (6), 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 or proof of equivalent training and current licensure from another state. The training shall include training for responding to acts of terrorism.

(e) Have the medical director sign the application to authorize use of any skills or medications that require medical director approval.

(f) Present documentation of successful completion of a department-approved written and practical skills examination under s. 256.15 (6) (a) 3., Stats., taken after successful completion of EMT-basic training.

(g) Present documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for health care professionals approved by the department. CPR certification shall be maintained throughout the license period for the EMT license to be valid.

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

Note: For a copy of the application form for issuance of an EMT license, write EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or download the form from the DHS website at www.dhs.wisconsin.gov/DPH_EMSIP/index.htm.

(2) ACTION BY THE DEPARTMENT. Within 60 business days after receiving a complete application for an EMT-basic 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 and shall inform the applicant of the right to appeal that decision under s. DHS 110.09 (5). In this section, "complete application" means a completed application form and documentation that the requirements of sub. (1) (b) to (h) are met.

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

(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 taken following the third failure.

(4) AUTHORIZED ACTIONS OF EMTS-BASIC. An emergency medical technician 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. DHS 110.03 (34).

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

1. Performance of defibrillation.
2. Use of non-visualized airways.
3. Administration of epinephrine for anaphylactic shock.
4. Administration of aspirin.
5. Administration of nebulized albuterol.
6. Administration of glucagon. Glucagon shall be used in conjunction with a glucometer.

(d) Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 256.04, Stats., the EMS physician advisory committee under s. 256.04 (1), Stats., and the Wisconsin EMS program medical director under s. 256.12 (2m), Stats.

(e) Treat and transport sick, disabled or injured individuals.

Note: Non-affiliated EMTs-basic personnel may not perform any advanced skills because they are not affiliated with an approved ambulance service provider and therefore do not have medical direction.

(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, submit all of the following to the department:

1. An application for renewal on a form provided by the department.

2. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department.

3. Documentation that the licensee has, during the biennial licensing period immediately preceding the license expiration date, successfully completed EMT-basic refresher training as described in s. DHS 110.07 (3) (c) or equivalent training approved by the department.

4. A statement signed by the medical director authorizing use of any skills or medications that require medical director approval.

5. Any other documentation 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 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 submits all of the following to the department:

a. An application for renewal on a form provided by the department.

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department.

c. Documentation that the licensee has, during the biennial licensing period immediately preceding the license expiration date, successfully completed EMT-basic refresher training as described in s. DHS 110.07 (3) (c).

d. A statement signed by the medical director authorizing use of any skills or medications that require medical director approval.

e. 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 licensing 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 that has been expired for more than one year but less than 3 years shall be reinstated if the applicant submits all of the following to the department:

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

b. Documentation of current certification in CPR after successfully completing a course for health care professionals approved by the department.

c. Documentation that the licensee has, during the biennial licensing period immediately preceding the license expiration date, successfully completed EMT-basic refresher training as described in s. DHS 110.07 (3) (c).

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d. A statement signed by the medical director authorizing use of any skills or medications that require medical director approval.

e. 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.

f. Documentation that the applicant meets any additional eligibility requirements for a license specified in s. 256.15, 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 that has been expired for 3 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 either of the following 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 or EMT–intermediate technician, EMT–intermediate or EMT–paramedic training course, including the knowledge and skills objectives of the national standard curriculum for training EMTs–basic, the Wisconsin standard curriculum for training EMT–intermediate technician personnel, the national standard curriculum for training EMTs–intermediate, as defined in s. DHS 111.03, or the national standard curriculum for training EMTs–paramedic, as defined in s. DHS 112.03.

2. If an EMT–basic is required to be licensed in 2 states to be affiliated with a particular ambulance service, refresher training received to meet the requirements of the other state if the training meets at least the minimum requirements for license renewal under this chapter.

Note: For a copy of the application form for renewal or reinstatement of an EMT–basic license, write: EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or download the form from the DHS website at www.dhs.wisconsin.gov/DPH_EMSIP/index.htm.

(6) CONTINUING EDUCATION. (a) An EMT–basic authorized to use one or more advanced skills shall, in addition to meeting license renewal requirements, participate in a continuing education program. Continuing education shall include:

1. For an emergency medical technician–basic authorized to use epinephrine or albuterol, both of the following:

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

b. Demonstration of competent performance of the protocol in a simulated or actual situation to the satisfaction of the medical director or training course medical director, or that person’s designee, at least once in the 2 year license cycle.

2. For an emergency medical technician–basic authorized to use automatic defibrillation, a non–visualized airway or gluca-gon, both of the following:

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

b. Demonstration of competent performance of the protocol in a simulated or actual situation to the satisfaction of the medical director or training course medical director, or that person’s designee, 2 times in the 2–year license cycle, preferably at 12–month intervals.

3. For an emergency medical technician–basic authorized to use manual defibrillation, both of the following:

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

b. Demonstration of competent performance of the protocol in a simulated cardiac arrest situation to the satisfaction of the 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.

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

(c) Any of the continuing education required under par. (a) or (b) may be taken as part of the refresher course required for license renewal.

(d) An emergency medical technician–basic authorized to use advanced skills who fails to satisfy the continuing education requirements set forth in the plan or who fails to demonstrate competent performance in a required advanced skill simulation shall be restricted by the medical director from providing that emergency medical technician advanced skill service until the medical director has reviewed the individual’s performance and approves the individual to return to full service. The medical director shall immediately inform the department in writing of the restriction on the individual from service and shall inform the department of the date the individual is returned to full service.

(e) If the required continuing education is received outside of an EMT–basic refresher course, the ambulance service provider shall retain documentation for a period of 2 years establishing that each emergency medical technician affiliated with the service has satisfied the continuing education requirements for advanced skills. The ambulance service provider shall make the documentation available to the department for review upon request.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 01–052: am. (4) (b) 3., Register September 2001 No. 549, eff. 10–1–01; CR 02–155: am. (1) (d) Register September 2003 No. 573, eff. 10–1–03; CR 06–075: am. (1) (intro.), (d) and (f), (2), (3) (a) and (b), (4) (e), (5) (b) (intro.) and 3., (c), (d) 1. c. and 2., (e) 1. c. and e., 2. and 3., (f) (intro.), 1., 2., and (6) (a) (intro.) and (e), r. (4) (c) and (6) (a) 4., Register November 2006 No. 611, eff. 12–1–06; **corrections in (1) (c), (f), (2), (4) (a), (d), (5) (b) 3., (d) 1. c., (e) 1. c., f. and (5) (f) 1. made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.06 EMT–basic training permit. (1) EMT–BASIC APPLICATION. An individual requesting an EMT–basic training permit shall comply with all of the following:

(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, 111.335 and 256.15 (6), 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 medical 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.

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

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

(a) Written evidence of the successful completion, within the past 24 months, of the national basic first responder curriculum or equivalent training approved by the department.

(b) Written evidence of the successful completion of the first 46 hours of an EMT–basic training course approved by the depart-

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ment under s. DHS 110.07 (2) or completion of an EMT–basic training course approved by the department under s. DHS 110.07 (2) within the past 24 months.

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

(3) ACTION BY THE DEPARTMENT. Within 40 business days after receiving a complete application for an EMT–basic 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 and shall inform the applicant of the right to appeal that decision under s. DHS 110.09 (5). In this subsection, “complete application” means a completed application form and documentation that, for an EMT–basic, the requirements of sub. (1) (b) to (f) are met.

(4) RESTRICTIONS. (a) *EMT–basic.* 1. An individual holding an EMT–basic training permit may function as an EMT only under the direction of an EMT–basic, a registered nurse, a physician assistant or a physician.

2. An individual holding an EMT–basic training permit is not considered a licensed individual under s. DHS 110.04 (1) (b) 2.

3. 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 directly supervised by a licensed EMT–basic, a registered nurse, a physician assistant or a physician.

(5) DURATION OF PERMIT. An EMT–basic training permit shall be issued for 2 years and may not be extended or renewed. A new EMT–basic training permit can be granted if the applicant enrolls in an EMT–basic course and successfully completes the first 46 hours of that course.

Note: Copies of the form required to apply for issuance of an EMT–basic training permit are available without charge from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659 or download the form from the DHS website at www.dhs.wisconsin.gov/DPH_EMSIP/index.htm.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 01–052: cr. (2m), am. (3) to (5), Register September 2001 No. 549, eff. 10–1–01; CR 06–075: am. (3) and (5), r. (2m) and (4) (b), Register November 2006 No. 611, eff. 12–1–06; **correction in (2) (b), (3) and (4) (a) 2. made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.07 EMT–basic training. (1) TRAINING CENTER CERTIFICATION. (a) *Requirement for certification.* EMT–basic training and EMT–basic refresher training shall be provided by training centers certified by the department under this subsection.

(b) *Application for certification.* 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) *Application materials.* Application for certification shall be made by letter addressed to the department that includes or has attached all of the following:

1. Documentation of the community need for a training center.

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 as part of the state standard curriculum.

3. A signed commitment to provide EMT–basic training in accordance with the national standard curriculum for training EMTs–basic personnel and to comply with relevant requirements of s. 256.15, Stats., and this chapter.

4. A signed commitment to retain documentation of attendance, clinical and field competencies 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.

Note: The purpose of the documentation requirement is to verify meeting Department standards and may be different than the documentation requirements of the Wisconsin Technical College System Board or governing body for the training center. Training centers should check record retention requirements with their parent organization.

5. Identification and documentation of the 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 program. The training course medical director shall have experience in emergency medicine and shall settle questions of medical protocol and serve as a liaison between the training center and the medical community. Materials submitted shall include both of the following:

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

b. Copies of the training center medical director’s resume and Wisconsin physician license.

6. Identification and a listing of the qualifications of the person who will function as instructor–coordinator of the EMT–basic training with specification of that person’s responsibilities.

6m. Identification and a listing of the qualifications of each person who will function as preceptor of EMT–basic field training, with specifications of that person’s responsibilities. A copy of the preceptor’s resume shall be kept on file at the training center and made available to the department upon request. The preceptor shall comply with all of the following:

a. Be licensed to at least the EMT–basic level. Physicians, registered nurses and physician assistants, with training and experience in the pre–hospital emergency care of patients, shall be considered to be trained to at least the EMT–intermediate technician level.

b. Have a minimum of 2 years experience as a licensed practicing EMT–basic or equivalent as determined by the department and be designated by the service medical director.

c. Have responsibility for completing records of the field training of EMT–basic students and forwarding them to the training center.

6r. Documentation that field training for EMT–basic will be provided by a Wisconsin licensed EMT–basic ambulance provider or providers as evidenced by the signatures of the training center representative, training center medical director and the medical director and operator for all ambulance service providers agreeing to provide supervised field training. A copy of the signed agreement shall be kept on file at the training center and made available to the department upon request.

7. Identification and a listing of the qualifications of the person who will function as instructor of a stand–alone EMT–basic advanced skills course. An instructor who only provides EMT–basic advanced skill training shall have all of the following:

a. Successful completion of training and testing in the skills.

b. Approval by the training center medical director or service medical director to teach the skills.

c. One year of teaching experience or equivalent background acceptable to the training center or medical director.

d. Current certification as a CPR instructor by the American heart association, the American red cross or an equivalent organization recognized and approved by the department for providing training in CPR to health care professionals.

e. Competence demonstrated in operating the specific type of equipment used in the training course to the satisfaction of the training center or medical director.

8. A description of how the training center will evaluate the training program and the instructors, and how often that evaluation will occur.

Note: Send an application for certification of an EMT–basic training center to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(d) *Joint review of technical college application.* An application from a Wisconsin technical college system district for train-

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ing center certification shall be jointly reviewed by the department and the Wisconsin technical college system board.

(e) *Department action.* Within 60 business 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 and shall inform the applicant of the right to appeal that decision under s. DHS 110.09 (5).

(f) *Certification required prior to initiation of training.* Certification of a proposed training center by the department shall be a prerequisite to the initiation of EMT–basic training and EMT–basic refresher training.

(2) EMT–BASIC INSTRUCTOR–COORDINATOR CERTIFICATION. (a) EMT–basic instructor–coordinators shall be certified by the department under this subsection. EMT–basic instructor–coordinators shall comply with all of the following:

1. Have current certification as an EMT–basic, EMT–intermediate or EMT–paramedic by the national registry of emergency medical technicians or a current EMT–ITECH license under ch. DHS 111 or EMT–paramedic license under ch. DHS 112.

2. Have current certification as a 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.

3. Have successfully completed an EMS instructor–coordinator orientation workshop conducted by the department and the Wisconsin technical college system board.

4. Have a minimum of 2 years of field experience as an EMT or emergency health care provider in a related health care field. One year of experience shall be in the prehospital setting.

5. Have prior experience in providing emergency medical services instruction that includes a minimum of one EMT–basic course and one EMT–basic refresher course or 2 EMT–basic courses while under the direct supervision of an approved EMT–basic instructor–coordinator or equivalent training as approved by the department.

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

7. Be designated by the training center medical director.

8. If teaching any advanced skill, have successfully completed training and testing in the skill and be approved by the training center medical director to teach the skills.

9. Be certified as an EMT–basic instructor–coordinator by the department or, if employed by the Wisconsin technical college system board, be jointly approved by the department and the Wisconsin technical college system board.

(b) Certification shall be for 2 years and shall be renewed at the end of that period.

(c) Licensure as an EMT–basic, certification as a CPR instructor and as an EMT–basic instructor–coordinator shall be kept current for maintenance of approval.

(d) To renew certification as an EMT–basic instructor–coordinator, an instructor–coordinator shall submit to the department all of the following:

1. Documentation of current licensure as a Wisconsin EMT and hold current national registry certification or a current EMT–ITECH or EMT–intermediate under ch. DHS 111 or EMT–paramedic license under ch. DHS 112.

2. Documentation of current certification as a 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.

3. Documentation of continued employment or affiliation with a certified EMT–basic training center.

(3) 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 at the EMT–basic level shall be made by submitting to the department a statement that indicates all sections of the national standard curriculum and department standards for training EMTs–basic will be used and identifies the number of hours devoted to classroom training and supervised clinical or field experience. Applications for approval of an initial course from a Wisconsin technical college system district shall be jointly reviewed by the department and the Wisconsin technical college system board. An application for initial course approval shall include all of the following:

1. A description of the course schedule and lesson scope, subject matter content and time allocations to be used by the certified training center.

2. A 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.

5. Identification and description of the methods to be used to evaluate student performance and establish successful completion of the course.

Note: Send the materials that comprise an application for EMT–basic training course approval or EMT–basic refresher training course approval to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(c) Application for EMT–basic refresher training course approval shall be made by submitting to the department a statement that the national standard curriculum and department standards for training EMTs–basic shall be the basis for the course. To be approved by the department, EMT–basic refresher training shall meet all of the following criteria:

1. The training shall be offered by a certified training center 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, including training for response to acts of terrorism. Completion of an NT100 terrorism and hazardous materials awareness training course meets the requirement for training for response to acts of terrorism. Course material for training for response to acts of terrorism shall be included in all initial and refresher EMT courses beginning January 1, 2003 and shall also be available as a stand–alone course module for EMTs who received training before January 2003. After June 30, 2004, the required refresher training for acts of terrorism shall no longer be the NT100 terrorism and hazardous materials awareness training course. Prior to June 30, 2004, the ongoing training requirement shall be determined by the department, in consultation with the EMS advisory board and the Wisconsin technical college system board. The department shall disseminate information on the ongoing training requirement to ambulance providers and training centers and offer multiple training methods.

3. Each session of formal course work shall be directly supervised by an EMT–basic instructor–coordinator approved by the department under sub. (2).

4. EMT–basic refresher training shall contain at least 30 hours of instruction.

5. Successful completion of the training shall require successful completion of comprehensive written and practical skills test-

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ing administered by the department–approved instructor–coordinator as part of the course.

7. 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 Bureau of EMS and Injury Prevention or at the Secretary of State’s Office. The curriculum may be purchased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954.

(d) Within 60 business days after receiving a complete application for approval of an EMT–basic or EMT–basic 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 and shall inform the applicant of the right to appeal that decision under s. DHS 110.09 (5).

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

(4) EMT–BASIC TRAINING COURSE CONTENT AND HOURS. (a) The national standard curriculum for training EMTs–basic shall be used as the basis for a training course. Training shall also include instruction on responding to acts of terrorism. Additional skills training requires approval of 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 140 hours of mandatory attendance.

(c) Successful completion of the EMT–basic training course shall include at least 5 patient contacts. In this paragraph, “patient contact” means a complete assessment of a patient in a clinical or field setting and appropriate treatment as directed by the clinical or field supervisor.

(d) 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.

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

Note: Training centers may obtain a copy of the Wisconsin Standards and Procedures of Practical Skills Manual from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 01–052: cr. (1) (c) 6m. and 6r., am. (3) (b) (intro.), Register September 2001 No. 549, eff. 10–1–01; CR 02–155: am. (3) (c) 2. and (4) (a) Register September 2003 No. 573, eff. 10–1–03; CR 06–075: am. (1) (a), (b), and (c) 3., 5., 6., 6m. (intro.) and a. to c., 6r., and 8., (e) and (f), (2) (a) (intro.) and 1., (c) and (d) (intro.) and 1. and (3) (a) to (e), r. (3) (c) 5. and (5), Register November 2006 No. 611, eff. 12–1–06; **corrections in (1) (c) 3., (e), (2) (a) 1., (d) 1. and (3) (d) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.08 EMT–basic operational plan. (1) PLAN SUBMISSION. A county, city, town, village, prospective or licensed ambulance service provider, hospital or any combination of these may operate an EMT–basic ambulance service. Before operating an ambulance service, a county, city, town, village, prospective or licensed ambulance service provider, hospital or any combination of these shall first submit to the department an EMT–basic operational plan for department review and approval. Department approval of the plan shall be a prerequisite to initiation of EMT–basic service provision. Once the plan is approved, any modifications shall be submitted to the department and approved prior to implementation.

(2) REQUIRED ELEMENTS. To be approved an EMT–basic operational plan shall include all of the following elements:

(a) The names of the person submitting the plan and the ambulance service.

(b) Identification of the medical director, medical control hospital or hospitals and the physicians designated by the medical director to provide day–to–day medical control.

(c) Identification of the certified EMT training center or centers that will be used to provide EMT training.

Note: If a previously certified EMT training center will not be used, see s. DHS 110.07 (1) for training center requirements.

(d) Signatures of the person responsible for the ambulance service, the medical director, a representative of the medical control hospital, a representative of each of the receiving hospitals in the ambulance service provider’s primary service area and a training center representative 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 chapter.

(e) A description of how the licensed ambulance service provider will use EMTs in the system and the service area covered by the provider. A map of the service area shall be included.

(f) A description of the communication system for providing medical control to EMT–basic personnel. 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.

Note: The referenced specifications and standards are found in the Wisconsin Emergency Medical Services Communication Standards and Guidelines. A copy may be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(g) A description of how calls are dispatched, including who does the dispatching, whether or not dispatchers are medically trained and whether or not dispatchers issue pre–arrival instructions.

(h) A description of the methods by which continuing education and continuing competency of EMT–basic personnel will be assured.

(i) A description of the relationship of the proposed EMT–basic services to other emergency medical and public safety services in the geographic area covered in the plan.

(j) A description of the integration of the EMS service with the local, county, or regional disaster preparedness plan.

(k) Evidence of local commitment to the proposed program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies and authorities.

(L) A quality assurance and improvement plan, including the name of the quality assurance director, copies of policies and procedures to be used in medical control, implementation and evaluation of the program.

(m) A description of the method of data collection and written agreement to submit data to the department when requested.

(n) A roster of individuals holding EMT licenses and training permits affiliated with the ambulance service provider or completed applications for any individuals being initially licensed with the provider.

(o) Protocols for EMT–basic use of specific drugs, equipment and skills approved and signed by the medical director, which describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.

(p) Evidence that insurance coverage required by ss. 256.12 (7) and 256.15 (6) (c), Stats., is in force or will be in force when emergency medical service begins.

(q) Evidence that all ambulances to be used by EMTs–basic have been inspected or approved by the Wisconsin department of transportation within the 6 months preceding submission of the

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plan and that they meet the requirements of ch. Trans 309. An ambulance shall carry equipment and supplies that comply with ch. Trans 309 and that are necessary to effectively render EMT–basic services as described in the operational plan.

(r) Written agreement to use the department’s ambulance report form or a copy of an alternative report form to be reviewed by the department for approval. The ambulance service provider shall document all ambulance runs on a report form prescribed or approved by the department. The ambulance report form is a medical record. A copy of the form shall be given to the receiving facility and a copy shall be kept by the ambulance provider.

(s) Written mutual aid and backup agreements with other ambulance services in the area included in the plan.

(t) A list of first responder groups that respond with the ambulance service.

(u) If the ambulance service provides interfacility coverage, the service protocols shall meet all requirements of the scope of practice statement for interfacility transfers that apply to the medical condition of the patient being transported.

(v) The regional trauma advisory council that the ambulance service provider has chosen for its primary membership.

Note: Send the EMT–basic operational plan to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(3) REVIEW AND DECISION. (a) The department shall, within 60 business days following receipt of a complete EMT–basic operational plan, either approve the plan 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 section and on a site visit to the area included in the plan.

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

(b) The department shall be informed immediately of any changes to the operational plan that alter the hospital, medical director or ambulance service provider involved, or the training program or EMT–basic program operations included in an approved plan. The changes shall be approved by the department for the operational plan to be revised.

(5) CONTINUED APPROVAL. Continuation of approval of an EMT–basic 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.

(6) SPECIAL EVENT EMT–BASIC NOTIFICATION. (a) In this subsection, “special event EMT–basic coverage” means prehospital EMT–basic service provided at a specific site outside the ambulance service provider’s primary prehospital service area for the duration of a temporary event.

(b) If the special event EMT–basic coverage is outside an ambulance service provider’s primary prehospital service area, the ambulance service shall notify the local primary emergency response ambulance service provider and address how the ambulance service providing special event coverage will interface with the local provider for dispatch and communications and advanced life support intercept when appropriate. Notification shall take place as soon as possible and no later than 5 days prior to the event.

(c) If provision of special event coverage differs from the ambulance service’s existing operational plan for protocols, staffing or level of service, the ambulance service shall submit a plan amendment to the department for approval. The plan amendment shall be submitted to the department at least 60 days prior to the event.

History: Cr. Register, February, 2001, No. 542, eff. 3–1–01; CR 04–055: cr. (2) (v) Register December 2004 No. 588, eff. 1–1–05; CR 06–075: am. (1), (2) (intro.), (f), (h), (i), (o), (q), (3) (a), (4) (a) and (b), (5), and (6) (a) and (b), Register November

2006 No. 611, eff. 12–1–06; corrections in (2) (p) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 110.09 Enforcement. **(1) DENIAL OF LICENSE, AUTHORIZATION, PERMIT OR CERTIFICATION; NONRENEWAL; SUSPENSION; REVOCATION; OR REPRIMAND OF LICENSEE, PERMIT HOLDER, CERTIFIED TRAINING CENTER OR CERTIFIED EMT–BASIC INSTRUCTOR–COORDINATOR.** The department may deny, refuse to renew, suspend or revoke an ambulance service provider license, an EMT–basic license, an authorization for an EMT–basic to use advanced skills, an EMT–basic training permit, a training center certification or an EMT–basic instructor–coordinator certification or reprimand a licensee, permit holder, certified training center or certified EMT–basic instructor–coordinator after providing the applicant, ambulance service provider, EMT–basic, EMT training permit holder, certified training center or certified EMT–basic instructor–coordinator with written notice of the proposed action and written notice of opportunity for a hearing under sub. (5) if the department makes a finding of any of the following:

(a) The applicant, licensee, permit holder, certified training center or certified EMT–basic instructor–coordinator does not meet the eligibility requirements established in s. 256.15, 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. 256.15, 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 CPR for health care professionals by completing a course approved by the department—and has 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.

(i) As a certified training center or EMT–basic instructor–coordinator, the center or EMT–basic instructor–coordinator has failed to adhere to the requirements under s. DHS 110.07.

(2) EMERGENCY SUSPENSION OF LICENSE, PERMIT OR CERTIFICATION. (a) The department may summarily suspend an ambulance service provider license, EMT–basic license, authorization for an EMT–basic to use advanced skills, EMT–basic training permit, training center certification or EMT–basic instructor–coordinator certification when the department has probable cause to believe that the licensee, permit holder, certified training center or certified EMT–basic instructor–coordinator has violated the provisions of s. 256.15, 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. Receipt of notice is presumed within 5 days of the date the notice was mailed. 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’s division of hearings and appeals within 30 days after the date of the notice of suspension. A request is considered filed when received

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by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 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: A hearing request should be addressed to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608-266-3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(3) EFFECT ON THE LICENSE OF AN EMT-BASIC WHEN MEDICAL AUTHORIZATION IS WITHDRAWN TO USE ADVANCED SKILLS. The medical director may withdraw medical approval from any EMT-basic to perform EMT-basic or advanced skills if the licensee 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 needs remedial training to properly treat patients. The EMT-basic may be restricted from providing EMT-basic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service. An action taken by the medical director under this subsection does not affect an emergency medical technician's license unless action is also taken under sub. (1) or (2) against the individual holding that license.

(4) COMPLAINTS. The department may, upon receipt of a complaint or on its own volition, investigate alleged violations of s. 256.15, Stats., or this chapter. An authorized employee or agent of the department, upon presentation of identification, shall be permitted to examine equipment or vehicles or enter the offices of the licensee during business hours without advance notice or at any other reasonable prearranged time. The authorized employee or agent of the department shall be permitted to inspect, review, and reproduce all equipment, vehicles or records of the licensee pertinent to the requirements of s. 256.15, Stats., and this chapter, including but not limited to administrative records, personnel records, records of ambulance runs, training records and vehicle records. The right to inspect, review and reproduce records applies regardless of whether the records are maintained in written, electronic or other form.

(5) APPEAL. If, under sub. (1), the department denies, refuses to renew, suspends or revokes an ambulance service provider license, an EMT-basic license or training permit or a training cen-

ter certification or an EMT-basic instructor-coordinator certification, or reprimands a licensee, permit holder, certified training center or certified EMT-basic instructor-coordinator, the department shall send written notice of the action within 48 hours after the action takes place. Receipt of the notice is presumed within 5 days of the date the notice is mailed. The applicant, licensee, permit holder, certified training center or certified EMT-basic instructor-coordinator 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 hearings and appeals within 30 days after the date of the notice required under sub. (1). A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for the 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 denial, refusal to renew, suspension or revocation shall remain in effect until a final decision is rendered.

Note: A hearing request should be addressed to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608-266-3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(6) REPRIMANDS. The department may reprimand a licensee, permit holder, certified training center or certified EMT-basic instructor-coordinator if the department finds that the licensee, permit holder, certified training center or certified EMT-basic instructor-coordinator falls within any of the circumstances specified in sub. (1) (a) to (h). The department's issuance of the reprimand shall constitute the final decision of the department and is not subject to a hearing under sub. (5).

History: Cr. Register, February, 2001, No. 542, eff. 3-1-01; CR 01-052: am. (1) (intro.), (2) (a) and (6), Register September 2001 No. 549, eff. 10-1-01; CR 06-075: am. (1) (intro.), (a), (g) and (i), (2), (3), (5) and (6), Register November 2006 No. 611, eff. 12-1-06; **corrections in (1) (a), (d), (i), (2) (a) and (4) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 110.10 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 for the provider or the public 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. The department's denial of a request for a waiver shall constitute the final decision of the department and is not subject to a hearing under s. DHS 110.09 (5).

History: Cr. Register, February, 2001, No. 542, eff. 3-1-01; **correction made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**