

Chapter HFS 113

CERTIFICATION OF FIRST RESPONDERS TO PERFORM DEFIBRILLATION IN PREHOSPITAL SETTINGS

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Note: Chapter HSS 113 was created as an emergency rule effective June 1, 1993; Chapter HSS 113 was repealed and recreated by emergency rule effective September 21, 1993. Chapter HSS 113 as it existed on July 31, 1999 was renumbered to chapter HFS 113 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, July, 1999, No. 523.

HFS 113.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (6g) (a) and (13) (a) and 227.11 (2) (a), Stats., to protect members of the public who require defibrillation in prehospital settings by establishing standards for certification of first responders to perform defibrillation.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94.

HFS 113.02 Applicability. This chapter applies to any person who acts as a first responder and applies under this chapter for certification to perform defibrillation or has been certified under this chapter to perform defibrillation.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94.

HFS 113.03 Definitions. In this chapter:

(1) "Ambulance" has the meaning specified in s. 146.50 (1) (am), Stats.

(2) "Ambulance service provider" has the meaning specified in s. 146.50 (1) (c), Stats.

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

(4) "Biennial certification period" means a 2-year period beginning on January 1, April 1, July 1 or October 1.

(5) "Defibrillation" means the administration of an electrical impulse to an individual's heart for the purpose of stopping ventricular fibrillation or rapid ventricular tachycardia.

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

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

(8) "EMT-basic" means an emergency medical technician licensed under ch. HFS 110.

(9) "EMT-intermediate" means an emergency medical technician licensed under ch. HFS 111.

(10) "EMT-paramedic" means an emergency medical technician licensed under ch. HFS 112.

(11) "First responder" means a person who provides emergency medical care to a sick, disabled or injured individual prior to the arrival of an ambulance as a condition of employment or as a member of a first responder service.

(12) "First responder-DA" means a first responder who is certified by the department to use an automatic defibrillator to administer defibrillation in a prehospital setting to a person who

is pulseless and nonbreathing due to ventricular fibrillation or rapid ventricular tachycardia.

(13) "First responder defibrillation plan" or "plan" means a plan submitted by or for one or more hospitals providing emergency medical services, one or more licensed physicians, one or more ambulance service providers and one or more first responder service providers intending to implement a first responder defibrillation program and which details the training and utilization of first responders to administer defibrillation, as well as the quality assurance mechanisms to be used in the program.

(14) "First responder defibrillation training course" means a course of instruction which will qualify a student for examination and certification as a first responder-DA.

(15) "First responder service provider" means any organization which provides prehospital emergency medical care, but not patient transportation.

(16) "Medical control" means direction, through oral orders or a protocol, supervision and quality control by the medical director or a physician-designee of the medical director of the activities of a first responder administering defibrillation in the prehospital emergency care of a patient.

(17) "Medical control hospital" means a hospital providing emergency medical services which accepts responsibility to serve as a base for the system of communication, medical control and direction for first responder-DA personnel.

(18) "Monitor and defibrillator" means a device which is capable of monitoring the rhythm of an individual's heart, creating a continuous integrated recording of the electrocardiogram and voice communications occurring simultaneously during operations by first responder-DA personnel, and delivering a regulated electrical impulse to the individual's heart.

(19) "National standard basic curriculum for training first responders" means the first responder national standard curriculum 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 first responders may be consulted at the offices of the Department's Bureau of Emergency Medical Services and Injury Prevention or at the Secretary of State's Office or the Revisor of Statutes Bureau.

(20) "National standard refresher curriculum for training first responders" means the first responder national standard curriculum published by the national highway traffic safety administration of the U. S. department of transportation.

Note: The U.S. department of transportation national standard refresher curriculum for training first responders may be consulted at the offices of the Department's Bureau of Emergency Medical Services and Injury Prevention or at the Secretary of State's Office or the Revisor of Statutes Bureau.

(21) "On-line medical control physician" means a physician who is designated by the program medical director to provide voice communicated medical directions to first responder-DA personnel and to assume responsibility for the care provided by first responder-DA personnel in response to that direction.

(22) "Physician" has the meaning specified in s. 448.01 (5), Stats.

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

(24) “Program coordinator” means the person designated by the program medical director to be responsible for day-to-day operations and recordkeeping for the first responder–DA program described in the plan.

(25) “Program medical director” means the physician who is designated in a first responder defibrillation plan to be responsible for: the medical control, direction and supervision of all phases of the first responder defibrillation program operated under the plan and of first responders performing defibrillation under the plan; the establishment of standard operating procedures for these personnel; the coordination and supervision of evaluation activities carried out under the plan; if physicians are to be used in implementing the first responder–DA program, the designation of on-line medical control physicians; and meeting the requirements of s. HFS 113.04 (3) (a) and, if applicable, s. HFS 113.04 (3) (b).

(26) “Protocol” means a written statement developed and distributed by the department and signed by the program medical director which lists and describes the steps a first responder is to follow in assessing and treating a patient suffering cardiac arrest from ventricular fibrillation or rapid ventricular tachycardia.

(27) “Quality assurance program” means a department–approved program operating on a local, regional or statewide basis under the direction of a physician which collects and analyzes case records submitted by 2 or more first responder service providers using first responder–DA personnel and provides data summaries of first responder defibrillation activities and performance improvement recommendations to those service providers and personnel.

(28) “Service medical director” means a physician who accepts responsibility for the medical aspects of the first responder defibrillation program and for medical supervision of first responder defibrillation services for a specific first responder service provider.

(29) “Training center” means a medical or educational institution which offers or sponsors a department–approved first responder–DA training course.

(30) “Training course instructor–coordinator” means a physician, a physician’s assistant certified under ch. 448, Stats., a registered nurse licensed under ch. 441, Stats., or an emergency medical technician–paramedic licensed under s. 146.50, Stats., designated by the training course medical director and training center to coordinate and administer a first responder defibrillation training course.

(31) “Training course medical director” means a physician who accepts responsibility for the medical aspects of a first responder defibrillation training course offered by a training center.

(32) “WTCS college” means a Wisconsin technical college.

History: Cr. Register, March, 1994, No. 459, eff. 4–1–94; correction in (32) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1995, No. 476; correction in (32) made under s. 13.93 (2m) (b) 6., Register, July, 1999, No. 523; **correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573.**

HFS 113.04 Certification for defibrillation.

(1) **RESTRICTIONS.** (a) No first responder may perform defibrillation unless certified by the department under this section as a first responder–DA, and a participant in a department–approved first responder defibrillation program.

(b) No person may function as a first responder–DA unless certified by the department as a first responder–DA, except a person who is licensed as a registered nurse under ch. 441, Stats., or certified as a physician assistant under ch. 448, Stats., or is a physician, and has successfully completed a first responder defibrillation training course.

(c) No first responder–DA may administer drugs or perform other advanced life support procedures except defibrillation under a first responder defibrillation plan.

(d) No first responder–DA may function as an emergency medical technician at the basic, intermediate or paramedic level as defined in s. 146.50, Stats., in the provision of ambulance service nor may any ambulance service provider licensed under s. 146.50, Stats., substitute a first responder trained in administering defibrillation for an emergency medical technician–DA or emergency medical technician–DM as required under s. HFS 110.10.

Note: HFS 110.10 was repealed and a new HFS 110.10 created eff. 3–1–01.

(e) Only automatic defibrillators may be used by first responder defibrillation personnel or service providers.

(2) **PLAN FOR DEFIBRILLATION BY FIRST RESPONDERS.** (a) *Plan requirement.* One or more hospitals providing emergency services, one or more licensed physicians and one or more first responder service providers may submit a first responder defibrillation plan to the department. As an alternative, an existing EMT–defibrillation plan for ambulance service providers licensed under ch. HFS 110 may be amended or expanded to include the first responder service provider or providers within the scope of operations described in the EMT–defibrillation plan. Whichever plan is submitted, a first responder service provider employing first responder–DA personnel shall include documentation in the plan of a written agreement with ambulance service providers who employ EMT–basics who are also licensed under ch. HFS 110 to perform EMT–defibrillation. The plan shall contain all the information required under par. (b).

(b) *Required elements.* No person may begin training or use of first responders to provide prehospital defibrillation services until a first responder defibrillation plan has been submitted to and approved by the department. At a minimum, the plan shall:

1. Identify the hospital or hospitals providing emergency services, the participating physician or physicians and the first responder service provider or providers by or for whom the plan is being submitted;

2. Identify and describe the roles, responsibilities and qualifications of the program medical director, the medical control hospital or hospitals, the on-line medical control physicians, if they are to be used, the program coordinator, the training course medical director, the training course instructor–coordinator and the service medical director or directors in the proposed program;

3. Identify and describe the roles, responsibilities and qualifications of the training center to be used and its relationship to the medical control hospital or hospitals. If a previously approved EMT defibrillation training center is to be utilized, the training center may be cited by reference.

4. Describe the first responder service provider or providers planning to use first responder defibrillation personnel under the plan;

5. Include statistical information which identifies the number of pulseless, non-breathing patients encountered in the year previous to plan submission by each first responder service provider included in the plan, the outcome of prehospital treatment of each patient and the response times from dispatch to arrival at the scene of patient treatment for each of the cases;

6. Describe the efforts which have been made or are continuing in the geographic area covered by the plan to minimize first responder response times and to provide community education to improve access to emergency medical services and public knowledge of emergency cardiac care. This description shall include the plan of action describing the methods the provider is using or will use to minimize response times. A provider is exempt from submitting this plan of action if documentation is submitted which establishes that a minimum of 2/3 of the provider’s emergency responses involving a pulseless, non-breathing patient in the year immediately preceding the filing of the first responder defibrilla-

tion plan had a dispatch-to- arrival at the scene of patient treatment response time of 5 minutes or less;

7. Describe the first responder defibrillation training course, including content, objectives for individual lessons, hours, competency testing standards and procedures and training methods;

8. Describe the manner in which each first responder service provider operating under the plan will use first responder defibrillation personnel, including the number of first responders to be trained, the service area to be covered and all ambulance service providers licensed under ch. HFS 110 who will be responding to that service area and how interaction and communication with the responding ambulance service provider will be accomplished;

9. List the equipment to be used by first responder defibrillation personnel to administer defibrillation, including the brand name, capabilities and technical specifications of each piece of equipment and specify the type of defibrillator to be used by each first responder service provider included in the plan.

10. Include a copy of the operating policies and procedures to be used in medical control, implementation and evaluation of the first responder defibrillation program;

11. Include a copy of the department-provided protocol or protocols required under sub. (3) (d), signed by the program medical director, to be followed by first responder defibrillation personnel in determining the need for defibrillation, administering defibrillation and providing additional emergency care to a pulseless, non-breathing patient;

12. Describe the methods by which continuing education and case review will be provided to first responder defibrillation personnel and continuing competency of those personnel will be assured;

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

14. Include copies of agreements or letters of commitment from the hospitals, physicians, ambulance service providers, training center, training course instructor-coordinator, program coordinator, first responder service providers and local governments participating in the first responder defibrillation program indicating their willingness to participate in the program, to fulfill their responsibilities as described in the plan and to adhere to the requirements of this section;

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

16. Document insurance coverage which will be in force on the date proposed for the beginning of the initial first responder defibrillation training course offered under the plan covering all hospitals, physicians, first responder service providers and first responder defibrillation personnel included in the first responder defibrillation program for any liability they incur in the performance of their responsibilities in implementing the program; and

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

Note: Plans should be sent to the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI, 53701-2659. A guide to assist in developing a first responder defibrillation plan is available from the EMS Section.

(c) *Deadline for submission.* The plan shall be submitted to the department in complete form at least 90 days prior to the date proposed for beginning the first responder defibrillation training course. The plan is not in complete form until all information and materials noted in par. (b) have been received by the department.

(d) *Review and decision.* 1. The department shall, within 75 days following receipt of a complete plan, approve or disapprove the plan and notify the applicant accordingly, in writing.

2. In deciding whether to approve or disapprove a plan, the department may consult with the EMT-D committee formed under s. HFS 110.10 (6) (d) 2. regarding the quality and feasibility of the plan. Recommendations of the committee are not binding on the department.

Note: HFS 110.10 (6) was repealed eff. 3-1-01.

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

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

2. No change may be made in the first responder defibrillation program in the designation of the hospital or hospitals, medical director or directors, or the first responder service provider or providers involved, or in the training program or first responder defibrillation program operations included in an approved plan, unless the change is first approved by the department.

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

(3) MEDICAL CONTROL AND DEFIBRILLATION PROTOCOL REQUIREMENTS. (a) *Program medical director.* A first responder defibrillation program shall be under the medical supervision of a program medical director identified in the plan. The program medical director shall be responsible for the medical aspects of implementation of the first responder defibrillation training and operations carried out under the plan and shall:

1. Select, approve or designate the personnel who will train and medically supervise first responder defibrillation personnel, including the training course medical director, the service medical directors, the program coordinator, the training course instructor-coordinator and, if they are to be used in the program, the on-line medical control physicians;

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

3. Ensure that all aspects of the first responder defibrillation training and operational program are under constant medical supervision and direction;

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

5. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, training center, first responder service providers and first responders in the program;

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

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

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

(c) *Medical control hospital.* The medical control hospital or hospitals designated in the first responder defibrillation plan shall agree to:

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

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

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

4. Receive patients who have been monitored or defibrillated by first responder defibrillation personnel and make available to the program and service medical directors and the quality assurance program the patient data necessary to carry out the quality assurance activities required under the plan.

(d) *First responder defibrillation protocol.* 1. Each first responder defibrillation plan shall include a protocol or protocols signed by the program medical director under which first responder defibrillation personnel will provide emergency care to the cardiac arrest victim prior to the ambulance service provider's arrival. Voice contact with an on-line medical control physician is not required for first responder defibrillation personnel to implement the protocol.

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

3. Any protocol used shall be a standard protocol developed and distributed by the department, based on the recommendations of the panel established under s. HFS 110.10 (6) (d) 2. A protocol shall specify:

Note: HFS 110.10 (6) was repealed eff. 3-1-01.

a. The sequence of interventions to be performed during a resuscitation attempt;

b. Guidelines for speed of delivery of defibrillation and total time spent with the patient prior to arrival of the ambulance service;

c. The method of cardiac monitoring and defibrillation to be used;

d. The steps to be taken if the cardiac rhythm encountered is not ventricular fibrillation or rapid ventricular tachycardia;

e. Defibrillation safety at the scene;

f. The maximum number of defibrillations which first responder defibrillation personnel may administer to a single patient;

g. The assessment and management of a patient who converts from ventricular fibrillation or rapid ventricular tachycardia to a different cardiac rhythm prior to the ambulance service's arrival at the scene;

h. The management of a patient who, after defibrillation, returns to ventricular fibrillation or rapid ventricular tachycardia prior to the ambulance service's arrival at the scene;

i. Criteria including patient age, weight or medical condition which will affect the performance of defibrillation;

j. If use of an on-line medical control physician is included in the plan, guidelines for contact with the on-line medical control physician during a resuscitation attempt; and

k. A description of the procedures to be used to transfer patient care to the licensed ambulance service provider.

(4) **FIRST RESPONDER DEFIBRILLATION TRAINING.** (a) *Direction and supervision.* First responder defibrillation training shall be under the direction and supervision of a training course medical director who shall perform the functions under s. HFS 110.045 (4).

(b) *Instructor-coordinator.* Each first responder defibrillation training course shall have a training course instructor-coordinator who meets the requirements of s. HFS 110.10 (8) (b).

Note: HFS 110.10 (8) was repealed eff. 3-1-01.

(c) *Prerequisites for admission.* To be eligible for admission to a first responder-DA training course, a first responder shall:

1. Present documentation of successful completion of first responder basic or refresher training within the past 24 months;

2. Be currently certified in cardiopulmonary resuscitation at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level;

3. Be affiliated with a first responder service provider included in the approved first responder defibrillation plan; and

4. Be accepted for admission to the training course by the service medical director and training course medical director.

(d) *Automatic defibrillator training.* A first responder-DA training course shall include theory and practice in the areas included in s. HFS 110.10 (8) (d) 1. a. to f. and shall meet the other requirements of s. HFS 110.10 (8) (d) including giving a final written and practical skills examination approved by the department.

Note: HFS 110.10 (8) was repealed eff. 3-1-01.

(e) *Department approval.* Department approval of a proposed training course shall be a prerequisite to the initiation of first responder defibrillation training. Approval of a training course shall include approval of a curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

(f) *Record of student performance.* The training course medical director shall, upon completion of a first responder defibrillation training course, submit to the department a record of student performance for each first responder who participated in the course and a list of the first responders who successfully completed the course.

Note: Records of student performance and lists of first responders who successfully complete the course are to be sent to the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(5) **FIRST RESPONDER SERVICE PROVIDER REQUIREMENTS.** A first responder service provider using first responder-DA personnel shall:

(a) Submit a written plan of operation or an amendment to an existing ambulance service defibrillation plan;

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

1. Performance of defibrillation by first responders is carried out under medical control;

2. First responder-DA personnel receive continuing education and performance evaluations with sufficient frequency to maintain safe and effective delivery of defibrillation;

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

4. First responder-DA personnel who fail to demonstrate acceptable competency in implementation of the defibrillation protocol are not permitted to engage in the provision of defibrillation services until they have been reevaluated and have demon-

strated competency in performance of the protocol to the service medical director's satisfaction;

(c) Provide the service medical director with sufficient access to first responder-DA personnel to enable the service medical director to carry out the responsibilities specified in par. (b);

(d) Ensure that any monitor and defibrillator used by first responder-DA personnel affiliated with the provider is of the type specified for the provider in the plan and meets the requirements of this section;

(e) Ensure that when a patient is being cared for using a monitor and defibrillator, there is a certified first responder with the patient who is certified to operate the type of defibrillator used by the service provider until responsibility for the patient is transferred to EMT-defibrillation personnel or to the receiving hospital; and

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

(6) CONTINUING EDUCATION. (a) A first responder defibrillation plan shall include requirements for continuing education. Completion by the first responder defibrillation personnel of the continuing education requirements is a condition for maintenance of the program medical director's approval of them to provide first responder defibrillation services. Continuing education shall include, at a minimum:

1. Participation in case review and inservice training sessions as required by the program or service medical director;

1m. Completion of training on responding to acts of terrorism. Completion of an NT100 terrorism and hazardous materials awareness training course that 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.

2. Annual recertification in cardiopulmonary resuscitation at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level; and

3. Demonstration of competent performance of the protocol in a simulated cardiac arrest situation to the satisfaction of the service or training course medical director or the training course instructor-coordinator once a month for the first 3 months following initial certification by the department and once every 6 months thereafter. The demonstration shall be witnessed by the service medical director at least once annually for each first responder-DA for whom the medical director has responsibility.

(b) The program or service medical director may require additional continuing education of first responder defibrillation personnel functioning under the plan. Any additional requirements set forth by the program or service medical director shall be described in the plan.

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

of an individual from service and shall inform the department of the date the individual is returned to service.

(d) Each first responder service provider shall retain documentation establishing that each first responder-DA affiliated with the service has satisfied the continuing education requirements. The first responder service provider shall make the documentation available to the department for review upon request.

(7) EVALUATION. Each first responder defibrillation plan shall contain an evaluation process which includes:

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

1. Identify the first responder service provider and first responders involved;
2. Describe briefly the condition of the patient and the circumstances calling for the use of the defibrillator;
3. Report each step while proceeding through the protocol;
4. State whether or not defibrillation is delivered;
5. Describe the observed results of defibrillation and the subsequent pulse check; and

6. Provide explanatory comments on actions that the first responder-DA has taken prior to arrival of the ambulance and during the transition of responsibility for patient care to EMT-DA personnel or, if the ambulance does not have EMT-DA personnel, to the receiving hospital;

Note: Copies of the form for the written report are available from the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(b) A requirement for delivery of the written records and voice and electrocardiogram recording of each case to the program or service medical director within 72 hours after the particular emergency response;

(c) Prompt review and critique of all cardiac arrest responses by the service medical director based on the documentation in par. (b), with feedback provided to the first responder service provider and first responder defibrillation personnel as soon as possible but no later than 30 days after the particular response. The review shall be documented on a standard form provided by the department and a copy forwarded to the quality assurance program with the case records. The review shall include documentation of whether:

1. The audio and electrocardiogram recorder was activated properly;
2. Personnel quickly and effectively set up the necessary equipment;
3. The patient's pulse was checked appropriately throughout the emergency response;
4. Defibrillation was performed as rapidly as possible for the patient in ventricular fibrillation or rapid ventricular tachycardia;
5. The amount of time spent at the scene was appropriate;
6. Adequate basic life support was delivered and maintained;
7. The assessment of the need to deliver or not deliver defibrillation was correct;
8. Following each attempted defibrillation, the patient was assessed accurately and treated appropriately;
9. The defibrillator was operated safely and correctly; and
10. Care was provided in compliance with the protocol;

Note: Copies of the form documenting review of a cardiac arrest response are available from the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(d) Annual review by the hospital or hospitals, physicians, first responder service providers and first responders involved in the

first responder defibrillation program of the implementation and impact of the program, including determination of whether:

1. The general public is responding appropriately to a person who may be in cardiac arrest;
2. The frequency of cases in which cardiopulmonary resuscitation is initiated by persons on the scene prior to the arrival of first responder defibrillation personnel is maximized;
3. The time between dispatch and the arrival of first responder defibrillation personnel is as short as possible;
4. Performance factors, such as minimum elapsed time from arrival at scene to first defibrillation attempt are optimized;
5. Backup of first responder defibrillation personnel by advanced life support services, if available, is provided as rapidly as possible;
6. Data necessary to evaluate the implementation of the plan are being accurately gathered and periodically reviewed; and
7. Appropriate modification is made in any aspect of the plan which is shown to need modification to optimize patient outcomes; and

(e) Participation by first responders-DA, under a contract or letter of agreement, in a quality assurance program to which copies of the documentation of each cardiac arrest response as required in par. (a) shall be sent by the program or service medical director at least once each calendar quarter. The quality assurance program shall meet the requirements under sub. (8) and shall be approved by the department.

(8) QUALITY ASSURANCE PROGRAM. (a) A quality assurance program in which first responders-DA participate pursuant to sub. (7) (e) shall meet the requirements of this subsection.

(b) A quality assurance program shall meet the requirements of s. HFS 110.08 (2) (L).

(c) The quality assurance physician may not be the same individual who is the program medical director.

(9) FIRST RESPONDER-DA CERTIFICATION. (a) A person requesting certification as a first responder-DA shall:

1. Apply for certification on a form provided by the department;
2. Be at least 18 years of age;
3. Subject to ss. 111.321, 111.322 and 111.335, Stats., not have an arrest or conviction record;
4. Present documentation of having successfully completed the national standard basic or refresher curriculum or equivalent training as determined by the department for training first responders within 24 months prior to application, or hold current voluntary certification from the department as a first responder. The training shall include training for responding to acts of terrorism.
5. Present documentation of current certification at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level;
6. Include an initial certification fee of \$15.00 with the application;
7. Be affiliated with a first responder service provider identified in an approved first responder defibrillation plan;
8. Present evidence of successful completion of an approved first responder-DA training course;
9. Present documentation signed by the program medical director and acceptable to the department of competence in the performance of defibrillation according to the protocol for providing defibrillation services under the plan; and
10. Have successfully completed the written and practical skills examination required under sub. (4) (d) no more than 6 months prior to the date of application for first responder-DA certification. A person who fails to achieve a passing grade on the required examination may request reexamination and shall be admitted for further examination only after presenting evidence

of successful completion of further first responder defibrillation training acceptable to the department. A person who does not apply for certification within 6 months after successfully passing the required examination shall be required to retake and successfully complete an approved first responder-DA training course and examination to be eligible for certification.

(b) A Wisconsin licensed EMT-basic, intermediate or paramedic is eligible for first responder-DA certification if the EMT meets the qualifications under par. (a) 1., 3., 6., 7., 8., 9. and 10. A Wisconsin licensed EMT-basic, intermediate or paramedic with defibrillation certification is eligible for first responder-DA certification if the EMT meets the qualifications under par. (a) 1., 3., 6., 7. and 9.

(c) Within 60 days after receiving a complete application for first responder-DA certification, the department shall either approve the application and certify the applicant or deny the application. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial and shall give the applicant an opportunity to appeal the denial in accordance with s. HFS 113.05 (4) (a).

(d) In performing defibrillation, a person certified as a first responder-DA may use only an automatic defibrillator and follow the fully automatic or semiautomatic defibrillator protocol included in the plan for the provider for which he or she is authorized to function as a first responder-DA.

(e) A first responder-DA certificate shall expire on April 1, July 1, October 1 or January 1.

(10) RENEWAL OF CERTIFICATION. (a) *Notice of certificate expiration.* The department shall send notice to a certificate holder that the certificate is about to expire, and shall include with the notice an application for biennial renewal of the certificate. The notice shall be sent to the last address shown for the certificate holder in the department's records at least 30 days before expiration of the certificate. Failure to receive notification does not relieve the certificate holder of the responsibility to maintain a current certificate.

(b) *Requirements for renewal.* To renew a first responder-DA certificate, a certificate holder shall, by the certificate's expiration date and every 2 years thereafter, file with the department:

1. An application for renewal on the form provided by the department. The application form shall be signed by the program medical director responsible for the emergency medical technician-basic-DA program or first responder-DA program involved;
2. Documentation of current certification at the American heart association basic cardiac life support course C level or the American red cross cardiopulmonary resuscitation for the professional rescuer level;
3. Documentation that the certificate holder has, during the biennial period immediately preceding application, successfully completed the national standard first responder refresher course or equivalent training, including training for response to acts of terrorism, as determined by the department;
4. Documentation that the certificate holder meets any additional eligibility requirements for certification specified in s. 146.50, Stats., or this chapter.
5. Completion of a NT100 terrorism and hazardous materials awareness training course that meets the requirement for training for response to acts of terrorism subd. 3. Course material for training for response to acts of terrorism shall be included in all initial and refresher first responder courses beginning January 1, 2003 and shall also be available as a stand-alone course module for first responders who received training before January 2003. After June 30, 2004, the required refresher training for acts of terrorism shall no longer be the full NT100 terrorism and hazardous materials awareness training course. Prior to June 30, 2004, the department, in consultation with the EMS advisory board and the Wisconsin technical college system board, shall determine the

ongoing training requirement. The department shall disseminate information on the ongoing training requirement to ambulance providers and training centers and offer multiple training methods.

Note: Copies of the form required to apply for renewal of certification for first responders-DA are available from the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(c) *Failure to submit materials by certificate expiration date.* A certificate holder who fails to submit the materials described in par. (b) by the renewal date shall not represent himself or herself as, function as or perform the duties of a certified first responder-DA after the date of certificate expiration.

(d) *Late renewal.* 1. During the first 2 years following certificate expiration, a certificate shall be renewed if the certificate holder files with the department:

- a. All materials listed under par. (b); and
- b. An affidavit that the certificate holder has not acted as a first responder-DA during the period in which the certificate was expired.

2. A person whose first responder-DA certification has been expired for more than 60 days shall be required to complete a new first responder defibrillation training course and meet the other requirements under sub. (9) (a) for initial certification prior to being issued a certificate.

3. Granting of late renewal under this paragraph does not exempt the certificate holder from the responsibility to complete first responder refresher training approved by the department within the biennial certification period for which the renewal certificate is issued in order to qualify for renewal on the next renewal date.

Note: Copies of the form required to apply for reinstatement of certification are available from the EMS Section, Division of Public Health, P. O. Box 2659, Madison, WI 53701-2659.

(e) *Completion of emergency medical technician training.* A first responder who submits evidence of successful completion, within the 24 months immediately prior to filing a renewal application, of an emergency medical technician - basic, emergency medical technician - intermediate or emergency medical technician -paramedic training course, including the knowledge and skills objectives of the U. S. department of transportation national highway traffic safety administration national standard emergency medical technician - ambulance, intermediate or paramedic training course as approved by the department, shall be considered to have met the requirement of par. (b) 3.

Note: Copies of application forms for certification as a first responder-DA and for renewal of certification are available from the EMS Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94; CR 02-155; cr. (6) (a) 1m. and (10) (b) 5., am. (9) (a) 4. and (10) (b) 3. Register September 2003 No. 573, eff. 10-1-03; corrections in (2) (a), (4) (a), and (8) (b) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573.

HFS 113.05 Denials and sanctions. (1) DENIAL, NON-RENEWAL, REVOCATION OR SUSPENSION OF FIRST RESPONDER-DA CERTIFICATION. The department may deny, refuse to renew, suspend or revoke a first responder-DA certification after providing the applicant or first responder-DA with prior written notice of the proposed action and of the opportunity for a hearing under sub. (4) if the department finds that:

- (a) The applicant or person certified does not meet the eligibility requirements established in this section;
- (b) Certification was obtained through error or fraud;
- (c) Any provision of this section is violated; or
- (d) The person certified has engaged in conduct detrimental to the health or safety of a patient, other first responders or members of the general public during a period of emergency care.

(2) EMERGENCY SUSPENSION OF CERTIFICATE. (a) The department may summarily suspend a first responder-DA certificate when the department is informed by the project medical director that the certificate holder has been removed from the first respon-

der defibrillation program for cause or the department has probable cause to believe that the holder of the certificate has violated the provisions of this section and that it is necessary to suspend the certification immediately to protect the public health, safety or welfare.

(b) Written notice of the suspension, the department's proposed additional action or actions and a written notice of the right to request a hearing shall be sent to the first responder-DA. That person may request a hearing on the decision. A request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice of suspension. The division of hearings and appeals shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of the first responder-DA certificate 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) CANCELLATION OF APPROVAL. (a) *Plan approval.* The department may, at any time, cancel its approval of a first responder defibrillation plan if parties to the plan fail to adhere to the plan, if parties to the plan violate any provision of this section or if there is evidence that the first responder defibrillation program operated under the plan presents a danger to the health and safety of patients or the general public. All persons involved in the implementation of the plan shall cease providing first responder defibrillation services upon written notice received by the program medical director from the department, except that first responder defibrillation services may continue pending appeal under sub. (4).

(b) *Provider approval.* The department may, at any time, cancel its approval of the participation by a specific first responder service provider or providers in a first responder defibrillation plan if the provider or providers fail to adhere to the approved plan, violate the provisions of this section or engage in activities in the first responder defibrillation program that present a danger to the health and safety of patients or the general public. The first responder service provider or providers shall cease providing first responder defibrillation services upon written notice received by the owner or operator for each first responder provider involved, except that first responder defibrillation services may continue pending appeal under sub. (4).

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

2. Written notice of the suspension, the department's proposed additional action or actions and written notice of the right to request a hearing shall be sent to the program medical director, in the case of cancellation of plan approval, or the owner or operator of each first responder service provider involved, in the case of cancellation of provider participation. A request for hearing shall be submitted in writing to the department's office of administrative hearings and received by that office within 30 days after the date of the notice of suspension. The office of administrative hearings shall schedule the hearing no later than 15 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The

suspension of plan approval or provider participation shall remain in effect until a final decision is rendered.

(4) APPEAL. (a) In the event that under sub. (1) the department denies issuance of or renewal of or suspends or revokes a first responder-DA certificate, the applicant or first responder-DA may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration's division of hearings and appeals and received by that office within 30 days after the date of the notice required under sub. (1).

(b) In the event that, under sub. (3) (a) or (b), the department cancels a first responder defibrillation plan or participation by a first responder service provider or providers in the plan, the program medical director, in the case of cancellation of plan approval, or the owner or operator for each first responder service provider involved, in the case of cancellation of provider participation, may request a hearing under s. 227.42, Stats. The request for a hearing shall be submitted in writing to the department of administration's

division of hearings and appeals. Review is not available if the request is received in the office of administrative hearings more than 30 days after the date of the notice required under sub. (3) (a) or (b).

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

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94; correction in (1) (d) made under s. 13.93 (2m) (b) 5., Stats., Register, August, 1995, No. 476; **correction in (1) (intro.) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573.**

HFS 113.06 Waivers. The department may waive any requirement in this chapter, upon written request of the affected party, if the requirement is not also a statutory requirement and if the department finds that it is demonstrated that strict enforcement of the requirement will create an unreasonable hardship in meeting the emergency medical services needs of an area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public.

History: Cr. Register, March, 1994, No. 459, eff. 4-1-94.