

Chapter HFS 111

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

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Note: Chapter HSS 111 was repealed and recreated by emergency rule effective July 1, 1990. Chapter HSS 111 as it existed on January 31, 1991 was repealed and a new chapter was created effective February 1, 1991. Chapter HSS 111 as it existed on August 31, 1996 was repealed and a new chapter HSS 111 was created effective September 1, 1996. Chapter HSS 111 was renumbered chapter HFS 111 under s. 13.93 (2m) (b) 1., Stats., Register, August, 1996, No. 488.

HFS 111.01 Authority and purpose. This chapter is adopted under the authority of ss. 146.50 (4) (c), (5) (b) and (d) 2., (6) (b) 2., (6n) and (13) (a) and (c), and 250.04 (7), Stats., to permit EMTs—basic licensed under ch. HFS 110 to be trained to perform selected skills beyond the basic life support level and be examined and licensed by the department to perform those skills. This chapter is promulgated to protect members of the public who require emergency medical care in prehospital or interfacility settings by establishing standards for licensing emergency medical technicians—intermediate (EMTs—intermediate) and for approval of emergency medical service plans that propose to use EMTs—intermediate 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, October, 1999, No. 526.

HFS 111.02 Applicability. This chapter applies to any person who applies for or holds an EMT—intermediate license or training permit; to any organization applying for certification or certified to offer EMT—intermediate training; and to any county, city, town, village, hospital or ambulance service provider, or any combination of these, wanting to use or using EMTs—intermediate to deliver emergency medical care.

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

HFS 111.03 Definitions. In this chapter:

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

(2) “Advanced life support” or “ALS” means use, by appropriately trained and licensed personnel, in prehospital and interfacility emergency care and transportation of patients, of the medical knowledge, skills and techniques included in the department—approved training required for licensure of emergency medical technicians—intermediate under this chapter or emergency medical technicians—paramedic under ch. HFS 112 and which are not included in basic life support.

(3) “Ambulance” means 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” means 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” 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.

(6) “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 to be licensed as an EMT—basic.

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

(8) “Certified training center” means any organization, including a medical or educational institution, approved by the department under s. HFS 111.06 to conduct EMT—intermediate training.

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

(10) “EMT” means emergency medical technician.

(11) “EMT—basic” or “emergency medical technician—basic” means a person who is licensed under s. 146.50, Stats., and s. HFS 110.05 to perform the functions specified in s. HFS 110.05 (4) relating to the administration of emergency medical procedures and the care for and transport of sick, disabled or injured persons.

(12) “EMT—intermediate” or “emergency medical technician—intermediate”, means a person who is licensed under s. 146.50, Stats., and s. HFS 111.04 to perform the functions specified in s. HFS 111.04 (4) relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the care for and transport of sick, disabled or injured persons.

(13) “EMT—intermediate operational plan” means the plan required under s. HFS 111.07 for training and using EMTs—intermediate to deliver emergency medical care in a specified service area.

(14) “EMT—intermediate training course” means a training course approved by the department under s. HFS 111.06 (2) which consists of classroom, clinical and supervised field training and experience to qualify an individual for examination and an EMT—intermediate license.

(15) “EMT—paramedic” or “emergency medical technician—paramedic” means a person who is licensed under s. 146.50, Stats., and s. HFS 112.04 to perform the functions specified in s. HFS 112.04 (4) 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.

(16) “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.

(17) “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—intermediate performing EMT—intermediate skills in the prehospital or interfacility emergency care of a patient.

(18) “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, 7–days–per–week to

furnish medical information and direction to EMTs by direct voice contact.

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

(20) "National standard curriculum for training EMTs-intermediate" means the Emergency Medical Technician-Intermediate: National Standard Curriculum, current edition, 1984, published by the national highway traffic safety administration of the U.S. department of transportation.

Note: The U.S. Department of Transportation National Highway Traffic Safety Administration's national standard curriculum for training EMTs-intermediate may be consulted at the offices of the Department's Division of Public Health or at the Secretary of State's Office or the Revisor of Statutes Bureau. The curriculum may be purchased from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954.

(21) "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-intermediate personnel and to assume responsibility for the care provided by EMT-intermediate personnel in response to that direction.

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

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

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

(25) "Program medical director" means a physician who is responsible under an approved EMT-intermediate operational plan for the training, medical coordination, direction and supervision of EMT-intermediate personnel, the establishment of standard operating procedures for those personnel and the designation of specific physicians for day-to-day medical control for EMTs-intermediate functioning under the operational plan.

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

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

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

HFS 111.04 Licensing of EMTs-intermediate.

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

- (a) Hold a valid EMT-basic license issued by the department or hold current national registry of EMTs certification;
- (b) Apply to the department on a form provided by the department;
- (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-intermediate as determined by the department;
- (e) Present documentation of successful completion of an EMT-intermediate training course approved under s. HFS 111.06 (2) within 24 months prior to application or equivalent training in the field of emergency medical care approved by the department. In this paragraph, "equivalent training" means training in the curriculum listed under s. HFS 111.06 (3);
- (f) Present documentation of successful completion of a department-approved written and practical skills examination under s. 146.50 (6) (a) 3., Stats., taken after successful completion of EMT-intermediate 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-intermediate service, present a signed statement from the program medical director certifying acceptance of the applicant in the EMT-intermediate program and endorsing the application; and

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

(b) A person failing to achieve a passing grade in the required examination may request reexamination and may be reexamined not more than twice at not less than 30-day intervals. An applicant who fails to achieve a passing grade on the second reexamination may not be admitted for further examination until reapplication and documentation of further training acceptable to the department.

(3) ACTION BY THE DEPARTMENT. (a) Within 90 days after receiving a complete application for an EMT-intermediate license under sub. (1), the department shall either approve the application and license the applicant or deny the application. If the application for license is denied, the department shall give the applicant reasons, in writing, for the denial. In this paragraph, "complete application" means a completed application form and documentation that the requirements of sub. (1) (b) to (h) are met.

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

(4) AUTHORIZED ACTIONS OF EMTs-INTERMEDIATE. An emergency medical technician-intermediate 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 (32);

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

- 1. Administration of advanced life support in accordance with skills and medications covered in the national standard curriculum for training EMTs-intermediate;
- 2. Administration of the following prepackaged drugs and solutions:
 - a. Five percent dextrose in water, administered intravenously;
 - b. Lactated Ringers solution, administered intravenously;
 - c. Normal saline solution, administered intravenously;
 - d. Fifty percent dextrose solution, administered intravenously;
 - e. Naloxone (Narcan), administered intravenously or subcutaneously;
 - f. Epinephrine 1:1000, administered subcutaneously; and
 - g. Albuterol (Proventil), administered by nebulized inhaler;
- 3. 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.;
- 4. Administration of the following skills:
 - a. Performance of defibrillation, if the EMT-intermediate is certified by the department under s. HFS 110.10 (13);

- b. Use of non-visualized advanced airways if authorized by the department under s. HFS 110.11 (12) or (13); and
- c. Use of end tidal carbon dioxide detector;
- d. Use of peak flow meter;
- e. Pulse oximetry; and
- f. Blood glucose analysis;

(c) 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-intermediate license, a licensee shall, by June 30 of the even-numbered year following initial licensing and every 2 years thereafter, file with the department:

1. An application for renewal on a form provided by the department;
2. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;
3. Documentation that the licensee has, during the biennial period immediately preceding the license expiration date, successfully completed the refresher training requirements specified in par. (f) 1.; and
4. If affiliated with an intermediate ambulance service provider, a statement from the medical director of the approved EMT-intermediate program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support and in EMT-intermediate skills and is authorized by the medical director of the EMT-intermediate program in which the licensee functions to use those skills.

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

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

- a. An application for renewal on a form provided by the department;
- b. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;
- c. Documentation that the licensee has, within the 24 months immediately preceding application, successfully completed the refresher training requirements specified in par. (f) 1.; and
- d. If affiliated with an intermediate ambulance service provider, a statement from the medical director of the approved EMT-intermediate program in which the licensee functions, attesting to the fact that the licensee retains proficiency in basic life support and in EMT-intermediate skills and is authorized by the medical director of the EMT-intermediate system in which the licensee functions to use those skills.

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

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

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

b. Documentation of current certification in cardiopulmonary resuscitation after successfully completing a course for professionals approved by the department;

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

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

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

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

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

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

- a. EMT-basic refresher training that meets the requirements of s. HFS 110.05 (5) (b) 3.; and
- b. At least 12 additional hours of training as established by the department based on and including the knowledge and skills objectives contained in the national standard curriculum for training EMTs-intermediate as approved by the medical director and the department.

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

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

1. Completes all refresher training required under s. HFS 110.05 (5) for the EMT basic license; and
2. Files an application for renewal of the EMT-basic license which meets the requirements specified in s. 146.50, Stats., and ch. HFS 110.

Note: Copies of the forms required to apply for issuance or renewal of an EMT-intermediate license or issuance of an EMT-basic 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 (5) (f) 1. a. made under s. 13.93 (2m) (b) 7., Stats., Register, June, 2001, No. 546.

HFS 111.05 EMT-intermediate training permits.

(1) APPLICATION. An individual requesting an EMT-intermediate training permit shall:

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

(b) Hold a valid EMT–basic license issued by the department or current national registry certification;

(c) Present documentation of enrollment in an approved EMT–intermediate training course as evidenced by the course registration list; and

(d) Document that field training will be provided by a Wisconsin licensed EMT–intermediate 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;

(e) 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 intermediate training permit, the department shall either approve the application and issue the permit or deny the application. If the application for a permit is denied, the department shall give the applicant reasons, in writing, for the denial. In this subsection, “complete application” means a completed application form and documentation that the requirements of sub. (1) (b) to (e) are met.

(3) RESTRICTIONS. The holder of a training permit may perform EMT–intermediate functions only under direct visual supervision of the medical director or a training instructor designated by the medical director. The training instructor shall be an EMT–intermediate, EMT–paramedic, a physician, a registered nurse or a physician assistant.

(4) DURATION OF PERMIT. A training permit shall be valid for 2 years provided that the applicant is satisfactorily participating in an approved training course, and may not be renewed.

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

HFS 111.06 EMT–intermediate training. (1) TRAINING CENTER APPROVAL. (a) EMT–intermediate training shall be provided by training centers certified by the department under this subsection.

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

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

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

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

3. Identification and qualifications of the physician who will function as medical director of the training center, with responsibility for medical coordination, direction and conduct of the EMT–intermediate training program. The medical director of the program may also serve 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 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 the EMT–intermediate training with specifications of that person’s responsibilities, including a copy of his or her resume. The coordinator shall:

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

b. Be designated by the training center; and

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

Note: The application for certification of an EMT–intermediate 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–intermediate training center, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial.

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

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

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

1. A statement that all sections of the national standard curriculum for training EMTs–intermediate and any additional training approved by the department in the skills under s. HFS 111.04 (4) (b) 2. to 4. 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 for the classroom, clinical and supervised field experience phases of training;

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

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

2. A description of training program operations, including:

a. A statement of how students will be screened;

b. Training and experience prerequisites for the course;

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

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

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

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

Note: The materials that comprise an application for EMT–intermediate course approval should be sent to the EMS Section, Division of 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–intermediate training course, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial.

(d) Approval by the department of the proposed training course is a prerequisite for initiation of EMT–intermediate 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–intermediate training course shall include classroom, clinical and supervised field experience and shall be in conformance with all sections of the national standard curriculum for training EMTs–intermediate and be approved by the medical director. The course may include additional training approved by the department, including skills training in endotracheal intubation.

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

(c) The course shall include a minimum of 100 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 40 of these hours spent in the classroom and 40 hours spent in the patient care setting.

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

HFS 111.07 EMT–intermediate operational plan.

(1) PLAN SUBMISSION. A county, city, town, village, licensed ambulance service provider, hospital or any combination of these which seeks to use EMTs–intermediate for the delivery of emergency care and transportation shall first submit to the department an EMT–intermediate operational plan for department review and approval. Department approval of the plan shall be a prerequisite to initiation of EMT–intermediate service provision.

(2) REQUIRED ELEMENTS. To be approved, an EMT–intermediate operational 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 EMT–intermediate training center that will be used to provide EMT–intermediate training;

Note: If a previously certified EMT–intermediate training center will not be used, see s. HFS 111.06 (1) for training center requirements.

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

(e) Include protocols for EMT–intermediate 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 for providing medical control to EMT–intermediate personnel;

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

(h) Describe the relationship of the proposed EMT–intermediate services to other emergency medical and public safety services in the geographic 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 services agencies and authorities;

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

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

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

1. A sphygmomanometer, adult and infant sizes;

2. Intravenous administration sets;

3. An advanced airway; and

4. Prepackaged medications, drugs and solutions specified in standard operating procedures approved 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;

(o) When a patient is being cared for and transported with use of EMT–intermediate equipment and treatment skills, the ambulance is staffed by at least one EMT–intermediate and one EMT–basic, with the EMT–intermediate being with the patient during the period of emergency care and transportation. The EMT–intermediate may be replaced by a registered nurse, a physician assistant or a physician who is trained and proficient in all skills that the provider is authorized to provide;

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

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

Note: The EMT–intermediate plan should be sent to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

(3) EMT–INTERMEDIATE 24–MONTH PHASE–IN OF FULL–TIME COVERAGE. (a) An applicant developing an EMT–intermediate 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–intermediate coverage. Phase–in of EMT–intermediate coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An ambulance service wanting to provide EMT–intermediate 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 intermediate service, that full–time intermediate service will be achieved; and

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

(c) During the phase–in period, all requirements for intermediates 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–intermediate service during a phase–in period, the department shall issue a provisional license for the duration of the phase–in period. An EMT–intermediate service provider that does not achieve full–time coverage within the approved phase–in

period, 24 months maximum, shall cease providing EMT–intermediate service until able to provide full–time coverage and shall revert back to providing EMT–basic service.

(4) INTERFACILITY INTERMEDIATE PLAN. (a) In this subsection, “EMT–intermediate interfacility coverage” means EMT–intermediate service provided during transportation of patients between health care facilities. EMT–intermediate interfacility coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04 (3).

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

(c) To be approved, an EMT–intermediate 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 intermediates 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–intermediate during critical care transportation and define the medical nature of this transportation.

(5) SPECIAL EVENT INTERMEDIATE PLAN. (a) In this section, “special event EMT–intermediate coverage” means prehospital EMT–intermediate service provided at a specific site for the duration of a temporary event. Special event EMT–intermediate coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04 (3). If the special event EMT–intermediate coverage 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–intermediate 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 INTERMEDIATE PLAN. (a) In this subsection, “seasonal EMT–intermediate coverage” means prehospital EMT–intermediate service which is 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–intermediate 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 intermediate coverage shall submit to the department an operational plan which describes how prehospital EMT–intermediate service will be provided on a seasonal basis. Once initially approved, the plan for seasonal EMT–intermediate 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–intermediate operational plan for seasonal intermediate 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–intermediate service would be available and how the public is notified of the change in level of service;
- b. Approximate population served during the increase;
- c. Reason for the population increase;
2. Describe the geographic area covered by the provider;
3. Describe how EMT–intermediate staffing will be provided, including:
 - a. How EMT–intermediate personnel will be provided;
 - b. Number of EMTs–intermediate 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–intermediate 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–intermediate service is not feasible or necessary in the area on a full–time year–round basis.

(7) MEDICAL CONTROL REQUIREMENTS. An EMT–intermediate program shall be under the medical supervision of a program medical director identified in the operational plan. The program medical director shall be responsible for the medical aspects of the implementation of the EMT–intermediate training and operations carried out under the plan and shall:

(a) Approve and designate the personnel who will train and medically supervise EMT–intermediate personnel, including the training course medical director, the ambulance service medical director, the program coordinator, the training course instructor–coordinator and, if they are to be used in the program, on–line medical control physicians;

(b) Authorize the protocols which will be used by EMT–intermediate personnel in providing EMT–intermediate services under the plan;

(c) Ensure that all aspects of the EMT–intermediate program are under constant medical supervision and direction;

(d) Establish, in consultation with other physicians involved in the plan, medical control and evaluation policies and procedures for the program;

(e) Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, training center, ambulance service providers and EMTs–intermediate in the EMT–intermediate program; and

(f) Ensure that the EMT–intermediate program operates in conformance with the approved plan, this chapter and standards of professional practice.

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

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

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

(b) No change may be made in the EMT–intermediate program which alters the hospital or hospitals, medical director or directors

or ambulance service provider or providers involved, or the training program or EMT–intermediate program operations included in an approved plan, unless the change is approved by the department.

(10) CONTINUED APPROVAL. Continuation of approval of an EMT–intermediate operational plan shall depend on continuous conformance of the plan with the requirements of subs. (2) to (6), 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 (3) to (6) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 111.08 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–intermediate license or training permit or a training center certification, or reprimand a licensee, permit holder or certified training center after providing the applicant, EMT–intermediate licensee or training permit holder or certified training center with prior written notice of the proposed action and written notice of opportunity for a hearing if the department finds that:

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

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

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

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

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

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

(g) The licensee has failed to maintain certification in cardiopulmonary resuscitation for professionals by completing a course approved by the department, and acted as an EMT–intermediate; or

(h) The training center has failed to adhere to the requirements under s. HFS 111.06.

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

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified training center. 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, permit or certification 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) EFFECT ON EMT–BASIC LICENSE OF ACTION ON EMT–INTERMEDIATE LICENSE. Denial, refusal of renewal, suspension or revocation of an EMT–intermediate license does not affect an EMT–basic license held by the same person unless action is also taken under ch. HFS 110 in regard to that license.

(4) EFFECT ON EMT–INTERMEDIATE LICENSE OF ACTION ON EMT–BASIC LICENSE. Denial, refusal of renewal, suspension or revocation of an EMT–basic license under ch. HFS 110 shall have an identical effect on any EMT–intermediate license held by the same person.

(5) 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.

(6) APPEAL. If the department denies, refuse to renew, suspends under sub. (1) or revokes an EMT–intermediate license, an EMT–intermediate training permit or a training center certification, or reprimands a licensee, permit holder or certified center, the applicant, licensee, permit holder or certified center may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration’s division of hearings and appeals. Review is not available if the request is received by the division of hearings and appeals more than 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 in (2) (b) and (6) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1996, No. 488; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 111.09 Waivers. The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds that it is demonstrated that strict enforcement of the requirement will create an unreasonable hardship in meeting the emergency medical service needs of an area and that the waiver 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.