AGENDA

Eau Claire County
EMS Study Committee
Tuesday, September 18, 2023, at 3:00 p.m.
Eau Claire County Courthouse
721 Oxford Ave., Eau Claire, WI 54703 • Room 3312

A majority of the county board may be in attendance at this meeting, however, only members of the committee may take action on an agenda item.

Join from the meeting link:
https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=medad71c21767fe434ce30e679c96184f

Join by meeting number:

Meeting number: 2534 688 7159 Password: spEbJvRA823

Join by phone:

Dial in: 415-655-0001 Access Code: 2534 688 7159

1. Call to Order and confirmation of meeting notice
2. Roll call
3. Public Comment
4. Review/approval of meeting minutes – **Discussion/Action**
   a. August 15, 2023
5. Presentation by James Small, Rural EMS Outreach Program Manager with the Wisconsin Office of Rural Health – **Information/Discussion** (Supplemental Information: Ambulance Reliability Report: https://worh.org/project/ems-reliability-report-march-2023/
6. Other county involvement with EMS service – Tyler Esh/Jake Brunette – **Information/Discussion**
7. Feedback from Survey (Link: https://www.surveymonkey.com/results/SM-D9_2FFJE7gjsZoXWsPfhLI_2BQ_3D_3D/) – **Information/Discussion**
8. Adjourn

Prepared by: Samantha Kraegenbrink – Assistant to the County Administrator

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance (715-839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-6945, (FAX) 839-1669 or 839-4735, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

MINUTES

Eau Claire County
EMS Study Committee
Tuesday, August 15, 2023, at 3:00 p.m.
Eau Claire County Courthouse
721 Oxford Ave., Eau Claire, WI 54703 • Room 3312

Present: Tyler Esh, Rod Eslinger, Dane Zook, Allen Myren, Todd Meyer, Joe Alf (remote), Jake Brunette

Others: Samantha Kraegenbrink – Committee Clerk, Mike Golat, John Schultz, Matt Jagger, Jen Meyer, Dan Hanson, Jennifer Meyer, Mark Renderman, Kitzie Winters, Tom Webb

Public: Present

Call to Order and confirmation of meeting notice

The meeting was called to order by Rod Eslinger at 3:00 p.m.

Roll call

Introductions were given and members/others are listed above.

Public Comment

Election of Officers: Chair and Vice-Chair – **Discussion/Action**

Supervisor Meyer nominates Supervisor Myren, who accepts as chair of the EMS Study Committee. Supervisor Zook nominates Supervisor Meyer as vice-chair, who accepts.

Confirmation of Board Clerk: Samantha Kraegenbrink, County Administration

Motion by Tyler Esh. All in favor, motion approved.

Overview and purview of the EMS Study Committee

Assistant Corporation Counsel Jake Brunette provided the overview and purview of the EMS Study Committee. Chair Myren, without objection, opened up comments to others in attendance regarding the overview and background to the EMS Study Committee.

Information needed/next steps

- Jake Brunette and Tyler Esh will research other counties on their involvement in EMS service.
- Survey municipalities
- Kitzie Winters provided background on her experience with Rusk County EMS.
- Emphasis on funding mechanism
- Kitzie Winters has been in contact with the Department of Revenue and will provide an update at a future meeting. Recommends to send a clean e-mail from the committee.
- Conduct a survey (Tyler and Samantha)
- Cost estimate to determine potential mill rate. Currently the City of Eau Claire is at ~$4.5 million. Eau Claire Fire Department will put together a list of what their costs break down is.

Determine Regular Meeting Schedule

The next meeting is Monday, September 18 at 3 p.m.

The meeting was adjourned at 4:25 p.m.

Respectfully submitted by,

MINUTES

Eau Claire County
EMS Study Committee
Tuesday, August 15, 2023, at 3:00 p.m.
Eau Claire County Courthouse
721 Oxford Ave., Eau Claire, WI 54703 • Room 3312

Samantha Kraegenbrink
Assistant to the County Administrator

The Reliability of Wisconsin's 911 Ambulance Response

March 2023

WISCONSIN OFFICE OF
Rural Health

The Reliability of Wisconsin's 911 Ambulance Response

Executive Summary

In the fall of 2022, the Wisconsin Office of Rural Health conducted an assessment of the reliability[1] of the state's 911 ambulance response. A survey was sent to all EMS agencies that provide emergency ambulance services and 216 EMS Service Directors responded (**60%** of those invited to participate). Responses revealed that the ambulance response system in many communities is under severe strain and in critical need of immediate intervention. The primary issues affecting reliability were identified as inadequate staffing and a lack of financial resources to address staffing and other operational needs.

KEY FINDINGS:

- **The strain on reliability is a state-wide issue.** Staffing and funding challenges are being experienced by agencies in every region, by agencies in rural and urban ares, and by agencies utilizing both volunteer and paid staff.
    - EMS agencies in rural areas and those that utilize a volunteer staffing model have the greatest risk of reliability issues.

- **Many EMS agencies lack adequate numbers of personnel to staff their ambulances**, increasing the risk of being unable to respond to 911 calls. In the past 12 months:
    - 41% of EMS agencies reported that they had periods in their schedule where they did not have adequate staffing to respond to a request for an ambulance response.
    - 78% had responded to another agency's request for mutual aid due to a lack of staffing at the first EMS agency.
    - 41% are operating with six or fewer staff members providing 80% of staffing hours.

- **Many EMS agencies lack financial resources to meet their operational needs.**
    - 29% lack funding to pay their projected expenses in 2023.
    - 38% of services anticipate seeking additional funding in the next year such as with a referendum.
    - The most frequently cited funding challenges included insufficient reimbursement from CMS, limits on municipal funding, lack of sustainable funding, and increased costs due to increasing call volume and inflation.

[1] EMS system reliability is the ability to provide an ambulance response to a 911 request for service 24 hours per day.

Introduction

Emergency Medical Services (EMS) are a critical component of healthcare that provide immediate medical attention to people in emergency situations. Wisconsin's EMS ambulance service providers respond to 911 requests for emergency healthcare outside of healthcare facilities and are tasked with providing high-quality patient treatment and transport.

Recently, there have been anecdotal reports of local EMS agencies being unable to respond to requests for service 24/7/365 (24 hours per day, seven days per week, 365 days per year). Additionally, there have been reports of agencies in significant financial and operational distress, leading to concerns for their future ability to respond to calls. To get a better understanding of what is happening and why, the Wisconsin Office of Rural Health sent a survey to all EMS agencies in the state that provide 911 transport as their primary service.

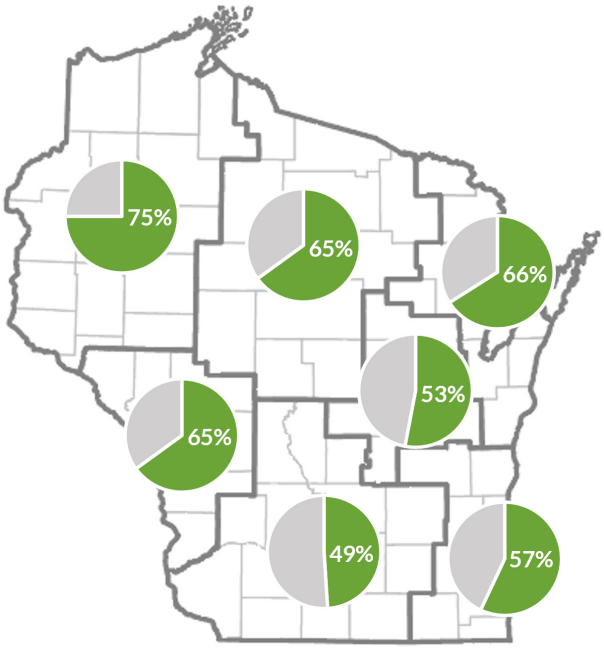
The survey sought to assess the ability of EMS agencies to respond to calls for service and gave Service Directors the opportunity to share their experience and expertise.

The survey was sent to 361 EMS agencies in Fall 2022 and 216 Service Directors submitted responses (**60%**). Responses were received from a majority of agencies in all regions of the state, except one. See Appendix for more information about survey methods, representativeness of responses, and respondent characteristics.

A NOTE ABOUT THE REPORT

Many quotes from responding Service Directors are included in the report. Efforts were made to utilize comments that reflected sentiments from numerous respondents, not just one. Efforts were also made to remove all potentially identifying information from the quotes.

Response by WARDS Elite Region*



*Wisconsin Ambulance Run Data System

Ambulance Availability

EMS system reliability is the ability to provide an ambulance response to a 911 request for service 24 hours per day. This requires ensuring a crew of at least two emergency medical responders 24/7/365, which requires 17,520 hours of annual staffing coverage. Ambulance service providers are at risk of being unable to respond to 911 calls when they don't have enough providers to staff an ambulance, when they rely on a small number of providers to cover most of their calls, and/or when their assistance to nearby EMS agencies removes them from their community.

STAFFING THE FIRST AMBULANCE

When there are not enough providers to cover the staffing of an ambulance, the ambulance is considered unavailable, and the agency cannot respond to 911 calls. An agency could have many scheduling gaps throughout a year without missing a call, however, the risk of being unable to respond to a call is one most communities would rather not take. While 59% of agencies reported no gaps in availability of ambulance service, **41%** reported they experienced periods when a legal crew was not available on one or more days in the past 12 months.

41% of EMS agencies reported gaps in ambulance availability on one or more days in the past 12 months

Among EMS agencies using a volunteer staffing model, **63%** reported service gaps, compared to 15% of agencies using a paid staffing model. Agencies that rely on volunteers reported struggling with coverage due to the lack of staff on site and competing priorities, i.e., paid jobs.

*"**We are in crisis mode trying to protect the people of our town.** We are doing our best, but my crew members work during the day."*

But it's not just volunteer agencies that struggle with coverage. Agencies with paid staff pointed out that they are only able to provide coverage by paying large amounts of overtime.

"Though our service strives (successfully) to maintain 24/7/365 coverage, it doesn't come without conflict or exorbitant costs…we have had to pay extreme overtime costs and bonuses to compensate our personnel for maintaining adequate coverage."

STAFFING ADDITIONAL AMBULANCES

48% of agencies have more than one ambulance and some are struggling to staff those additional ambulances. Many Service Directors expressed their concerns about being able to respond to calls that come in while the first ambulance is out in the community.

"We haven't had gaps in coverage of the first ambulance, but we have come close. However, second calls are difficult to cover and **the second emergency is just as important as the first.***"*

"We have given up over 40 calls this year because the first ambulance is busy and we are not able to completely staff the second. We would be hard pressed Monday thru Friday to staff a serious call for EMS service while the first unit is out."

SMALL ACTIVE ROSTER

Staffing an ambulance 100% of the time requires approximately seven full-time equivalent employees using traditional 24-hour shifts. Although most EMS agencies have staff rosters with seemingly more than enough staff to cover shifts, a large proportion of agencies are only utilizing a few of those roster members to cover the majority of their calls. This puts the agency at risk of ambulance service outages if one of those "core staff" gets sick, sustains an injury, goes on vacation, etc.

41% of EMS agencies rely on 6 or fewer staff to respond to 80% or more of calls

Of those who responded to the survey, **41%** of EMS agencies rely on six or fewer staff to cover the 80% or more of their calls, including **21%** that rely on 2-3 staff to cover the majority of scheduled shifts. Over half (**55%**) of rural agencies rely on six or fewer staff (compared to only 17% of urban agencies) and **62%** of volunteer agencies rely on six or fewer staff (compared to 16% of paid agencies).

"One agency in our county has the same person running every single ambulance call they get. The minute she quits, that agency will fold up; a neighboring provider will have to come in and pick up the slack. **Nobody can take on any more calls, and we are all operating at max capacity.***"*

"I try to fill in as many shifts as I can and my average on call time is over 200 hours every 2 weeks. I also have a 75 year old woman putting in an average of 120-150 hours every 2 weeks which is a lot for her but we are trying to keep our ambulance a float and doing what we can."

RESPONDING TO OTHER'S CALLS

When an ambulance is unavailable, 911 calls are rerouted to neighboring communities. Other EMS agencies are then tasked with responding, making that ambulance unavailable in its home community, where a 911 call may come in while it is away on the call.

78% of EMS agencies provided an ambulance response for a neighboring agency in the past 12 months due to the neighboring agency being unable to staff their primary ambulance

Service Directors from all over the state expressed concerns about their increasing dependence on other agencies to respond to their calls. On top of the staffing issues mentioned above, agencies are seeing increased call volumes, which puts added strain on their already-thin resources.

"We are providing mutual aid multiple times each day. We will exceed 1,300 mutual aid calls where we responded to our neighboring services this year. Our team is tired, and our own volumes continue to go up and it is getting tougher to maintain this level because it has been nonstop since 2020."

Reliability Challenges

Simply put, the reliability of ambulance service response depends on people and funding. Service Directors identified the issues below as the top challenges they experience when it comes to reliability.

STAFFING ISSUES

Reliance on non-obligated staff, i.e. volunteers – EMS agencies have trouble covering the schedule with staff that can choose when they work, and can't be required to cover certain shifts. These staff often have full-time jobs and are not available for large portions of each day.

"The volunteer commitment is no longer a sustainable solution to EMS staffing. We have more volunteers than before but have less hours committed by each volunteer annually. We beg our volunteers to cover more hours, but many get frustrated and quit if we push them too hard."

51% of EMS agencies have crew rosters with 75% or more volunteers

Dwindling provider pool – Service Directors throughout the state reported challenges with recruiting new volunteers into the agency. The most often-cited reasons were an economy that requires people to maintain full-time (paid) jobs and the large burden of responsibility placed on emergency medical providers who receive no or very little compensation.

"Despite the numbers above, we are finding it more and more difficult to staff our ambulances. Without our full-time paid staff, it would be impossible. Volunteers are nearly impossible to find and even finding paid staff is difficult at best. At least 1 of our staff is at or above retirement age. The next 5 years are not looking good."

Aging provider pool – A common theme among comments from Service Directors was the age, and aging, of their crew members and the concern that there are not enough providers to replace them as they retire.

"We are able to provide coverage at this time but staff are all aging and no new staff want to join the service. In the coming future I don't know if we will be able to staff our ambulance as staff gets older and leave the service."

Training challenges – The most frequently-mentioned challenges associated with obtaining the training required for licensure were:

- Distance – **73%** of rural agencies reported having to drive over 30 minutes to the nearest training center and several agencies mentioned having to drive 50-75 miles, each way.
- Availability of classes – Rural agencies frequently cited frustrations with cancelled classes when the class size is too small and volunteer agencies struggle with classes that are only available during the day (which are normal working hours).

Reliability Challenges, continued

"We need better access to quality in-person training resources. Our closest regional training center is 50 miles from our station. That is a hurdle we can overcome but if the course does not meet minimum class size and is cancelled, we often struggle to find alternatives. Not all students are capable of online learning coursework – some lack reliable internet access at home and others don't thrive in the online learning environment."

FUNDING ISSUES

While EMS is a critical component of the healthcare system, Wisconsin's EMS providers are distinguished from the general healthcare system in that EMS is a function of local government (municipal or county). EMS is provided to the public directly by government-employed medical providers or by government-contracted medical providers. In contrast, the remaining healthcare system is a function of privately-owned entities.

This impacts their funding – of the agencies that responded to our survey, **90%** are receiving at least some, if not all, funding from their municipality. This makes revenue for EMS agencies dependent on the ability of local government to carve money out of already-stressed budgets serving a multitude of needs. One of the few tools for municipal leaders to find more revenue is to levy taxes on local properties. However, the ability to levy taxes is presently limited to annual increases of 2% absent a local referendum.

Other funding comes from billing for medical services, grant programs such as the EMS Funding Assistance Program, administered by the Wisconsin Department of Health Services, and local community fundraisers.

In recent years, reimbursements from Medicare and Medicaid have increased and Wisconsin has increased funding to the Funding Assistance Program and implemented a one-time EMS Flex Grant program. All of these increases occurred prior to this survey being conducted and the responses collected reflect these additional funds.

Similar to the identified staffing issues, the funding issues Service Directors discussed are complex and interdependent. The most frequency cited issues were:

- Insufficient reimbursement from Medicare and Medicaid
- Levy limits on municipal funding
- Lack of sustainable funding (e.g., one-time grants, fundraisers)
- Increased costs due to increasing call volume and inflation

Nearly 30% of EMS agencies report that their current financial resources are not sufficient to cover next year's projected costs and **38%** said they anticipate seeking new sources of funding, such as referendums, in the next twelve months. The implications of inadequate funding directly impact Wisconsin's communities.

"We continue to have to cut replacement equipment and training out of our budget to keep up with increased ongoing staff costs, and this is just current staff, there is no way to get more staff in our restricted budget."

Reliability Challenges, continued

"Unfortunately, the current funding mechanisms do not allow raising wages to meet the cost of inflation. Also, we are noting the incredible difficulty in maintaining funding to maintain our equipment. **Without changes to our funding mechanisms, we will be forced to reduce services.***"*

"We will go out of service if things don't change."

Service Directors are Asking for Help

EMS providers care about the communities they serve and many are looking for ways to overcome the challenges they are experiencing. **Almost 90%** of the Service Directors that responded to the survey provided contact information and asked for help in addressing a specific reliability challenge. Consistent with the findings above, these requests centered around staff recruitment, training, and funding strategies.

Future Reliability

Wisconsin's EMS' current reliability is exhibiting major strains and the future is looking tenuous. Unreliable EMS response can ultimately lead to failure to respond to an emergency at all, putting patient lives at risk. In the past year, ten (10) EMS agencies reported that the communities they serve requested an ambulance and an ambulance never arrived due to lack of availability of a staffed ambulance. This may just be the beginning of calls that go unanswered, as **69%** of agencies are worried that they will be unable to adequately staff their primary ambulances sometime in the next year.

"We cannot continue as we are with casual staff that do not get full time pay and benefits-all of our staff need to maintain other full time employment-our run volume has increased to what will be near 1,000 runs in 2022 which has significantly risen over the past several years-a large burden on casual staff that only gets minimal call time and a set amount for an hourly wage on actual calls. **They are amazing, however there is a breaking point that will come.***"*

"EMS is heading into an era of unsustainability. The wages are unable to compete even hardly with Culver's as the reimbursement for EMS is so terrible for Medicare which is a huge chunk of our patients. Our agency needs funding (which is impossible to find), employees (also impossible to find) and improvement in training and resources. **As a rural ambulance service, we are highly relied upon by our community and the thought of losing our ambulance service in the next 2-4 years is frightening.***"*

69% of EMS agencies are worried they will be unable to adequately staff their primary ambulances in the next year

RECOMMENDATIONS

In order to improve ambulance response reliability, the State of Wisconsin should consider the following recommendations:

1. **Implement sustainable, recurring funding for EMS support**

    a. Implement sustainable **recurring** funding sources for municipalities to fund EMS – There is a demonstrated need to develop sustainable recurring funding to ensure that communities can adequately fund their EMS agencies, including funding sufficient for the addition of paid staff. Services using paid staff are significantly more likely to maintain 24/7 availability.

    b. Implement sustainable recurring funding for Workforce Development – Create sufficient recurring funding to ensure that training centers can offer licensing and certification training in smaller class sizes and remote locations to serve the needs of all communities. Employer-funded training is needed to remove a barrier to entry into EMS occupations.

    c. Ensure sustainable recurring funding to the Department of Health Services' EMS Section in their efforts to assist EMS agencies throughout the state. This regulatory body provides oversight to the agencies and training centers, but at current staffing levels they can only address the most serious infractions – not smaller ones, nor proactively provide assistance to avoid infractions. Adding staffing here creates positions that can help struggling services, and build pathways to better operations and higher quality care.

2. **Make statutory changes to create accountability**

    a. Remove inconsistency in the Wisconsin statutory requirements for local government where Towns "shall" provide ambulance coverage, as opposed to Villages and Cities that "may" provide for ambulance services. This currently produces a lack of consistent accountability for ensuring service in communities.

    b. Develop a system of accountability where municipalities are required to ensure reliable ambulance service in order to receive funding related to providing those services.

Appendix - Methods

ASSESSMENT TOOL

The survey was designed by the Office of Rural Health with feedback from subject-matter experts from Wisconsin Department of Health Services, Wisconsin EMS Association, Wisconsin State Fire Chiefs Association, and Wisconsin Regional Trauma Advisory Council.

PARTICIPANT ELIGIBILITY

A list of all licensed EMS agencies was obtained from the Department of Health Services via a public data request in July 2022. Services from that list were invited to participate in the study if their primary type of service was listed as 911 transport. The final number of services that were invited to participate was 361. This included six agencies that are located out of state but provide 911 response in Wisconsin.

SURVEY DISTRIBUTION

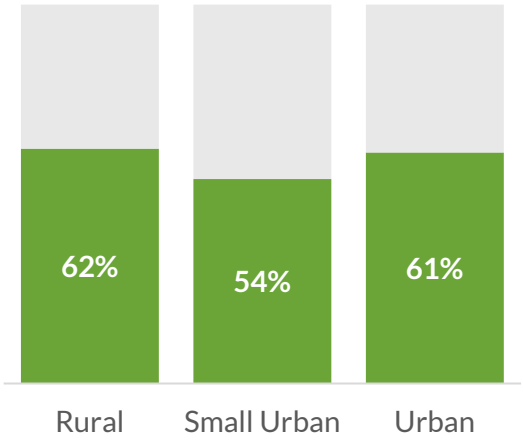
The survey was distributed electronically in Fall 2022. Two electronic reminders were sent as well as a postcard sent via US Post. In addition, regional coordinators from the Healthcare Emergency Readiness Coalitions were given lists of non-responding agencies and asked to encourage agencies in their regions to complete the survey.

RURAL DEFINITION

EMS agencies were designated as "rural", "small urban", or "urban" using the Municipal-level Urban-Rural Classification system developed by the Wisconsin Office of Rural Health.

- **Rural** – Agencies in municipalities (cities, towns, or villages) with populations smaller than 9,999 and located more than 25 miles from a population center (defined as a municipality with a population over 50,000) were designated as "rural".
- **Small Urban** – Agencies in municipalities with populations smaller than 9,999 and located within 25 miles of a population center or in municipalities with populations larger than 10,000 and located more than 25 miles from a population center were designated as "small urban".
- **Urban** – All other agencies were designated as "urban".

Survey response by rurality:

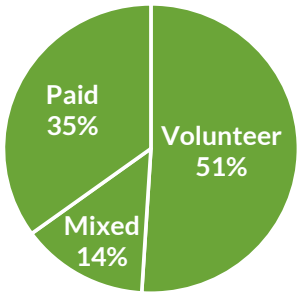


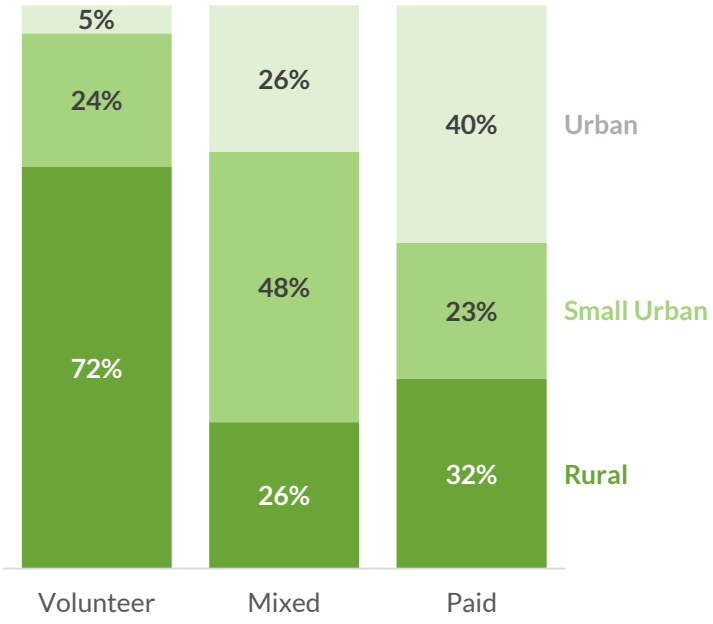
EMS STAFFING MODELS

EMS agencies in Wisconsin use three general staffing models. These staffing models were used to interpret and understand responses to the survey.

- **Volunteer Model** – A volunteer is generally considered a medical provider that receives no monetary compensation or a minimal stipend per call. For the purpose of this report, services that reported that 75% or more of their roster is volunteer or paid-on-call were considered as operating under a "Volunteer" model.
- **Mixed Model** – EMS agencies using this model utilize a combination of volunteer and paid staff (part-time and full-time) to fill their rosters. In this report, services in this category reported rosters with 26%-74% volunteer staff.
- **Paid Model** – This staffing model includes paid part-time and paid full-time staff. Services in this category reported 75% or more paid part-time or paid full-time roster members.

Wisconsin's EMS system has a long history of relying on volunteers to provide medical care to its residents . Currently, over 50% of agencies use a volunteer staffing model and the majority of those services (72%) are rural:





Acknowledgement

This study was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $878,356 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Contact Information

Please direct question regarding this report to James Small, Rural EMS Outreach Program Manager at small5@wisc.edu.

WISCONSIN OFFICE OF
Rural Health

Chapter DHS 110

EMERGENCY MEDICAL SERVICES LICENSING, CERTIFICATION, AND TRAINING REQUIREMENTS

Subchapter I — General Provisions
DHS 110.01 Authority and purpose.
DHS 110.02 Applicability.
DHS 110.03 Waivers.
DHS 110.04 Definitions.

Subchapter II — Emergency Medical Professionals; Licensing; Certification; Training; Credential; Fees
DHS 110.05 License or certificate and credential required.
DHS 110.06 Application for initial license or certificate; initial training requirements.
DHS 110.066 Application for license or certificate when licensed and trained in another state as an EMS professional.
DHS 110.07 Application for renewal license or certificate; refresher training requirements.
DHS 110.08 Practice level upgrades; downgrades.
DHS 110.088 Endorsements.
DHS 110.09 Expiration date; expired license or certification; late renewal; reinstatement.
DHS 110.10 Department decision on applications.
DHS 110.11 Credential requirement.
DHS 110.12 Authorized actions; scope of practice.
DHS 110.13 Professional responsibilities.
DHS 110.14 Written and practical examinations retakes.
DHS 110.15 Emergency medical services practitioner training permit application; authorized actions and limitations.
DHS 110.16 Department administrative fees.

Subchapter III — CPR Training Organizations; Training Centers
DHS 110.17 CPR and AED training and instruction.
DHS 110.18 Training center initial and renewal certification requirements.
DHS 110.19 Course approval requirements.
DHS 110.20 Emergency medical responder training course content and hours.
DHS 110.21 Emergency medical services practitioner training course content and hours.
DHS 110.22 Accreditation of training centers.
DHS 110.23 Records and recordkeeping requirements.
DHS 110.24 Required training center personnel; personnel responsibilities.
DHS 110.25 Program director; application for department approval.
DHS 110.26 Training center medical director; application for department approval.
DHS 110.27 EMS instructor I; application for department approval.
DHS 110.28 EMS instructor II; application for initial and renewal certification.
DHS 110.29 Training center oversight.
DHS 110.30 Department decision on applications.
DHS 110.31 Expiration dates; approvals and certifications.

Subchapter IV — Emergency Medical Service Provider Licensing and Operation
DHS 110.32 Emergency medical service provider license required; license levels.
DHS 110.33 Authorized services.
DHS 110.34 Responsibilities.
DHS 110.35 License and application requirements.
DHS 110.36 Phase–in period; service level upgrades and downgrades.
DHS 110.37 Service level downgrades.
DHS 110.38 Interfacility transports.
DHS 110.39 Critical care and specialty care transports.
DHS 110.395 Community EMS.
DHS 110.40 Intercept service.
DHS 110.41 Air medical services.
DHS 110.42 Tactical emergency medical services.
DHS 110.43 Special units.
DHS 110.44 Special events.
DHS 110.45 Department decisions on applications.
DHS 110.46 License duration and application for renewal license.
DHS 110.47 Required personnel and responsibilities.
DHS 110.48 Service director.
DHS 110.49 Service medical director.
DHS 110.495 Community emergency medical services medical director.
DHS 110.50 EMS provider staffing requirements.
DHS 110.51 Preceptors.
DHS 110.52 EMS professional credentialing.
DHS 110.525 Field training requirements.
DHS 110.526 Opioids training.

Subchapter V — Enforcement
DHS 110.53 Authority to investigate.
DHS 110.54 Reasons for enforcement actions.
DHS 110.55 Warning letter.
DHS 110.56 Reprimand.
DHS 110.57 Summary suspension of a license, permit or certification.
DHS 110.58 Denial, refusal to renew, conditional issuance, issuance with limitation, suspension, revocation.
DHS 110.59 Appeals.

Note: Chapter H 20 was repealed and recreated as HSS 110.01 to 110.09 by emergency rule effective July 1, 1990. Chapter H 20 as it existed on January 31, 1991 was repealed and HSS 110.01 to 110.09 was created effective February 1, 1991. Chapter HSS 110 was renumbered chapter HFS 110 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, November, 1998, No. 515. Chapter HFS 110 was repealed and recreated, Register, February, 2001, No. 542, eff. 3–1–01. Chapter HFS 110 was renumbered to ch. DHS 110 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637. Chapter DHS 110 as it existed on December 31, 2010, was repealed and a new chapter DHS 110 was created effective January 1, 2011.

Subchapter I — General Provisions

DHS 110.01 Authority and purpose. This chapter is promulgated under the authority of ss. 256.08 (4) and 256.15 (13), Stats., to establish standards for all of the following:

(1) Certifying, training, and credentialing emergency medical responders.

(2) Licensing, training, and credentialing emergency medical services practitioners.

(3) Licensing emergency medical services providers.

(4) Certifying emergency medical services training centers.

(5) Certifying EMS instructors.

(6) Approving medical directors.

(7) Approving providers of CPR and AED training.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1), (2) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.02 Applicability. This chapter applies to all of the following:

(1) Emergency medical responders.

(2) Emergency medical technicians.

(3) Advanced emergency medical technicians.

(4) Emergency medical technicians — intermediate.

(5) Paramedics.

(6) Emergency medical services training centers.

(7) Emergency medical services providers.

(8) Medical directors.

(9) Program directors.

(10) EMS instructors.

(11) CPR and AED training providers.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1) to (3), (5) Register September 2021, No. 789, eff. 10–1–21.

DHS 110.03 Waivers. The department may waive any non–statutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the emergency medical services provider or the public in meeting the emergency medical service needs of the provider's primary service area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public.

The department's denial of a request for a waiver shall constitute the final decision of the department and is not subject to a hearing under s. DHS 110.59.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.04 Definitions. In this chapter:

(1g) "Advanced emergency medical technician" or "AEMT" has the meaning given in s. 256.01 (1k), Stats.

(1r) "Advanced life support" means prehospital and interfacility emergency medical care consisting of basic life support procedures and invasive lifesaving procedures including the placement of advance airway adjuncts, intravenous infusions, manual defibrillation, electrocardiogram interpretation, administration of approved drugs and other advanced skills identified in the Wisconsin scopes of practice.

(2) "Air medical service" means a licensed ambulance service provider that specializes in transport by helicopter or airplane.

(3) "Algorithm protocol" means a graphical representation or flow chart of a written patient care protocol.

(4) "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.

(5) "Ambulance service 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) "Ambulance staffing configuration" means the different ways that an ambulance can be staffed based on level of services as described in s. DHS 110.50.

(7) "As needed services" means that with respect to special events the EMS service provider will provide emergency medical services as its resources are available and will not commit resources exclusively for the event.

(8) "Automated external defibrillator," or "AED," has the meaning given in s. 256.15 (1) (cr), Stats.

(9) "Backup agreement" means a written agreement between nearby licensed ambulance service providers to provide response when the primary service provider is unable to do so.

(11) "Basic life support" has the meaning given in s. 256.15 (1) (d), Stats.

(12) "CPR organization" means an entity whose program is authorized to provide CPR certification or training based on national standards and is approved by the department to fulfill the CPR requirement for certified emergency medical responders and licensed emergency medical services practitioners.

(13) "Cardiopulmonary resuscitation" or "CPR" means a combination of rescue breathing and chest compressions delivered to victims believed to be in cardiac arrest.

(14) "Clinical training" means training received in a hospital or other health care facility.

(14m) "Community emergency medical services practitioner" or "CEMS practitioner" has the meaning given under s. 256.21 (1), Stats.

(14r) "Community emergency medical services provider" or "CEMS provider" has the meaning given under s. 256.215(1)(a), Stats.

(14s) "Community paramedic" has the meaning given under s. 256.205 (1), Stats.

(15) "Coverage agreement" means a written agreement between two neighboring ambulance service providers that each will cover the other's 9–1–1 area when the other knows in advance that it will be unable to do so.

(16) "Credential" means written authorization by the service director and medical director of a licensed emergency medical services provider permitting a certified emergency medical responder or licensed emergency medical services practitioners to perform specified emergency medical care while in the service of the provider. To be "credentialed" means to hold a credential issued by a licensed emergency medical services provider.

(17) "Critical care paramedic" means a paramedic who is licensed and endorsed by the department to provide an advanced level of paramedic care based on completion of an advanced level of paramedic training.

(18) "Dedicated services" means that with respect to special events the emergency medical services provider will have resources dedicated and immediately available on the grounds of the event that will not be subject to responses other than requests from the event.

(19) "Defibrillation" has the meaning given in s. 256.15 (1) (dm), Stats.

(20) "Department" means the Wisconsin department of health services.

(21) "Emergency medical care" means medical care to sick, disabled, or injured individuals at the scene of an emergency, during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities, which is based on department approved patient care protocols.

(21e) "Emergency medical dispatch" means a process used by a public safety answering point or dispatch center to determine whether to dispatch an advanced life support or basic life support ambulance based on information obtained from a 9–1–1 caller.

(21m) "Emergency medical responder" has the meaning given in s. 256.01 (4p), Stats.

(21s) "Emergency medical responder service provider" means an emergency medical service provider that provides emergency medical care with staff certified as emergency medical responders to sick, disabled or injured individuals before hospitalization and the arrival of an ambulance, but that does not provide transportation for patients.

(22) "Emergency medical services" or "EMS" means an arrangement of personnel, communications, equipment, and supplies for the delivery of emergency medical care.

(23) "EMS instructor" means a person approved by the department or, if employed by the Wisconsin technical college system board, jointly approved by the department and the Wisconsin technical college system board, at a specified level or levels, to train individuals in the provision of emergency medical services.

(24) "EMS professional" means a certified emergency medical responder, licensed emergency medical services practitioner, registered nurse, physician assistant or physician, who is authorized to provide emergency medical care.

(25) "Emergency medical service provider" or "EMS provider" means an emergency medical services program under s. 256.12, Stats., that provides emergency medical services as an emergency medical responder service provider, non–transporting EMS provider, or ambulance service provider.

(26) "Emergency medical services practitioner" or "EMS practitioner" has the meaning given in s. 256.01 (5), Stats.

(27) "Emergency medical technician" or "EMT" has the meaning given in s. 256.01 (6), Stats.

(28) "Emergency medical technician — intermediate" or "EMT–Intermediate" has the meaning given in s. 256.01 (7), Stats.

(31) "Endorsement" means validation by the department that a licensed EMS practitioner has received the training and education required to be a specialist within a license level.

(32) "Field training" means a training experience where a student is placed with an ambulance service provider and, under

direct supervision of an approved preceptor, cares for patients to gain proficiency in the skills, medications, and treatments taught in the training program in which the student is enrolled.

(35) "Hospital" has the meaning given in s. 50.33 (2) Stats.

(36) "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.

(37) "Interfacility transport" means any transfer of a patient between health care facilities or any non−emergent transfer of a patient.

(38) "Intercept service" means a specialized EMS service provider that sends higher trained EMS professionals to assist a lower level EMS service provider in caring for a patient who requires a higher level of emergency medical care than the lower level EMS service provider is able to administer.

(39) "Manual defibrillator" has the meaning give in s. 256.15 (1) (im), Stats.

(40) "Medical consultation" means all of the following:

(a) Direction of patient care through written or verbal orders.

(b) Supervision and quality control of patient care by the service medical director or by a physician designated by the service medical director.

(c) Coordination of all medical−related activities of EMS professionals in a pre−hospital setting or interfacility transport of a patient.

(42) "Medical director" means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, designates physicians for direction and supervision of, and reviews the performance of the service's emergency medical responders or emergency medical services practitioners and ambulance service providers, as required under s. 256.15 (8m), Stats.

(43) "Mutual aid agreement" means a written agreement between licensed ambulance service providers whereby each provides emergency medical care in the other's primary service area when the primary ambulance service provider requires additional resources because it has already committed all its resources to other 9−1−1 emergency responses.

(43m) "National emergency medical service information system" or "NEMSIS" means the national database system used to aggregate, store, and share emergency medical service data from multiple states and federal territories administered through the National Highway Traffic Safety Administration of the U.S. Department of Transportation.

(43r) "National EMS Education Standards" or "national education standards" means the most recent edition of the emergency medical responder or emergency medical services practitioner curriculum published by the national highway traffic safety administration of the U.S. department of transportation.

(44) "National registry of emergency medical technicians" or "NREMT" means the non−profit, independent, non−governmental agency that certifies the proficiency of EMS professionals through provision of a standardized examination for individuals who have completed state−approved EMS training.

(46) "9−1−1 emergency response" means the dispatch and movement of an ambulance in response to a request for emergency medical services, which was initiated by a 9−1−1 phone call and dispatched through a 9−1−1 dispatch center.

(47) "Non−transporting EMS provider" means an emergency medical service provider that provides emergency medical care with staff licensed as EMS practitioners to sick, disabled or injured individuals, but that does not transport patients.

(49) "On−line medical consultation" means direct contact between a medical consultation physician or physician assistant or advanced practice nurse practitioner and EMS professionals for the purpose of medical direction. Physician assistants or advanced practice nurse practitioners shall only act within their credentialed or licensed scope of practice for the facility in which they are employed in providing on−line medical consultation.

(50) "On−site medical consultation" means that a service medical director or designee is located at a special event and directs EMS professionals in the treatment of patients.

(51) "Operational plan" means a written plan of operations prepared by or for an emergency medical service provider that describes the provider's methods and procedures for providing emergency medical services in the provider's primary service area and other areas served through mutual aid or contract.

(51m) "Paramedic" has the meaning given in s. 256.01 (14), Stats.

(52) "Patient" means individual of any age who may require assessment, treatment or transport.

(53) "Patient care report" means the written documentation that is the official medical record that documents events and the assessment and care of a patient treated by EMS professionals.

(54) "Patient care protocol" means a written statement signed and dated by the service medical director and approved by the department that lists and describes the steps within the applicable scope of practice that EMS professionals are required to follow when assessing and treating a patient.

(55) "Person" has the meaning specified in s. 256.15 (1) (L), Stats.

(56) "Phase−in period" means a period of time during which an EMS service provider is upgrading its level of service and begins to provide service at the higher level before it is able to meet the staffing requirements for that level.

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

(58) "Physician assistant" means a person licensed in Wisconsin under ch. 448, Stats., to perform as a physician assistant.

(59) "Preceptor" means any of the following who provides direct supervision of clinical or field training for EMS practitioner students: an EMS practitioner licensed at or above the level of the training he or she provides, a physician, a registered nurse or a physician assistant.

(60) "Primary service area" means the geographical area in which an ambulance service provider is designated to provide first−in emergency medical services under contract with a local government. "Primary service area" does not include areas that the provider serves through mutual aid or back−up arrangements.

(61) "Program director" means the person at a training center who is responsible for the actions of the training center and for directing day to day activities.

(61m) "Public safety answering point" has the meaning given in s. 256.35 (1) (gm), Stats.

(62) "Quality assurance program" means a program of formalized review of patient care reports, statistical information, and training evaluation by the medical director or designee to verify current and improve future performance.

(63) "Regional trauma advisory council" or "RTAC" has the meaning as defined in s. DHS 118.03 (36).

(64) "Registered nurse" means a person who is licensed in Wisconsin as a registered nurse under s. 441.06, Stats.

(65) "Reprimand" means an enforcement action under s. DHS 110.56.

(65m) "Rural ambulance service provider" has the meaning given is s. 256.15 (4m) (a), Stats.

(66) "Service director" means the person designated by the emergency medical service provider to oversee operations and ensure compliance with applicable statutes, administrative rules and the approved operational plan.

(67) "Special event" means a public event, such as a fair, concert or automobile race, for which an EMS service provider may

provide on−site medical care that is in addition to its normal day to day operations and may exceed its normal personnel or equipment resources.

(68) "Subject matter expert" means someone who has advanced knowledge in a specific area related to emergency medical services. Expertise is verifiable through degree, work experience, or specific education or certification.

(69) "Supervised field training" means training received on an ambulance under the direct supervision of an approved preceptor.

(70) "Tactical team" means a paramilitary special operations tactical unit typically found in law enforcement or the military that responds to threats to public safety.

(71) "Tactical emergency medical services" means medical services provided by licensed EMS professionals operating as part of a tactical team.

(72) "Training center" means an entity certified by the department to provide emergency medical responder and emergency medical services practitioner training.

(73) "Training center medical director" means the physician who is responsible for medical coordination, direction and conduct of an EMS training program at a training center.

(74) "Training permit" has the meaning as specified under s. 256.15 (5) (a), Stats.

(74m) "Triennial licensing period" or "triennium" means the 3−year period beginning on July 1 of the first year and ending on June 30 of the 3rd year.

(75) "Wisconsin ambulance run data system" or "WARDS" means a web−based reporting system emergency medical service providers use to enter and submit patient care data via the internet.

(75m) "Wisconsin emergency medical responder curriculum" means the course of study approved by the department for training emergency medical responders.

(76) "Wisconsin emergency medical services communications plan" means the written plan for emergency medical services communication throughout the state that specifies what communication equipment is required on all ambulances.

(78) "Wisconsin scope of practice" means the skills, equipment, and medications approved by the department for a level of expertise for emergency medical professionals.

(79) "Wisconsin Standards and Procedures of Practical Skills" means the document published and approved by the department that outlines the appropriate ways to perform certain skills used by all EMS professionals.

(80) "WTCS" means the Wisconsin technical college system.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; correction in (19), (33) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 660; correction in (30) under s. 13.92 (4) (b) 7., Stats., Register July 2018 No. 751; CR 20−028: renum. (1) to (1r), cr. (1g), r. (11), renum. (10) to (11), am. (12), cr. (14e) to (14s), am. (16), (17), cr. (21e) to (21s), am. (24) to (28), r. (29), (30), am. (31), r. (33), (34), am. (35), (40) (intro.), (c), r. (41), am. (42), cr. (43m), am. (45), (47), r. (48), am. (49), (50), cr. (51m), am. (59), cr. (61m), (65m), am. (72), cr. (74m), am. (77), (78) Register September 2021 No. 789, eff. 10−1−21; renum. (14e), (45), (77) to (14r), (43r), (75m) under s. 13.92 (4) (b) 1., Stats., and correction in (43m), (74m) made under s. 35.17, Stats., Register September 2021 No. 789.

Subchapter II — Emergency Medical Professionals; Licensing; Certification; Training; Credential; Fees

DHS 110.05 License or certificate and credential required. (1) Before an individual may perform emergency medical care or advertise for the provision of emergency medical care as an EMS professional, the individual shall be certified as an emergency medical responder or licensed as an EMS practitioner by the department and shall be credentialed by each emergency medical service provider with which the individual serves, except under the following conditions:

(a) The individual provides emergency medical care as a volunteer practitioner under s. 257.03, Stats.

(b) The individual provides emergency medical care as a trainee under s. DHS 110.15, while under supervision of a preceptor.

(c) The individual is a certified emergency medical responder in another state who provides emergency medical care to 10 or fewer patients in this state under s. 256.15 (2) (b), Stats.

(d) The individual is a licensed emergency medical services practitioner in another state or holds a training permit from another state who is involved 10 or fewer patient transports per year that originate and terminate in this state under s. 256.15 (2) (b), Stats.

(e) The individual holds a valid certificate, license or training permit allowing the individual to act as an emergency medical responder or emergency medical services practitioner in another state and is acting in response from that state to a request for mutual aid under s. 256.15 (2) (c), Stats.

(2) Except when acting under sub. (1) (a), (b), (c), (d), or (e), a person acting or advertising as an emergency medical responder or emergency medical services practitioner without a certificate or license issued by the department or without appropriate credentialing may be subject to department action under subch. V or s. 256.15 (11) (c), (d), or (f), Stats., as applicable.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (1) (intro.), cr. (1) (c) to (e), am. (2) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.06 Application for initial license or certificate; initial training requirements. (1) ELIGIBILITY. To apply for an initial license as an emergency medical services practitioner or certificate as a an emergency medical responder, the applicant shall meet all of the following requirements:

(a) The individual is 18 years of age or older.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual has successfully completed training in the applicable Wisconsin curriculum within the 24 months immediately preceding submission of the application to the department for an initial license or certificate.

(d) The individual has current registration with the NREMT at or above the practice level for which the application is made. If the individual does not hold certification with the NREMT, he or she must complete a cognitive and psychomotor assessment exam through the NREMT which must be authorized by the department.

Note: To request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701−2659.

(e) The individual provides documentation of successful completion of a CPR course within the last two years at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1). If the application is for licensure at the paramedic level, the applicant provides documentation of successful completion of coursework provided by an organization specified under s. DHS 110.17 (1) in all of the following:

1. Advanced cardiac life support.

2. Pediatric advanced life support, pediatric education for pre−hospital professionals at the advanced life support level, or an equivalent course approved by the department.

(f) Subject to ss. 111.321, 111.322, and 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of an emergency medical responder or emergency medical services practitioner, as determined by the department. An individual with a conviction record may apply to the department for a pre−determination on their eligibility for certification or licensure by completing an application for pre−determination which includes providing the date of conviction and the nature and circumstances of the crime and submitting it to the department. The individual shall submit the application for the pre−determination fee specified under s.

DHS 110.16 (1) (g) with the application. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

Note: The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at www.dhs.wisconsin.gov/ems. Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant shall submit the application and documentation to the department in the manner or method specified by the department.

Note: Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (title), (1) (intro.), cons. and renum. (1) (c) (intro.) and 1. to (1) (c) and am., r. (1) (c) 2., am. (1) (d), (e) (intro.), 2., (f), r. (1) (g), (h) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.066 Application for license or certificate when licensed and trained in another state as an EMS professional. (1) ELIGIBILITY. To be eligible to apply for a license based on out–of–state license or education as an emergency medical services practitioner or certificate as an emergency medical responder, the applicant shall meet all of the following requirements:

(a) The individual is 18 years of age or older.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual presents documentation of a current license or certificate issued by another state at or above the level being applied and a completed verification of licensure form from every state the individual has ever been licensed or certified as an emergency medical responder or emergency medical services practitioner.

(d) The individual presents a completed verification of education form documenting completion of an initial course equivalent to the training required for an initial license or certificate under the applicable Wisconsin curriculum, as determined by the department. If initial training was completed prior to the current licensing period, the applicant also presents documentation of completion of an approved refresher course, as determined by the department.

(e) The individual shall successfully complete the cognitive and psychomotor exam through the NREMT for the certification or license level being applied for. If an applicant holds current NREMT certification at or above the certification or license levels being applied, that individual shall be considered to come from a jurisdiction with licensing or certification standards at least substantially similar to Wisconsin and exempt from examination under s. 256.15 (7), Stats. Applicants who do not hold current NREMT shall not be considered to come from jurisdictions with substantially similar licensing and certifications standards to Wisconsin and must complete the NREMT cognitive and psychomotor assessment examinations.

Note: Verification of education forms may be obtained electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. The form must be printed out and sent to the training institution, which will complete and return the form directly to the department. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

(f) The individual provides documentation of successful completion of a CPR course within the last 2 years at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1). If the application is for licensure at the paramedic level, the applicant provides documentation of successful completion of coursework provided by an organization specified under s. DHS 110.17 (1) in all of the following:

1. Advanced cardiac life support.

2. Pediatric advanced life support, pediatric education for pre–hospital professionals at the advanced life support level, or an equivalent approved by the department.

(g) Subject to ss. 111.321, 111.322, and 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of an emergency medical responder or emergency medical services practitioner, as determined by the department.

1. An individual with a conviction record may apply to the department for a pre–determination on their eligibility for certification or licensure by completing an application for pre–determination including the date of conviction and the nature and circumstances of the crime and submitting it to the department.

2. The individual shall submit the application for pre–determination fee specified under s. DHS 110.16 (1) (g).

(h) The individual shall complete training for response to acts of terrorism or present evidence satisfactory to the department of the equivalent course and successful completion.

(i) The individual shall submit the reciprocity fee specified under s. DHS 110.16 (1) (e).

Note: The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at www.dhs.wisconsin.gov/ems. Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant shall submit the application and documentation to the department in the manner or method specified by the department.

Note: Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 20–028: cr. Register September 2021 No. 789, 10–1–21; correction in (1) (f) made under s. 35.17, Stats., Register September 2021 No. 789.

DHS 110.07 Application for renewal license or certificate; refresher training requirements. (1) ELIGIBILITY. To apply for renewal of an emergency medical services practitioner license or emergency medical responder certificate, the applicant shall meet all of the following eligibility and training requirements:

(a) The individual is 18 years of age or older.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual has a current National Registry of Emergency Medical Technicians certification that is valid on the first day of the renewal triennium or received refresher training as follows:

1. 'Emergency medical responder.' The individual has completed a 16–hour emergency medical responder refresher course based on the Wisconsin emergency medical responder curriculum or 16 hours continuing education that is based on the Wisconsin emergency medical responder curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current certification expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph.

2. 'Emergency medical technician.' The individual has completed a 40–hour EMT refresher course based on the Wisconsin EMT curriculum or 40 hours continuing education that is based on the Wisconsin EMT curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires. Recertification through examination by the NREMT during this period

may be used to fulfill the refresher course requirement under this paragraph.

3. 'Advanced emergency medical technician.' The individual has completed a 50–hour advanced EMT refresher course based on the Wisconsin AEMT curriculum or 50 hours of continuing education that is based on the Wisconsin AEMT curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph.

4. 'Emergency medical technician — intermediate.' The individual has completed a 60 hour EMT–Intermediate or paramedic refresher course based on the Wisconsin curriculum for the EMT–Intermediate or Wisconsin paramedic curriculum or 60 hours of continuing education that is based on the Wisconsin EMT–Intermediate curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires.

5. 'Paramedic.' The individual has completed a 60–hour paramedic refresher course based on the Wisconsin curriculum for paramedic or 60 hours of continuing education that is based on the Wisconsin paramedic curriculum and covers the subject areas identified by the department. The training shall be obtained during the triennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.

6. 'Critical care endorsement.' The individual is licensed as a paramedic with a critical care endorsement, has completed the paramedic license renewal requirements in subd. 5. and an additional 24 hours of training specified by the department for the critical care paramedic during the triennium for which the current license expires.

6g. 'CEMS practitioner endorsement.' The individual is licensed as an emergency medical services practitioner with a community emergency medical services practitioner endorsement, has completed the renewal requirements necessary for the individual's level of licensure, and completed the prescribed continuing education hours specified by the department for the CEMS endorsement during the triennium in which the current license expires.

6r. 'Community paramedic endorsement.' The individual is licensed as a paramedic with a community paramedic endorsement, has completed paramedic license renewal requirements in subd. 5 and the prescribed continuing education hours specified by the department for the CEMS endorsement during the triennium in which the current license expires.

7. 'Emergency medical responders and emergency medical services practitioners.' Successful completion of an initial training course above the current license level of the individual may be used to fulfill the refresher requirements of this paragraph. If the course is an initial paramedic course, completion of the didactic portion fulfills this requirement.

(d) The individual provides documentation of successful completion of a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1). If the application is for renewal of a license at the EMT–intermediate or paramedic level, the applicant is also certified by an organization specified under s. DHS 110.17 (1) in advanced cardiac life support.

(e) Subject to ss. 111.321, 111.322, and 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of an EMS professional, as determined by the department.

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The application and documentation shall be submitted to the department in the manner or method specified by the department.

Note: Application for license or certificate renewal is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; (1) (c) 7. (title) created under s. 13.92 (4) (b) 2., Stats., Register December 2010 No. 660; CR 20–028: am. (1) (intro.), (c) (intro.), 1. to 6., cr. (1) (c) 6g, 6r., am. (1) (c) 7., r. and recr. (1) (d) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.08 Practice level upgrades; downgrades.

(1) UPGRADING EMERGENCY MEDICAL SERVICES PRACTITIONER PRACTICE LEVELS. To upgrade an emergency medical services practitioner practice level, the emergency medical services practitioner shall complete the application requirements under s. DHS 110.06 for the desired emergency medical services practitioner practice level.

(2) DOWNGRADING EMERGENCY MEDICAL SERVICES PRACTITIONER PRACTICE LEVELS. To downgrade an emergency medical services practitioner practice level, the emergency medical services practitioner shall complete the application requirements under s. DHS 110.06 for the practice level to which the emergency medical services practitioner wishes to downgrade. When the downgrade occurs at renewal, the individual shall submit proof of refresher training at the downgraded level or the previous license level.

(3) UPGRADING TO THE EMT PRACTICE LEVEL. To upgrade from emergency medical responder certification to EMT licensure, the emergency medical responder shall complete the application requirements under s. DHS 110.06 for the EMT license level.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.088 Endorsements.

(1) ELIGIBILITY. To apply for an endorsement on an emergency medical services practitioner license, the applicant shall meet all of the following requirements:

(a) The individual holds a current emergency medical service practitioner license that is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11), Stats.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual provides documentation of successful completion of a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1). If the application is for an endorsement on a license at the EMT–intermediate or paramedic level, the applicant is also certified by an organization specified under s. DHS 110.17 (1) in advanced cardiac life support.

(d) The individual, in accordance with ss. 111.321, 111.322, and 111.335, Stats., does not have an arrest or conviction record that is substantially related to performing the duties of an emergency medical services practitioner, as determined by the department. An individual with a conviction record may apply to the department for a pre–determination on their eligibility for certification or licensure by completing an application for pre–determination which includes providing the date of conviction and the nature and circumstances of the crime and submitting it to the department. The individual shall submit the application for pre–determination fee specified under s. DHS 110.16 (1) (g) with the application.

Note: The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at www.dhs.wisconsin.gov/ems. Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

(2) APPLICATION. (a) The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant shall submit the application and documentation to the department in the manner or method specified by the department.

(b) If the application is for the tactical EMS endorsement, the applicant shall present documentation of an affiliation with a department recognized tactical team.

(c) If the application is for the critical care paramedic endorsement, the applicant shall be licensed as a paramedic and have completed training based on the Wisconsin critical care paramedic curriculum or be certified by a department–approved critical care program or an equivalent program as approved by the department within the 24 months immediately preceding application to the department for an endorsement. Training completed through an ambulance service provider that meets the content of the Wisconsin critical care paramedic curriculum and was completed prior to December 31, 2011 may meet the educational requirements if approved by the department.

(d) If the application is for the community emergency medical services practitioner endorsement, the applicant shall have the equivalent of two years of experience as an emergency medical services practitioner at any level and have completed training based on the approved Wisconsin community emergency medical services practitioner curriculum or an equivalent program as approved by the department within the 24 months immediately preceding application to the department for an endorsement. Training completed through an emergency medical services provider that meets the content of the Wisconsin community emergency medical services curriculum and was completed prior to December 31, 2020, may meet the educational requirements if approved by the department.

(e) If the application is for the community paramedic endorsement, the applicant shall be licensed as a paramedic with the equivalent of two years of service as a paramedic and have completed training based on the approved Wisconsin community paramedic curriculum or an equivalent program as approved by the department with the 24 months immediately preceding application to the department for an endorsement. Training completed through an emergency medical services provider that meets the content of the Wisconsin community paramedic curriculum and was completed prior to December 31, 2020, may meet the educational requirements if approved by the department.

Note: Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 20–028: cr. Register September 2021 No. 789, eff. 10–1–21; correction in (2) (d), (e) made under s. 35.17, Stats., Register September 2021 No. 789.

DHS 110.09 Expiration date; expired license or certification; late renewal; reinstatement. Licenses and certificates expire on June 30 of the third year of the triennium. If a license or certificate expires, the following as applicable, applies:

(1) LATE RENEWAL. An individual may renew a license or certificate that has been expired for less than 6 months by applying to the department for license or certificate renewal as specified under s. DHS 110.07 and submitting the late renewal fee specified under s. DHS 110.16 (1). Upon the department's renewal of the applicant's license or certificate, the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care as an emergency medical services practitioner or emergency medical responder.

(2) REINSTATEMENT OF LICENSE OR CERTIFICATE. (a) A license or certificate that has been expired for over 6 months but less than 2 years has lapsed. To reinstate a lapsed license or certificate, the applicant shall do all of the following:

1. Apply to the department for reinstatement of licensure or certification in the manner specified under s. DHS 110.06 (2).

2. Receive permission from the department to take the NREMT cognitive and psychomotor examination.

3. Successfully complete the NREMT cognitive and psychomotor examination.

4. Submit the reinstatement fee specified under s. DHS 110.16 (1) (b).

(b) A license or certificate that has been expired for 2 years or more may be reinstated only if the applicant has successfully completed the training and examination requirements for the initial license or certificate within the 24 months immediately preceding submission of the application for reinstatement.

(c) Upon reinstatement of licensure or certification by the department under par. (a) or (b), the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (intro.), (1), (2) (a) 2., 3. Register September 2021 No.789, eff. 10–1–21.

DHS 110.10 Department decision on applications. **(1)** COMPLETE APPLICATION. The department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license, certificate or permit. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) INCOMPLETE APPLICATION. When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application. To be considered further by the department, the applicant shall meet the eligibility requirements and submit a new application as required under s. DHS 110.06.

(3) PRE–DETERMINATION. The department shall review and make a determination on a pre–determination application that has been completed in accordance with all of the department's instructions for completion within 30 days of receiving the application.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: cr. (3) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.11 Credential requirement. **(1)** CREDENTIAL AGREEMENT. Before an EMS professional may provide emergency medical care, the EMS professional shall be credentialed under s. DHS 110.52. To be credentialed, the EMS professional shall submit to the department a credential agreement for each emergency medical service provider with which the EMS professional serves, in the manner specified by the department.

Note: A credential agreement is obtained from and submitted to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed agreements are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St, P.O. Box 2659, Madison, WI, 53701–2659.

(2) CREDENTIAL PERIOD. A credential is valid until the individual voluntarily surrenders the credential, the service medical director limits, suspends, or revokes the credential under s. DHS 110.52 (7) or the department suspends or revokes the EMS professional's license, certificate or endorsement under ss. DHS 110.57 or 110.58.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (2) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.12 Authorized actions; scope of practice. An emergency medical services practitioner or emergency medical responder may only perform the skills, use the equipment, and

administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.

Note: The Wisconsin scope of practice for each practice level may be found on the department's website at www.dhs.wisconsin.gov/ems. The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and published and posted on the department website by March 31 of each year.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–087: am. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.13 Professional responsibilities. (1) An EMS professional shall maintain a current credential with each emergency medical service provider with which the EMS professional serves. An EMS professional may not provide emergency medical care if the EMS professional does not have a current credential.

(2) An EMS professional may only perform emergency medical care that is within the Wisconsin scope of practice for the practice level at which the EMS professional is licensed or certified.

(3) An EMS professional shall follow the patient care protocols or guidelines of the emergency medical service provider with which the EMS professional is serving while performing patient care, regardless whether the EMS professional is licensed at a practice level higher than that of the provider.

(4) An EMS professional shall notify the department of any change in his or her name, address, or other information kept by the department within 30 days of the change, using the department's electronic licensing system or, at the department's request, submitting updated information to the department in paper form.

(4m) An EMS professional shall demonstrate current competencies in CPR at the healthcare professional level by maintaining documentation of successful completion of a CPR course at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1) throughout the triennial license period.

(5) An EMT–intermediate, advanced EMT, or paramedic shall maintain current certification in advanced cardiac life support throughout the triennial license period.

Note: The Wisconsin scope of practice for each practice level may be found on the department's website at www.dhs.wisconsin.gov/ems. The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and is published and posted on the department website by March 31 of each year.

(6) An EMS professional shall notify the department within seven days of any arrest for violation of any law substantially related to the practice of emergency medical services.

(7) An EMS professional shall notify the department of a felony or misdemeanor conviction in writing within 48 hours after the entry of the judgement of conviction, including the date, time, place, and nature of the conviction of finding. Notice shall include a copy of the judgement of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the department determine whether the circumstances of the crime of which the person was convicted are substantially related to the practice of emergency medical services.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (3), cr. (4m), am. (5), cr. (6), (7) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.14 Written and practical examinations retakes. (1) An individual who fails a state approved written or practical examination required for emergency medical responder certification after 3 attempts shall successfully take department approved emergency medical responder refresher course before being eligible to retake the examination.

(2) An individual who fails a state approved written or practical examination required for any emergency medical services practitioner level after 3 attempts shall take a refresher course for the level he or she failed. After completion of the refresher course the individual may attempt the examination 3 more times. After six failed attempts the individual shall retake the entire initial training course before being eligible to retake the examination.

(3) An individual who has successfully completed training from the Wisconsin curriculum for paramedic and who fails the state approved examination for the paramedic practice level after 3 attempts may take the state approved AEMT examination for licensure at the AEMT level. Successful completion of both the cognitive and psychomotor parts of the state approved AEMT examination is required.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.15 Emergency medical services practitioner training permit application; authorized actions and limitations. (1) APPLICATION. To apply for a training permit, the applicant shall submit to the department, in the manner specified by the department, an application with documentation acceptable to the department showing that the applicant meets all of the following eligibility requirements:

(a) The individual is 17 years of age or older.

(b) If applying for an EMT training permit to serve as part of the required minimum ambulance staff, the individual has completed the first 46 hours of the initial EMT training or has current certification as an emergency medical responder and holds a training permit at the EMT level.

(c) If applying for an emergency medical services practitioner training permit above the EMT level, the individual has a current emergency medical services practitioner license.

(d) The individual is enrolled in an initial emergency medical services practitioner training course offered by a training center certified by the department.

(dm) The individual has successfully completed a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1).

(e) The applicant provides any additional information the department requests during its review of the application.

Note: Application for training permit is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

(2) AUTHORIZED ACTIONS AND LIMITATIONS. (a) A training permit granted by the department authorizes the training permit holder to participate in field and clinical training and to perform the duties of an emergency medical services practitioner at the practice level for which the permit is issued while enrolled as a student with the training center.

(b) A person who holds a training permit issued under this section may serve as part of a legal ambulance service provider crew for 9–1–1 emergency response or inter–facility transport only if supervised by a preceptor authorized under s. DHS 110.51 (2).

(c) A person holding an EMT training permit may serve as part of the required ambulance staff but may not be the primary care giver during transport.

(d) A person holding a training permit may only perform those skills for which he or she has been adequately trained in the course in which he or she is actively enrolled.

(3) DURATION OF PERMITS. Training permits are issued and valid for the following periods:

(a) An EMT training permit to serve as part of the required minimum ambulance staff is valid for 12 months from date of issuance, unless the student fails to complete the training under the permit, in which case the permit expires when the trainee leaves the training program.

(b) Except as provided in (a), the training permit at the EMT, AEMT or paramedic level expires on the date the student completes the training course. An ambulance service provider may extend the permit up to 12 months from the completion date of the

training course. To extend the permit the service must have in place a training plan approved by the department that includes participation of the medical director and is tied to the provider's quality assurance program.

(c) A training permit may not be renewed.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (title), (1) (b) to (d), cr. (1) (dm), am. (2) (a), (c), (3) (a), (b) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.16 Department administrative fees. **(1)** The department may assess the following fees as applicable. The fees may be increased each year at the annual rate of inflation as determined by movement in the consumer price index for all urban consumers, published each month in the CPI detailed report by the U.S. department of labor's bureau of labor statistics with the approval of the EMS board:

(a) *Late renewal fee*. If an application for renewal is not received by the department before the expiration date of the certificate or license, the individual shall pay to the department a late renewal fee of $50 prior to issuance of the renewal certificate or license.

(b) *Reinstatement fee*. If an individual's certificate or license is expired for more than 6 months but less than 24 months, the individual shall pay to the department a late fee of $75 prior to reinstatement of the certificate or license.

(c) *Returned renewal fee*. If a renewal notice is returned due to an incorrect address, the individual shall pay to the department a fee of $30 prior to issuance of the renewal certificate or license.

(d) *Verification of Wisconsin certification or license.* If a certified emergency medical responder or licensed emergency medical services practitioner asks the department to verify Wisconsin certificate or license information to another state, the individual shall pre–pay to the department $25 for the service and provide to the department a self–addressed, stamped envelope for mailing.

(e) *Reciprocity fee*. If an applicant applies for a certificate or license based on training or licensing from another state, the individual shall pre–pay a fee of $50 to the department.

(f) *Manual processing fee.* If an applicant or licensee is unable or chooses not to use an available electronic processing method, the individual shall submit a manual processing fee of $35 with the application and supporting paperwork and the department shall have 90 business days to respond instead of the normal 60 business days.

(g) *Pre–determination fee.* If an individual with a conviction record applies for a pre–determination on their eligibility for certification or licensure, the individual shall submit a review fee of $50 with the department–approved application.

(2) Payment of a fee shall be by cashiers check or money order payable to "Department of Health Services" or "DHS", or may be charged to a VISA or MasterCard. The department will not accept cash payment or personal checks. Fees are nonrefundable and nontransferable.

(3) (a) If the department permits the payment of a fee by a credit card, the department may charge a cost recovery fee of no more than $2.50 per transaction in addition to the fee under sub. (1).

(b) The department may contract for services relating to the payment of fees by credit card under this section.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1) (d), cr. (1) (g) Register September 2021 No. 789, eff. 10–1–21.

Subchapter III — CPR Training Organizations; Training Centers

DHS 110.17 CPR and AED training and instruction. **(1)** ORGANIZATIONS APPROVED FOR CPR TRAINING. All of the following organizations are approved by the department to provide CPR training:

(a) American Heart Association.

(b) American Red Cross.

(c) American Safety and Health Institute.

(d) American Academy of Orthopedic Surgeons.

(e) Medic First Aid.

(f) EMS Safety Services.

(g) Any other organization identified and approved by the department.

(2) TRAINING CONTENT AND FREQUENCY. (a) Any person who provides CPR and AED instruction to an emergency medical services practitioner or emergency medical responder shall successfully complete any one of the following courses with a certification period not to exceed 2 years:

1. American Heart Association — Basic Life Support for Healthcare Providers course or equivalent.

2. American Red Cross – Basic Life Support for Healthcare Providers course or equivalent.

3. American Safety and Health Institute — Basic Life Support for Healthcare Providers and Professional Rescuers course or equivalent.

4. Emergency Care and Safety Institute — Healthcare Provider CPR course or equivalent.

5. Medic First Aid – CarePlus course or equivalent.

6. EMS Safety Services – Basic Life Support for Healthcare Providers course or equivalent.

7. Any other course identified and approved by the department. Equivalency will be determined by the department.

(b) All of the training courses specified under par. (a) shall be taught by an instructor who is affiliated with, employed by, or under contract with an organization specified under sub. (1), and shall include instruction in all of the following:

1. How to recognize life–threatening cardiac emergencies.

2. How to perform adult, child and infant CPR at the professional level, including the performance of CPR by one person and by 2 persons, and the use of medical devices to help an individual breathe.

3. How to use an automated external defibrillator on persons of any appropriate age.

4. How to clear the airway of a conscious or unconscious person who is choking.

(3) INSTRUCTOR QUALIFICATIONS. (a) An individual who provides CPR or AED instruction to an emergency medical services practitioner, emergency medical responder, or a person who is required as a condition of licensure, certification, or registration to have current proficiency in the use of an AED, shall meet all of the qualifications, including qualifications for frequency of training, that are specified by the approved provider with whom the instructor is affiliated, employed or under contract.

(b) An instructor certification in CPR or AED that is issued to an individual by an approved provider may not be valid for more than 2 years from the date the certification is issued.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (2) (a), (3) (a) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.18 Training center initial and renewal certification requirements. **(1)** AUTHORIZED ACTIONS AND QUALIFICATIONS. No person may provide training that is represented as qualifying an individual for emergency medical responder certification or emergency medical services practitioner licensure or renewal unless the person is certified by the department as a training center.

(2) APPLICATION REQUIREMENTS. An applicant for training center certification shall submit a fully and accurately completed application obtained from the department, which shall include all of the following:

(a) Documentation of the community need, showing that there are not adequate resources for EMS training available through any current training center in the area.

(b) A description of the organization's capabilities to train students in the provision of emergency medical care in pre–hospital, interfacility and hospital settings.

(c) A copy of the résumé and Wisconsin physician license of the training center's medical director.

(d) A copy of the résumé of the training center's program director.

(dm) A copy of the résumé of the center's EMS instructor II.

(e) A copy of the position description for the EMS instructor II, which shall specify the responsibilities of the EMS instructor II.

(f) An explanation of how the training center will evaluate the training program and the instructors and a statement of how often the evaluations will occur.

(g) A completed training center application including the requested check list items contained within the application.

(h) Proof of national EMS education program accreditation if applying for a training center certification to train paramedics.

(i) Any other information requested by the department.

Note: Training center applications are submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

(3) RENEWAL REQUIREMENTS. A training center shall renew its certification by every June 30 of the third year of the triennium by submitting to the department an updated application and materials required under sub. (2). If a training center does not timely renew its certification, its certification expires and any training provided before the training center has renewed its certification will not count toward qualifying a student for department certification or licensure.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; renumber of (2) (dm) made under s. 13.92 (4) (b) 1., Stats., Register December 2010 No. 660; CR 20–028: am. (1), (3) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.19 Course approval requirements. A training center shall obtain prior department approval for each initial or refresher course it offers. Once a training center obtains approval, all subsequent course offerings based on that approval are automatically approved when entered in the department's training database, provided the training center has renewed its certification under s. DHS 110.18 (3). If the training center changes any component of an approved course, it shall submit the change to the department for approval prior to implementation. To request course approval, the training center shall submit all of the following to the department:

(1) A fully and accurately completed department application form signed and dated by the applicant.

(2) Identification of the number of hours that will be devoted to classroom training, clinical training, and supervised field training.

(3) If modifying the course curriculum, identification of the specific changes to all of the following:

(a) Any changes to content and behavioral objectives for classroom, clinical training, or supervised field training.

(b) Any increase in hours for classroom, clinical training, or supervised field training.

(c) Any additional skills or medications that are taught.

(4) A written explanation of how students will be screened for acceptance into the course and a list of any prerequisites to entrance.

(5) A list of the locations of classroom training and an explanation of how the training will be conducted.

(6) If applicable, a written description of the clinical training, which shall include all of the following:

(a) The names and physical addresses of the clinical sites.

(b) At least one sample of a written agreement that will be used with the clinical sites.

(c) How the clinical training will be conducted.

(d) A list of the emergency medical care and training capabilities of the clinical site.

(e) A list of the areas of the clinical site that will be used for hands–on experience and observation for all skills specified in the curriculum.

(f) Name and qualifications of each person supervising the students at the clinical site.

(g) A list of the qualified preceptors for each clinical site.

(h) Examples of any records or forms that will be used to document the clinical process.

(i) A written description of the audit process used to assure accuracy of the clinical documentation.

(7) If applicable, a written description of the supervised field training, which shall include all of the following:

(a) The names and physical addresses of the field sites.

(b) At least one example of a written agreement that will be used with the field sites.

(c) An explanation of how the supervised field training will be conducted.

(d) A list of the emergency medical care and training capabilities of each field site.

(e) Name and qualifications of the persons supervising the students at the field site.

(f) A list of the qualified preceptors for each field site.

(g) Examples of records or forms that will be used to document the clinical and supervised field training.

(h) A written description of the audit process used to assure accuracy of the clinical and supervised field training documentation.

(i) An explanation of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

(j) Samples of the handouts and checklists used, which shall be consistent with the knowledge and skills standard of the department–approved curriculum appropriate to the level of instruction and the Wisconsin Standards and Procedures of Practical Skills manual.

(k) Other information requested by the department.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.20 Emergency medical responder training course content and hours. (1) The emergency medical responder training course shall include content and behavioral objectives that meet or exceed the Wisconsin curriculum for emergency medical responders. Each course shall include training for responding to acts of terrorism that covers the content required by the department.

(2) A training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for emergency medical responders before the training may be included in a course.

(3) An emergency medical responder training course shall include the minimum number of hours outlined in the approved Wisconsin curriculum for emergency medical responders.

Note: All training curricula may be found on the department's website at www.dhs.wisconsin.gov/ems.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.21 Emergency medical services practitioner training course content and hours. (1) COURSES. All emergency medical services practitioner training courses shall include content and behavioral objectives that meet or exceed the appropriate Wisconsin curriculum. Each course shall include

training for responding to acts of terrorism that covers the content required by the department.

(2) CERTAIN APPROVALS REQUIRED. The training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for emergency medical services practitioner level training provided before the training can be included in the course.

(3) EMERGENCY MEDICAL SERVICES PRACTITIONER TRAINING COURSE HOURS. An emergency medical services practitioner training course shall include the minimum number of hours specified in the department approved curriculum. The clinical and supervised field training shall satisfy the minimum skill and patient assessment requirements identified by the department.

(4) FIELD TRAINING AGREEMENTS. (a) The training center shall arrange for supervised field training of students with an ambulance service provider that is licensed at or above the level of training provided to the students. The arrangement shall be set out in a written agreement between the training center and the ambulance service provider.

(b) A training center shall ensure that any student who enters supervised field training holds a training permit issued by the department under s. DHS 110.15.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (title), (1) to (3) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.22 Accreditation of training centers. (1) Effective July 1, 2013, all EMT–paramedic training centers shall be accredited by a national EMS education credentialing body.

(2) Initial Critical Care Paramedic programs shall be taught by training centers accredited by a national EMS education credentialing body.

(3) Initial Community Paramedic programs are exempt from the accreditation requirement.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: renum. DHS 110.22 to (1), cr. (2), (3) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.23 Records and recordkeeping requirements. (1) The training center shall retain at a minimum all of the following records for each student for at least 5 years after course completion and make the records available for review upon request by the department:

(a) Attendance records.

(b) Evaluations of student progress, such as quizzes, exams, and practical evaluations and their scores.

(c) Clinical training records.

(d) Field training records.

(e) Other documentation identified by the department.

(2) The training center shall keep its applications and supporting documentation for EMS instructor approvals and a list of all individuals approved as EMS instructors. Documents shall be made available upon request by the department.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.24 Required training center personnel; personnel responsibilities. A training center shall have all of the following personnel:

(1) PROGRAM DIRECTOR. The training center shall have a program director who has a current certificate of approval issued by the department under s. DHS 110.25. The program director shall be responsible for all of the following:

(a) Coordinating and overseeing all training offered by the training center.

(b) Assuring the center's compliance with all relevant requirements under this chapter.

(c) Supervising and evaluating each EMS instructor who teaches for the training center. Evaluation shall include a determination whether the instructor is capable, qualified and prepared to provide EMS training at the levels of instruction he or she provides.

(d) Notifying the department of students' successful completion of each course using a method determined by the department.

(2) MEDICAL DIRECTOR. The training center shall have a medical director who is a Wisconsin licensed physician and who has experience in emergency medicine, medical director training, and current approval by the department as specified in s. DHS 110.26. The training center may have a different medical director for each level of licensure for which training is provided. The medical director shall be responsible for all of the following:

(a) Authorizing instructors to teach with the recommendation of the program director.

(b) Assuring that EMS training meets medical standards of practice.

(c) Liaising with the medical community concerning medical care provided by students during training.

(3) EMS INSTRUCTOR I. The training center may have an EMS instructor I. If the training center has an EMS instructor I, the individual shall be licensed at or above the level of instruction provided, have successfully completed a CPR course within the last two years at the healthcare professional level, have 2 years experience as an emergency medical services practitioner at or above the level being taught, and have current approval by the department under s. DHS 110.27. The EMS instructor I shall be responsible for all of the following:

(a) Assisting in small group learning in the classroom.

(b) Presenting core course content in small groups.

(c) Teaching as lead instructor for a refresher course, if approved by the training center.

(d) In an emergency, replacing an EMS instructor II for a single class session, provided the EMS instructor I is a subject matter expert in the topic covered in the class.

(4) EMS INSTRUCTOR II. The training center shall have an EMS instructor II who has current approval by the department. The EMS instructor II shall be responsible for all of the following:

(a) Proper delivery of course content and objectives.

(b) Course oversight and logistics.

(c) Supervision of any EMS instructor I who is involved in a course taught by the EMS instructor II.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (3) (intro.) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.25 Program director; application for department approval. (1) ELIGIBILITY. Before an individual may act as a program director, the individual shall be approved by the department under this section. The applicant shall be 18 years of age or older and shall successfully complete an EMS instructor orientation workshop conducted by the department and the WTCS board or equivalent training or experience as approved by the department prior to, or within 6 months after accepting the position of program director.

(2) APPLICATION. To apply for approval the applicant shall submit all of the following to the department:

(a) A letter from the training center designating the individual as the program director.

(b) Documentation of successful completion of an EMS instructor orientation workshop conducted by the department and the WTCS board or equivalent training or experience as determined and approved by the department, or a letter indicating intent to complete the EMS instructor workshop within six months and to submit documentation of successful completion of the workshop.

(c) Any other documentation required by the department.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.26 Training center medical director; application for department approval. (1) ELIGIBILITY. Before an

individual may act as a training center medical director, the individual shall be approved by the department under this section. The applicant shall be licensed as a physician in Wisconsin, shall have experience in emergency medicine, and shall have completed the department–approved medical director training.

(2) APPLICATION. To apply for approval, the applicant shall submit all of the following to the department:

(a) In the manner specified by the department, a fully completed application for training center medical director.

(b) A letter from the training center stating that the applicant will serve as training center medical director.

(c) A copy of the individual's physician license.

(d) Documentation that the individual has experience in emergency medicine as a physician.

(e) Documentation that the individual has successfully completed the department approved medical director training or will do so within 6 months of accepting the position of training center medical director.

(f) Other information requested by the department.

Note: Medical director application is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.27 EMS instructor I; application for department approval. (1) ELIGIBILITY. Before an individual may act as an instructor I, the training center shall approve the individual under this section. The individual shall be licensed by the department at or above the level of the instruction the individual will provide and shall have successfully completed a CPR course within the last two years at the healthcare professional level and 2 years experience as an emergency medical services practitioner at or above the practice level for which the individual will provide instruction. Once approved there is no renewal requirement.

(2) APPLICATION. To apply for EMS instructor I approval for an individual, the individual shall submit all of the following to the training center:

(a) In the manner specified by the department, a fully completed application for instructor approval.

(b) Documentation of the individual's current licensure by the department at or above the level of instruction the individual will provide.

(c) Documentation of the individual's successful completion of a CPR course within the last two years at the healthcare provider level.

(d) Documentation that the individual has at least 2 years experience as an emergency medical technician at or above the level the individual will teach.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1), (2) (c) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.28 EMS instructor II; application for initial and renewal certification. (1) ELIGIBILITY. Before an individual may act as an EMS instructor II, the individual shall be certified by the department under this section. The individual shall be licensed by the department at or above the level of instruction the individual will provide and shall have: current certification with the NREMT at or above the level for which the individual requests approval; the equivalency of 2 years experience as a licensed, practicing emergency medical services practitioner at or above the level of EMS instructor certification being requested or equivalent critical care experience as determined by the department; supervised teaching experience; and EMS instructor II orientation training.

(2) APPLICATION. To apply for EMS instructor II certification, the applicant shall submit to the department, in the manner specified by the department, all of the following:

(a) Documentation of current certification with the NREMT at the EMT level or higher and at or above the level for which the applicant seeks department certification. Certification with the NREMT at the paramedic level is required for critical care paramedic EMS instructor II certification. If the applicant was licensed as a paramedic under this chapter before January 1, 2013, certification with the NREMT is not required for instructor II certification for any level of training.

(b) Proof of licensure by the department at or above the practice level for which the EMS instructor II approval is sought.

(c) Proof of equivalency of 2 years experience as a licensed, practicing emergency medical services practitioner at or above the level of EMS instructor II certification sought, or equivalent critical care experience as determined by the department.

(d) Proof of prior supervised teaching experience sufficient for the training center to consider the instructor competent and to authorize the EMS instructor II to lead a training course.

(e) Proof of successful completion of an EMS instructor II orientation workshop conducted by the department and the WTCS board, or an equivalent determined by the department.

(f) If previously certified at any level as an EMS instructor, demonstration of competent instruction as evidenced by a minimum 70% pass rate on the state approved examination for the last course taught.

(g) Any other information requested by the department.

(3) WTCS APPROVAL. If employed by the WTCS board, the applicant shall be jointly approved by the department and the WTCS board.

(4) EMS INSTRUCTOR II RENEWAL CERTIFICATION. (a) Certification for EMS instructor II shall expire on June 30 of the third year of the triennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

(b) To renew EMS instructor II certification, the individual shall submit in the manner specified by the department the application and documentation required under sub. (2) and documentation of continued affiliation with the training center on or before June 30 of the 3rd year of the triennial licensing period.

Note: Instructor application is submitted by the applicant to the department electronically through the department's E–Licensing system available at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701–2659.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1), (2) (a), (c), (4) Register September 2021 No. 789, eff. 10–1–21; correction in (4) (b) made under s. 35.17, Stats., Register September 2021 No. 789.

DHS 110.29 Training center oversight. (1) QUALITY ASSURANCE. (a) The department is responsible for quality assurance of training centers and instructors. If a training center or instructor is part of the WTCS, quality assurance is a joint responsibility of the department and the WTCS.

(b) The department may review the performance of training centers and instructors and conduct quality assurance assessments and audits to assure quality education and compliance with educational standards and curriculum. Failure to meet educational, professional, or ethical standards may result in department action under subch. V against a training center or instructor.

(2) WISCONSIN TECHNICAL COLLEGE SYSTEM. The WTCS office and the department will work to assure that the training centers and instructors under their authority are jointly regulated. The responsibilities of the department and the WTCS will be outlined in a memorandum of understanding, which will be reviewed at least once every 5 years and updated as appropriate.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.30 Department decision on applications. (1) COMPLETE APPLICATION. The department shall review and make a determination on an application that has been completed

in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a certificate of approval. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) INCOMPLETE APPLICATION. When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application. To be considered further by the department, the applicant shall meet the eligibility requirements and submit a new application as required under this subchapter.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.31 Expiration dates; approvals and certifications. (1) MEDICAL DIRECTOR AND PROGRAM DIRECTOR APPROVAL. Department approval of the training center medical director and the training center program director shall remain in effect as long as all requirements continue to be met or until the approval is revoked, suspended, or voluntarily surrendered.

(2) EMS INSTRUCTOR II CERTIFICATION. Certification for EMS instructor II shall expire on June 30 of the 3rd year of the triennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, under s. DHS 110.28 (2), the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (2) Register September 2021 No. 789, eff. 10–1–21; correction in (2) made under s. 35.17, Stats., Register September 2021 No. 789.

Subchapter IV — Emergency Medical Service Provider Licensing and Operation

DHS 110.32 Emergency medical service provider license required; license levels. (1) No entity may act as or advertise for the provision of services as an emergency medical responder service, a non–transporting emergency medical service provider, or an ambulance service provider unless the entity is licensed by the department to do so, except under the following conditions:

(a) The entity is a certified emergency medical responder provider in another state that provides emergency medical care to 10 or fewer patients per year in this state under s. 256.15 (2) (b).

(b) The entity is a licensed ambulance service provider in another state that makes 10 or fewer patient transports per year that originate and terminate in this state under s. 256.15 (2) (b), Stats.

(c) The entity is an ambulance service provider or emergency medical responder provider that holds a valid certificate or license in another state and is acting in response from that state to a request for mutual aid under s. 256.15 (2) (c), Stats.

(d) The entity is a rural ambulance service provider that meets all of the requirements of s. 256.15 (4m).

(2) An entity licensed as an emergency medical responder service provider may provide emergency medical services at the emergency medical responder level of care before hospitalization and the arrival of an ambulance but may not transport patients.

(3) An entity licensed as a non–transporting emergency medical service provider may provide emergency medical services before hospitalization and the arrival of an ambulance at the EMT, AEMT, EMT–intermediate, paramedic level of care, but may not transport patients.

(3m) An entity may be licensed as a non–transporting emergency medical services service provider to provide 9–1–1 emergency response, intercept, tactical emergency medical services, community emergency medical services, or any combination thereof. A non–transporting emergency medical services provider licensed for multiple types of services shall be licensed at the same level for all services for which it is licensed.

(4) An entity may be licensed as an ambulance service provider to provide 9–1–1 emergency response, interfacility transport, intercept, tactical emergency medical services, community emergency medical services or any combination thereof, and at one of the following levels of care: EMT, AEMT, EMT–intermediate, or paramedic. An ambulance service provider licensed to provide multiple types of services shall be licensed at the same level of care for all services for which it is licensed.

(5) The department shall issue an emergency medical service provider a separate license for each type of service it is licensed to provide.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: renum. (1) to (1) (intro.), cr. (1) (a) to (d), am. (2), (3), cr. (3m), am. (4), cr. (5) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.33 Authorized services. (1) An emergency medical services provider may advertise and provide only those services for which it has been licensed by the department, except a rural ambulance service provider that upgrades its ambulance service level may provide and advertise services consistent with s. 256.15 (4m) (b) to (d), Stats.

(2) An emergency medical services provider may advertise and provide only those services that are within the Wisconsin scope of practice for the level at which the provider is licensed.

(3) An emergency medical services provider may advertise and provide only those services that are described in its department–approved operational plan. The provider shall keep the operational plan and any addendums current. Any changes to the operational plan, including addendums, shall be submitted to the department for approval not less than 60 days before the intended implementation date and may not be implemented until the service receives department approval.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.34 Responsibilities. An emergency medical service provider shall do all of the following and document these activities through their operational plan submitted to the department:

(1) Comply with the requirements of this chapter and ch. 256, Stats.

(2) Advertise and provide only those services it is authorized to provide under this subchapter and ch. 256, Stats.

(3) Identify on–line medical direction that will provide day–to–day medical consultation.

(4) Designate the primary service area in which it will operate.

(5) Assure response to 9–1–1 emergency response requests 24 hours–a–day, 7 days–a–week, in its primary service area unless it is not licensed to do so. Emergency medical responder services are exempt from this requirement but should assure every effort is made to respond to 9–1–1 requests.

(6) Meet the staffing requirements identified in s. 256.15 (4), Stats., and s. DHS 110.50.

(7) If the emergency medical services provider is an ambulance service provider, submit a written report to the receiving healthcare facility upon delivering a patient and a complete patient care report within 24 hours of patient delivery. A written report may be a complete patient care report or other documentation approved by the department and accepted by the receiving hospital. A non–transporting emergency medical service provider or emergency medical responder service provider shall provide a written or electronic report to the ambulance service provider at the time of the patient care transfer.

(8) If the emergency medical service provider is an ambulance service provider or non–transporting emergency medical service

provider, submit patient care report data electronically to the department through Wisconsin Ambulance Run Data System (WARDS) using direct web–based input to WARDS or uploading patient care report data to WARDS within 7 days of the patient transport. If the emergency medical service provider is an emergency medical responder service provider, submit a patient care report to WARDS only if advanced skills are used in caring for the patient.

Note: An abbreviated emergency medical responder report is available in WARDS to eliminate duplicate entry and facilitate quick entry of this information. The WARDS system can be accessed via the internet at www.emswards.org/elite/Organizationwisconsin.

(9) Comply with the data system guidelines published by the department. The emergency medical service provider shall only utilize third party software that is approved by and compliant with NEMSIS for the current standard specified by the department when submitting/uploading a patient care report to WARDS.

(9m) If the emergency medical service provider crosses state boundaries during an emergency response or patient transport, the emergency medical service provider shall submit patient care report data to WARDS if any two of the following apply:

(a) The emergency medical provider responds from this state.

(b) The patient is picked up from a location in this state.

(c) The patient is transported to a hospital or health care facility within this state.

(10) Maintain written mutual aid and coverage agreements with ambulance service providers operating within or adjacent to its primary service area.

(11) Designate and maintain affiliation with a regional trauma advisory council.

(12) Maintain a communication system that allows communication between medical control and EMS professionals and complies with the Wisconsin Emergency Medical Services Plan.

(13) Designate and maintain affiliation with a training center to provide required training.

(14) Maintain a quality assurance program that provides continuing education and assures continuing competency of EMS professionals.

(15) If the emergency medical services provider is an ambulance service provider, maintain at least one ambulance vehicle in good operating condition as required under ch. Trans 309.

(16) Refuse to respond to an interfacility transport request by a hospital for an emergency transfer that is dispatched through a 9–1–1 center, if not licensed to provide interfacility transports.

Note: Data system guidelines can be found on the department's website at www.dhs.wisconsin.gov/ems.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (intro.), (2), (3), (5), (7) to (9), cr. (9m), am. (12), (14) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.35 License and application requirements.

To apply for a license as an ambulance service provider, a non–transporting emergency medical service provider, or an emergency medical responder service provider, a person shall do all of the following:

(1) FEASIBILITY STUDY. Complete a feasibility study and submit it to the department for approval. First responder service providers are not required to do a feasibility study.

(2) APPLICATION AND OPERATIONAL PLAN. Upon the department's approval of the feasibility study required under sub. (1), complete and submit an application and an operational plan to the department in the manner specified by the department. The operational plan and its addendums shall include all of the following:

(a) Signed patient care protocols approved by the service medical director.

(b) A formulary list of medications the emergency medical service provider will use.

(c) A list of the advanced skills and procedures the applicant intends to use to provide services within the Wisconsin scope of practice of the level of care for which licensure is sought.

(d) Proof of professional liability or medical malpractice insurance, and, if the emergency medical service provider is an ambulance service provider, proof of vehicle insurance.

(e) Operational policies for all of the following:

1. Response cancellation, describing how the emergency medical service provider will handle a cancellation of a response while en route to the scene.

2. Use of lights and sirens in responding to a call.

3. Dispatch and response, describing how EMS professionals are dispatched and how the emergency medical service provider acknowledges to the dispatcher that it is responding.

4. Refusal of care, describing the procedure for accepting a refusal of care from a patient.

5. Destination determination, describing how the transport destination of the patient is determined if the provider is an ambulance service provider.

6. Emergency vehicle operation and driver safety training.

7. Controlled substances and how the service provider will obtain, store, secure, exchange, and account for any and all controlled substances used to provide patient care.

8. Continuous quality assurance and improvement program describing the components of the program, including how patient care and documentation will be reviewed, by whom, and how the results will be shared with practitioners and incorporated into continuing education.

9. Multiple patient incidents describing how the service will handle the response to the incident including triage, care, transportation and patient tracking.

(f) Written letters or other documentation of endorsement from the local hospital and government within the proposed primary service area, if the application is for licensure as a 9–1–1 ambulance service provider or non–transporting emergency medical service provider, whether the application is for initial licensure or a service level upgrade.

(g) When a service provider is required to submit an update to its operational plan, the update to the operational plan must be submitted on the form or in the manner approved by the department indicating:

1. The section of the operational plan being updated or revised.

2. Description detailing the change and intended impact on the service.

3. Approval of the update or revision by the service director and when involving patient care or patient care equipment, the service medical director.

4. Other information as determined by the department.

(3) DEPARTMENT DECISIONS ON APPLICATION. (a) *Complete application.* The department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(b) *Incomplete application.* When an incomplete application is received, the department will notify the applicant of any deficiencies within 60 business days. If the applicant fails to respond to the notice and fails to complete the application within 6 months from the date of initial submission to the department, the application is void. The department will not take any further action on the incomplete application. To be considered further by the

department, the applicant shall meet the eligibility requirements and submit a new application as required under this subchapter.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (intro.), (2) (e) 3., cr. (2) (e) 7. to 9., am. (2) (f), cr. (2) (g) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.36 Phase–in period; service level upgrades and downgrades. (1) A licensed ambulance service provider applying for licensure at a higher service level that can demonstrate hardship in attaining the higher level may request department approval of a phase–in period not to exceed 12 months. During a phase–in period, an ambulance service provider that is upgrading to a higher service level may provide emergency medical care at both the higher service level and its current service level without assuring a consistent level of care at the higher level 24 hours a day.

(2) An applicant for department approval of a phase–in period to upgrade its service level shall submit a license application, operational plan and addendums for the higher service level as specified under s. DHS 110.35 and all of the following:

(a) A detailed explanation of why the phase–in period is necessary, how the phase–in will be accomplished and the specific date, not to exceed 12 months from department approval, that full–time 24 hours–per day, 7 days–per–week service at the higher service level will be achieved.

(b) An explanation of how quality assurance will be maintained and skill proficiency will be evaluated.

(3) If the department approves a request to provide emergency medical care at a higher service level during a phase–in period, the department shall issue a provisional license for the duration of the phase–in period.

(4) During the phase–in period, the applicant shall meet all of the requirements under s. 256.15, Stats., this chapter, and the approved operational plan, except the requirement to provide 24–hour–per–day, 7–day–per–week staffing coverage at the higher service level.

(5) An emergency medical service provider that does not achieve full–time 24 hours–per–day, 7 days–per–week service within the approved 12 month phase–in period shall notify the department, cease providing service at the upgraded level, and revert back to its previous service level, unless the department approves an extension under sub. (6).

(6) An emergency medical service provider that does not achieve full–time 24 hours per day, 7 days–per–week service within the 12 month phase–in may request one extension for an additional 12 months if the request is made in writing to the department no less than 60 business days before the expiration of the phase–in period. A phase–in period shall not exceed a total of 24 months.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.37 Service level downgrades. (1) An ambulance service provider or non–transporting emergency medical service provider may downgrade the level of its service only after department approval. The ambulance service provider or non–transporting emergency medical service provider shall submit a complete operational plan under s. DHS 110.35 (2), provide documentation from each community it serves that a public meeting was held at which the downgrade was an agenda item, and submit to the department a letter of support or understanding from each community it serves.

(2) An ambulance service provider may reduce the number of available ambulances for 9–1–1 emergency responses from the number identified in its operational plan if the ambulance service provider documents a hardship other than financial in an operational plan amendment and receives department approval.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.38 Interfacility transports. In addition to the responsibilities under s. DHS 110.34, an ambulance service provider licensed to provide interfacility transports shall satisfy all of the following requirements:

(1) The ambulance service provider shall ensure that interfacility transports do not interfere with its responsibility to provide 9–1–1 emergency response in its primary service area, if it is also licensed as a 9–1–1 provider.

(2) The ambulance service provider shall assure proper staffing for interfacility transports based on the acuity of the patient, the orders of the sending physician and the staffing requirements in s. DHS 110.50.

(3) The ambulance service provider shall not use mutual aid agreements to cover its primary service area while providing interfacility transports.

(4) If the ambulance service provider is licensed as both a 9–1–1 provider and interfacility provider, the provider shall have a minimum of one ambulance for 9–1–1 emergency response and one ambulance for interfacility transports, unless the ambulance service provider has a coverage agreement with a neighboring ambulance service provider that will be able to provide one 9–1–1 ambulance for each primary service area.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.39 Critical care and specialty care transports. In addition to the responsibilities under s. DHS 110.34, an ambulance service provider that provides critical care and specialty care transport services shall satisfy all of the following requirements:

(1) The ambulance service provider shall be licensed at the EMT–paramedic level.

(2) The ambulance service provider shall designate the specialty services it offers.

(3) The ambulance service provider shall identify a schedule for the availability of specialty care services, if it does not provide 24 hour–a–day, 7 day–a–week coverage.

(4) The ambulance service provider shall implement and maintain patient care protocols to be used by critical care paramedics, which follow the Wisconsin scope of practice for the critical care paramedic.

(5) The ambulance service provider shall staff an ambulance appropriately for the acuity of the patient as designated by the sending physician and in conformity to the staffing requirements in s. DHS 110.50.

(6) The ambulance service provider shall specifically identify the EMS professionals that are credentialed or part of the interfacility transport program.

(7) The ambulance service provider shall meet other requirements the department specifies.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (6) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.395 Community EMS. (1) In addition to the responsibilities under s. DHS 110.34, an emergency medical services provider or other organization licensed to provide CEMS shall obtain department approval before using licensed EMS practitioners to provide CEMS. To obtain department approval, the EMS provider or other organization shall submit all of the following to the department:

(a) Name of the EMS provider or other organization requesting approval.

(b) Contact information for the service director of the CEMS program, including how to contact the EMS provider or other organization.

(c) Name, address, phone number and e–mail address for the each medical director or member of the medical advisory committee who will oversee the CEMS program.

(d) The type of CEMS service that will be provided and at what licensure level.

(e) The staffing configurations for providing CEMS service.

(f) An explanation of how medical direction or consultation will be contacted at the patient location, if indicated.

(g) Patient care protocols and guidelines for providing CEMS services.

(h) An explanation of how the CEMS provider will be notified and requested for CEMS services.

(i) An explanation of how the CEMS provider will notify and integrate with the 9−1−1 system, should the patient require an ambulance.

(j) Identification of the ambulance service provider(s) that will respond to a 9−1−1 call initiated by the CEMS provider.

(k) Copies of each agreement or contract for providing community emergency medical services.

Note: When submitting copies of agreements or contracts, the submitter may redact any compensation information.

(L) Written acknowledgement that community emergency medical services will not interfere with the emergency medical services provider's responsibility to provide 9−1−1 emergency response within its primary service area, if the ambulance service provider or non−transporting emergency medical practitioner service provider is also licensed as a 9−1−1 provider.

(m) Other information as determined by the department.

(2) An emergency medical services provider or other organization licensed to provide community emergency medical service shall adhere to all applicable sections of this chapter as determined by the department.

(3) The community emergency medical services program shall submit patient care report data electronically to the department through the WARDS using a department approved direct web−based system within seven days of patient contact.

History: CR 20−028: cr. Register September 2021 No. 789, eff. 10−1−21.

DHS 110.40 Intercept service. In addition to the responsibilities under s. DHS 110.34, and ambulance service provider or non−transporting emergency medical service that provides intercept services is subject to all of the following requirements:

(1) The emergency medical service provider shall be licensed as a 9−1−1 emergency medical service provider.

(2) The emergency medical service provider intercept services shall not interfere with its responsibility to provide 9−1−1 emergency response within its primary service area.

(4) The intercept service shall identify a schedule for availability of intercept services, if the service does not provide 24 hour−a−day, 7 day−a−week coverage.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (intro), r. (3) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.41 Air medical services. (1) In order to provide air medical service in Wisconsin, an ambulance service provider, including an ambulance service provider licensed in another state that makes more than 10 patient transports a year that originate and terminate in Wisconsin, shall be licensed under s. DHS 110.35, to provide air medical services and shall be nationally accredited for air medical transports by an entity approved by the department as follows:

(a) An ambulance service provider that was licensed by the department as an air medical service provider before July 1, 2010 shall obtain national accreditation for air medical transports by an entity approved by the department no later than July 1, 2015.

(b) Effective July 1, 2010, only ambulance service providers licensed at the paramedic level may be licensed as air medical services providers.

(2) An ambulance service provider licensed at the paramedic level and endorsed to provide air medical services that responds to 9−1−1 emergency response calls in its primary service area, shall provide 24−hour−a−day, 7days−a−week air medical service, except when limited in particular circumstances by safety or mechanical considerations.

(3) When an ambulance service provider receives a request for air medical services transport, the ambulance service provider shall notify the requesting agency of the estimated time of arrival at the scene of a medical emergency or the medical facility for an interfacility transport, and it shall immediately communicate any changes in estimated time of arrival to the requesting agency.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (1) (intro.) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.42 Tactical emergency medical services. An ambulance service provider or other agency shall obtain departmental approval before using licensed EMS professionals to provide tactical emergency medical services as follows:

(1) AMBULANCE SERVICES PROVIDERS. To obtain department approval to provide tactical emergency medical services, an ambulance service provider shall submit an application and operational plan as provided under s. DHS 110.35 (2).

(2) TACTICAL TEAMS. To obtain department approval, an agency shall do all of the following:

(a) Apply on a form obtained from the department.

(b) Submit patient care protocols for the emergency medical care the agency intends to provide.

(c) Submit an explanation of how the agency will interact with an ambulance service provider and maintain the initial level of patient care.

(d) Submit proof of medical liability insurance.

(e) Submit a written quality assurance and training plan for the EMS professionals that operate on the team.

Note: An application form may be obtained through the department's website at www.dhs.wisconsin.gov/ems. Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701−2659.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (intro.), (2) (e) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.43 Special units. If a licensed ambulance service owns, operates, and maintains special transport vehicles including, but not limited to, boats, ATV's, or snowmobiles, the licensed ambulance service shall identify them in its application and operational plan as required under s. DHS 110.35 (2).

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11.

DHS 110.44 Special events. A licensed ambulance service provider or non−transporting emergency medical service provider shall obtain department approval before providing emergency medical services for special events outside its primary service area or that will require the provider to exceed its normal staffing and equipment levels within its primary service area. Events that occur on a regular basis may be included in the service operational plan and an update submitted in lieu of a complete plan. To obtain department approval, the ambulance service provider or emergency medical service provider shall submit all of the following to the department not less than 10 business days before the event:

(1) Name of the ambulance service provider or non−transporting emergency medical service provider requesting approval.

(2) Contact information for the event manager, including how to contact the ambulance service provider during the event.

(3) Locations, dates, and times of the event.

(4) Name, address, phone numbers, and e−mail addresses for each service medical director who will oversee the medical services at the event.

(5) Name and contact information for the medical control facility.

(6) The types of EMS services that will be provided.

(7) The level of EMS service that will be provided.

(8) The number of ambulances dedicated to the event including ambulance staffing configurations and types.

(9) Whether the service will be "dedicated services" or "as available" based on resources.

(9m) Whether the special event coverage is for participants, spectators, or both.

(10) Description of on−site communications between the event manager, event staff, dispatch, and 9−1−1 dispatch.

(11) Explanation of how medical consultation will be contacted or if on−site medical consultation will be used.

(12) Any special patient care protocols for use at the event.

(13) Explanation of how EMS professionals will be notified and requested during the event.

(14) Explanation of how the ambulance service provider will integrate with the 9−1−1 system.

(15) Explanation of how a 9−1−1 request that is generated within the event by a participant or spectator will be handled.

(16) Identification of the service provider that will respond to a 9−1−1 call initiated from within the event.

(17) If the event occurs outside the primary service area of the ambulance service provider or non−transporting emergency medical service, documentation that the ambulance service provider for the primary service area in which the event is located has been notified at least 10 business days prior to the event or documentation that the ambulance service provider for the primary service area in which the event is located has approved the ambulance service provider or non−transporting emergency medical service requesting special event approval to provide event coverage within its primary service area.

(18) Written assurance that adequate resources will be available.

(19) Written acknowledgement that the ambulance service provider requesting special event approval assumes all liability for ambulance coverage and response during the event.

(20) Copies of any agreement or contract for providing emergency medical services for the event.

Note: When submitting copies of the contracts or agreements the service may redact any compensation information.

(20g) Written acknowledgement that the special event coverage will not interfere with its responsibility to provide 9−1−1 emergency response within its primary service area, if the ambulance service provider or non−transporting emergency medical service provider is also licensed as a 9−1−1 provider.

(20r) If the special event coverage is for spectators and participants or both and more than 5000 people total are anticipated to be in attendance, a mass casualty plan including all of the following:

(a) Name and contact information of the ambulance service provider or public safety agency that shall be the lead agency in the event of a mass casualty incident.

(b) A copy of the triage protocol to be used in the mass casualty incident.

(c) A copy of the destination determination policy to be used in a mass casualty incident.

(d) A list of destination hospitals including contact information.

(e) Copies of any mutual aid agreements specific to the event.

(f) A list of any specialty resources prepositioned for the event.

(g) Patient tracking method to be used.

(h) Written acknowledgement that the ambulance service has identified potential staging areas and landing zones near the event.

(i) Written acknowledgement that the ambulance service provider or non−transporting emergency medical service provider has notified area hospitals of the date of the event.

(21) Other information as determined by the department.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (intro.), (1), (8), cr. (9m), am. (11), (13), r. and recr. (17), cr. (20g), (20r) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.45 Department decisions on applications. (1) Except as provided in sub. (2), the department shall review and make a determination on an application that has been completed in accordance with all of the department's instructions for completion within 60 business days of receiving the application. If the department approves the application, the department will notify the applicant and issue a license. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

(2) The department shall either approve the application and issue a license or deny the application within 90 business days after receiving a complete application for an emergency medical service provider license that requires department review of algorithm protocols, including an application for a change or update of any algorithm protocol. If the application for a license or algorithm protocol approval is denied, the department shall give the applicant reasons, in writing, for the denial and shall inform the applicant of the right to appeal that decision.

(3) The department's failure to deny an application within the time period established under sub. (1) or (2) does not constitute department approval of the license application. An applicant may not provide emergency medical services until the department has issued the applicant a license.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11.

DHS 110.46 License duration and application for renewal license. (1) A license issued by the department to an emergency medical service provider is valid for the duration of the triennium as long as the provider remains in continuous compliance with EMS−related federal and state statutes, this chapter, and the operational plan approved by the department, or until the provider notifies the department in writing that it intends to cease providing emergency medical services or the department suspends or revokes the license.

(2) Notwithstanding sub. (1), an emergency medical service provider shall renew its license by June 30 of the third year of the triennium by submitting to the department an updated application that includes documentation acceptable to the department showing proof of eligibility. The application and documentation shall be submitted to the department in the manner or method specified by the department.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (title), renum. DHS 110.46 to (1) and am., cr. (2) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.47 Required personnel and responsibilities. An emergency medical service provider shall have all of the following personnel:

(1) A service director qualified under s. DHS 110.49.

(2) A service medical director qualified under s. DHS 110.50.

(3) An infection control designee who is responsible for maintaining the infection control program and meeting Occupational Safety and Health Administration standards for blood borne pathogens and safety.

(4) A quality assurance designee who is responsible for managing patient−based quality improvement processes in collaboration with the service medical director.

(5) A training designee who is responsible for assisting the service medical director in assuring continued competency and facilitating the continuing education of the provider's EMS professionals.

(6) A data contact designee who is responsible for assuring that patient care report data is submitted to the department as required in this chapter.

(7) EMS professionals sufficient to meet the staffing requirements under s. DHS 110.51.

Note: These personnel do not have to be separate people. One person may hold several of these positions.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1), (2), (5), (7) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.48 Service director. An emergency medical service provider shall have a service director who shall:

(1) Serve as the primary contact between the emergency medical service provider and the department.

(2) Assure that all elements of the operational plan are kept current.

(3) Assure that EMS professionals are properly licensed and credentialed.

(4) Provide day–to–day supervision of the ambulance service provider's operations.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (3) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.49 Service medical director. An emergency medical service provider shall have a service medical director who meets all of the qualifications under sub. (1) and has all the responsibilities under sub. (2):

(1) QUALIFICATIONS. The service medical director shall meet all the following within 180 days from the date of his or her appointment:

(a) Licensure as a physician.

(b) Current certification in CPR for health care professionals and, if the medical director provides medical direction for an EMT–intermediate, Advanced Emergency Medical Technician or paramedic emergency medical services provider, current certification in ACLS and PALS unless the physician is certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

(c) Education, training and experience in emergency medicine.

(d) Familiarity with the design and operation of pre–hospital EMS systems.

(e) Experience or training in the EMS quality improvement process.

(f) Successful completion of the department's service medical director course or equivalent as determined by the department for any service medical director who is not board certified as specified in par. (b).

(g) Any additional requirements prescribed by the department.

(2) RESPONSIBILITIES. The service medical director shall do all of the following:

(a) Prescribe patient care protocols under which the provider's professionals treat.

(b) Develop, review and approve in writing all patient care protocols that will be used by EMS professionals delivering patient care under the operational plan.

(c) Ensure that physicians providing on–line medical control do so in a manner consistent with the department approved patient care protocols.

(d) Ensure that all aspects of the emergency medical services are under medical supervision and direction at all times.

(e) Establish, participate in, and ensure the continuing implementation of a quality assurance program as part of a patient care improvement process.

(f) Approve, limit, suspend, or revoke credentials as provided under s. DHS 110.53.

(g) Maintain liaison with the medical community, including hospitals, emergency departments, urgent care clinics, physicians, nurses, and other healthcare providers.

(h) Work with regional, state and local EMS authorities to ensure that standards, needs and requirements are met and resource utilization is optimized.

(i) Maintain, through continuing education, current knowledge and skills appropriate for a service medical director.

(j) Approve, direct, and assist in providing training activities that assure EMS professionals are competent to provide safe and efficient patient care, based on the department approved patient care protocols.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. (1) (b), (f), (2) (a), (b), (f), (j) Register September 2021 No. 789, eff. 10–1–21.

DHS 110.495 Community emergency medical services medical director. A CEMS provider shall have a minimum of one medical director who meets all of the qualifications under sub. (1) and has all the responsibilities under sub. (2).

(1) QUALIFICATIONS. Except as provided by sub. (3), a community emergency medical services medical director shall have all of the following:

(a) Current licensure as a physician.

(b) Familiarity or experience with emergency medical services and practitioners.

(c) Any additional requirements as prescribed by the department.

(2) RESPONSIBILITIES. The CEMS medical director or medical direction team shall:

(a) Develop, review and approve in writing all patient care protocols that will be used by community emergency medical services practitioners delivering patient care under the operational plan.

(b) Ensure that physicians providing online medical consultation do so in a manner consistent with department–approved patient care protocols and guidelines.

(c) Establish, participate in, and ensure a continual quality improvement program as part of a patient care improvement process specific to the community emergency medical services.

(d) Approve, limit, suspend or revoke credentials as provided under s. DHS 110.53.

(e) Maintain liaison with the medical community, including hospitals, emergency departments, urgent care clinics, physicians, nurses, and other healthcare providers.

(f) Work with regional, state and local authorities to ensure that standards, needs and requirements are met.

(g) Maintain current knowledge and skills appropriate for a community emergency medical services medical director/team through continuing education.

(h) Approve, direct, and assist in providing training activities that assure community emergency medical services practitioners are competent to provide safe and efficient patient care, based on the department approved patient care protocols/guidelines.

(3) MEDICAL DIRECTION TEAMS. A medical direction team may be used in lieu of a medical director so long as one member of the team meets the qualifications and responsibilities described under sub. (1) and (2). If the CEMS provider using a medical direction team is also licensed to provide other EMS education or patient services, a CEMS medical direction team shall include the EMS service medical director.

History: CR 20–028: cr. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.50 EMS provider staffing requirements. **(1)** An emergency medical service provider shall satisfy the staffing requirements appropriate to the level of service for which it is licensed. All individuals constituting the minimum staffing shall be credentialed with the emergency medical service provider under s. DHS 110.53. Except as provided in sub. (2) or (3), an emergency medical service provider shall comply with the fol-

lowing requirements that are applicable to the provider's level of service:

(a) *EMT ambulance.* An EMT ambulance shall be staffed with at least two individuals, credentialed with that emergency medical service provider under s. DHS 110.53, who are licensed at the EMT level or one licensed EMT and one with an EMT training permit. When staffed with a person that holds an EMT training permit the licensed EMT must be in the patient compartment during transport.

(b) *AEMT ambulance.* An AEMT ambulance shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. One individual shall be licensed at the AEMT level and one individual licensed at or above the EMT level. If a patient requires AEMT skills, medications or equipment, the AEMT shall remain with the patient at all times during care and transport of the patient.

(c) *EMT−intermediate ambulance.* An EMT−intermediate ambulance shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. One individual shall be licensed at the EMT−intermediate level and one individual licensed at or above the EMT level. If a patient requires EMT−intermediate skills, medications or equipment, the EMT−intermediate shall remain with the patient at all times during care and transport of the patient.

(d) *Paramedic ambulance*. 1. For an ambulance service provider licensed before January 1, 2000, the ambulance shall be staffed with two paramedics credentialed with that emergency medical service provider under s. DHS 110.53 except if any of the following apply:

a. The ambulance is responding in a municipality with a population of less than 10,000.

b. The ambulance is performing an interfacility transport.

c. All regularly staffed two−paramedic ambulances are committed to emergency events. In that case, additional ambulances may be staffed with one paramedic and individual licensed at or above the EMT level.

2. Except as provided in subd. 3., for an ambulance service provider licensed after January 1, 2000, the ambulance shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. One individual shall be licensed at the paramedic level and one individual licensed at or above the EMT level. If a patient requires patient care at the paramedic level, the paramedic shall remain with the patient at all times during care and transport of the patient.

3. For an ambulance service provider licensed at the paramedic level in the same primary service area in which paramedic service was or is provided by two paramedics, the ambulance shall be staffed with two paramedics except if any of the following apply:

a. The ambulance is responding in a municipality with a population of less than 10,000.

b. The ambulance is performing an interfacility transport.

c. All regularly staffed two−paramedic ambulances are committed to emergency events. In that case, additional ambulances may be staffed with one paramedic and individual licensed at or above the EMT level.

4. A provider that uses a two paramedic system, in which paramedics respond separately from different locations, shall dispatch both paramedics immediately and simultaneously for all emergency response requests. A single paramedic performing in this staffing configuration may perform all the skills allowed in the scope of practice of the paramedic prior to the arrival of a second paramedic, as long as the arrival of the second paramedic is expected within a reasonable and prudent time based on the patient's condition. If 2 paramedics respond, after the patient has been assessed and stabilized, one paramedic may be released by patient care protocol or verbal order from a medical control physician. An ambulance service provider that responds with paramedics from two different locations, or that releases one paramedic after assessment, shall identify in its operational plan what time frame is considered to be a timely response based on its resources and primary service area logistics.

(e) *Critical care ambulance.* A critical care level interfacility transport shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. One individual shall be licensed and credentialed at the critical care paramedic level and one individual shall be licensed and credentialed as an emergency medical services practitioner at any level. If a patient requires critical care paramedic skills or medications, the critical care paramedic shall remain with the patient at all times during care and transport of the patient.

(f) *Non−transporting emergency medical service provider.* A non−transporting emergency medical service provider shall respond to a request for service with at least one licensed emergency medical services practitioner at the level for which the service provider is licensed.

(g) *Emergency medical responder service provider.* When an emergency medical responder service provider responds to a request for service at least one certified emergency medical responder shall respond.

(h) *Interfacility transfers*. Staffing for interfacility transfers shall be based on the needs of the patient as identified by the sending physician. A service may staff to any of the configurations in this subsection but may not exceed the level at which the service is licensed.

(2) A physician, physician assistant or a registered nurse may take the place of any emergency medical responder or emergency medical services practitioner at any service level provided he or she is trained and competent in all skills, medications and equipment used by that level of emergency medical responder or emergency medical services practitioner in the pre−hospital setting and provided he or she is approved by the service medical director. A physician assistant or registered nurse may not practice at a higher level of care than the level at which the service is licensed.

Note: To assist the service medical director in assuring competency, there are registered nurse to EMT and registered nurse to paramedic transition courses available through the certified training centers. A physician, physician assistant, or registered who is not licensed as an EMS professional is operating under his or her physician, nurse or physician assistant license. Any conduct subject to enforcement action under subch. V while operating as an EMS professional will be reported to the appropriate governing board and may affect the individual's physician, nurse or physician assistant license.

(2m) Subject to the population requirements identified in s. 256.15 (4) (e) and (f), an ambulance service provider licensed at the EMT, AEMT, or EMT−intermediate level may staff an ambulance with one emergency medical service practitioner licensed at the level of the ambulance service provider and one certified emergency medical responder. The licensed emergency medical services practitioner shall remain with the patient at all times during care and transport of the patient.

(3) Except as provided under subs. (2) and (2m), an ambulance service provider may only deviate from the ambulance staffing requirements under sub. (1) if all 9−1−1 response ambulances are busy and the service has an approved reserve ambulance vehicle and the following condition applies:

(a) An ambulance service provider may staff and operate reserve ambulances at a lower service level appropriate to the licensure level of the available staff if it obtains approval from the department. The reserve or back−up ambulance shall be stocked and equipped appropriately for the level of service provided. The ambulance service provider shall request approval through submission of an operational plan amendment.

(4) An ambulance service provider may supplement its 9−1−1 response resources with ambulances staffed at a lower service

level in addition to the ambulances staffed at its normal level of licensure under all of the following conditions:

(a) The ambulance service provider does not reduce the number of ambulances staffed at the level of its licensure available for 9−1−1 responses, except as permitted under s. DHS 110.37 (2).

(b) The ambulance service provider maintains a minimum of one 9−1−1 response ambulance staffed at the level of its licensure 24 hours−a−day, 7 days−a−week.

(c) The ambulance service provider provides documentation to the department that the ambulance service provider is dispatched by a public safety answering point or dispatch center using an emergency medical dispatch system. Ambulances staffed at a lower level of service shall only be dispatched if one of the following applies:

1. The emergency response meets the standards identified within the public safety answering point's or dispatch center's emergency medical dispatch system for the lower service level.

2. All 9−1−1 ambulances staffed at the highest level of licensure are already committed to other 9−1−1 responses.

(d) The ambulance service provider has protocols approved by the service medical director and the department for when a patient's condition requires a response must be upgraded to a higher level of care.

(e) If an ambulance service provider is licensed as both a 9−1−1 provider and an inter−facility provider, the provider shall maintain a minimum of one ambulance available at the level of its licensure in its primary service area for 9−1−1 response while providing interfacility transports.

(f) The ambulance service provider obtains approval from the department. The ambulance service provider shall request approval through submission of an operational plan.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (1) (intro.), (a) to (c), renum. (1) (d) 1. to (1) (d) 1. (intro.) and am., cr. (1) (d) 1. a. to c., am. (1) (d) 2., renum. (1) (d) 3. to (1) (d) 3. (intro.) and am., cr. (1) (d) 3. a. to c., am. (1) (d) 4., (e) to (g), (2), cr. (2m), am. (3) (intro.), r. (3) (b), cr. (4) Register September 2021 No. 789, eff. 10−1−21; correction in (3) (intro.) made under s. 35.17, Stats., Register September 2021 No. 789.

DHS 110.51 Preceptors. (1) The service medical director shall designate those individuals who may serve as preceptors based on the director's determination that the individuals are qualified to act as preceptors for supervised field training. Only individuals who are designated by the service medical director may serve as preceptors for supervised field training. The service medical director shall withdraw an individual's designation if the director determines that the individual is no longer qualified or at the request of the department, the training center, or the individual.

(2) In order to serve as a preceptor for field training, an individual shall have all of the following qualifications:

(a) The individual shall be licensed as an emergency medical services practitioner at or above the skill level of the training provided and shall have the knowledge and experience in using the skills, equipment and medications that are required by the scope of practice for the certification or licensure for which training is provided. A physician, registered nurse or physician assistant with training and experience in the pre−hospital emergency care of patients is deemed trained to the paramedic level.

(b) A preceptor shall have a minimum of two years pre−hospital patient care experience as a licensed, practicing emergency medical services practitioner at or above the level of the training provided, or as a physician, registered nurse or physician assistant.

(c) A preceptor shall oversee and mentor students during supervised field training and shall complete the records required to document the field training.

(d) The ambulance service provider shall keep résumés and other documentation of the qualifications of those individuals designated as preceptors on file and shall make this documentation immediately available for review by the certified training center or the department.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (2) (a), (b) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.52 EMS professional credentialing. (1) In order to provide emergency medical care, an emergency medical responder or emergency medical services practitioner must first be credentialed with an emergency medical service provider with which the emergency medical responder or emergency medical services practitioner will provide emergency medical care.

(2) An individual is credentialed when the medical director of an emergency medical services provider authorizes the individual to perform specified emergency medical care while in the service of the provider. Authorization is made through a local credentialing agreement form which is submitted by the individual in the manner specified by the department.

(3) The service medical director shall authorize any skills, equipment, or medications that the individual may use in the service of the provider. The service medical director may only authorize EMS professionals to perform skills, use equipment and administer medications that are within the scope of practice of the individual's certificate or license and within the scope of practice of the emergency medical service provider's license.

(4) A certified emergency medical responder or licensed emergency medical services practitioner may be credentialed by more than one emergency medical service provider.

(5) An individual's credential remains in effect until the individual's service with the emergency medical services provider ceases, the service medical director limits, suspends, or revokes the credential, or the department suspends or revokes the individual's license.

(6) The service medical director may limit or suspend an individual's credential if the individual has engaged in conduct that is dangerous or is detrimental to the health or safety of a patient or members of the general public, while acting under the authority of his or her certificate or license, or if the service medical director determines that individual needs remedial training to properly treat patients. If an individual's credential is limited or suspended for remedial training, the service medical director and service director shall develop a course of remedial training for the individual with a timeline for completion and return to full service.

(7) The service medical director may revoke an individual's credential if the individual has engaged in conduct that is dangerous or is detrimental to the health or safety of a patient or members of the general public. Prior to the revocation, the service medical director shall consult with the department's emergency medical services staff and the state emergency medical services medical director.

(8) The limitation, suspension, or revocation of an individual's credential does not by itself affect the individual's certificate or license.

Note: Local credentialing agreement forms may be obtained electronically through the department's E−Licensing system available at www.dhs.wisconsin.gov/ems. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701−2659.

History: CR 10−085: cr. Register December 2010 No. 660, eff. 1−1−11; CR 20−028: am. (title), (1), (3) to (6), r. and recr. (7), am. (8) Register September 2021 No. 789, eff. 10−1−21.

DHS 110.525 Field training requirements. (1) An ambulance service provider may provide supervised field training of EMS professionals through its licensed staff who have been designated as preceptors by the provider's service medical director under s. DHS 110.51 (1).

(2) An ambulance service provider that provides supervised field training of EMS professionals shall have a written agreement with a certified training center that describes who the field training is provided and the responsibilities of the provider and the training center with respect to the field training. This agreement shall be

signed by the training center's program director and the ambulance service provider's service director after consultation with both the training center medical director and the service medical director.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; CR 20–028: am. Register September 2021 No. 789, eff. 10–1–21.

DHS 110.526 Opioids training. (1) An EMS practitioner shall undergo training regarding the safe and proper administration of naloxone or another opioid antagonist to individuals who are undergoing or suspected of undergoing an opioid–related drug overdose consisting of instruction in recognizing opioid–related drug overdose patients, medication preparation and administration, and any other information requested by the department.

(2) An EMS practitioner may fulfill the training requirement under sub. (1) through any of the following:

(a) Initial training in the applicable Wisconsin curriculum that includes administration of naloxone or another opioid antagonist.

(b) Continuing education through a training center that includes administration of naloxone or another opioid antagonist.

(c) Training provided by an emergency medical service provider with which the individual is credentialed that is approved by the service medical director and the department.

(d) Any other training as approved by the department.

History: CR 20–028: cr. Register September 2021 No. 789, eff. 10–1–21.

Subchapter V — Enforcement

DHS 110.53 Authority to investigate. (1) The department may conduct an investigation to determine whether there has been a violation of this chapter or ch. 256, Stats.

(2) An authorized employee or agent of the department, upon presentation of identification, shall be permitted to do all of the following:

(a) Enter the offices of an emergency medical service provider or training center during business hours without advance notice or at any other reasonable prearranged time.

(b) Inspect equipment and vehicles.

(c) Inspect and reproduce records pertinent to the requirements of this chapter and ch. 256, Stats., including but not limited to administrative records, personnel records, ambulance run records, training records and vehicle records, whether the records are maintained in written, electronic or other form.

(d) Interview persons.

(e) Conduct other activities to determine whether a violation has occurred.

(3) Persons subject to this chapter shall cooperate with department employees or agents during an investigation. No person may do any of the following:

(a) Refuse entry or access to an authorized employee or agent of the department to act under this section.

(b) Refuse to provide original records to, or refuse to copy or permit the copying of records for an authorized employee or agent of the department.

(c) Obstruct, hamper, or otherwise interfere with the actions of a department employee or agent under this subchapter.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.54 Reasons for enforcement actions. The department may take any enforcement action under ss. DHS 110.55 to 110.58, which it determines is appropriate against a person subject to the requirements of this chapter and ss. 256.12 to 256.18, Stats., for any of the following reasons:

(1) The person is not eligible for a certificate, permit or license under this chapter or ss. 256.15 to 256.17, Stats.

(2) The person made a false statement on an application for, or otherwise obtained a permit, certificate or license through fraud or error.

(3) The licensing examination for the person was completed through error or fraud.

(4) The person violated any provision of ch. 256, Stats., or this chapter.

(5) The person violated an order of the department.

(6) The person violated a court order pertaining to emergency medical services.

(7) The person was disciplined as an emergency medical responder, emergency medical services practitioner or other healthcare provider in Wisconsin or another state.

(8) The person's license or certification was revoked within the past two years.

(9) The person has an arrest or conviction history substantially related to the performance of duties as an EMS professional, as determined by the department.

(10) The person committed or permitted, aided or abetted the commission of an unlawful act that substantially relates to performance of EMS duties, as determined by the department.

(11) The person failed to report to the department or to the emergency medical service provider director or medical director a violation of the rules of this chapter by a licensee, certificate holder or permit holder.

Note: This provision does not require an emergency medical service provider to report treatment information in violation of the protection of the confidentiality of health care records under s. 146.82, Stats., or the privilege for confidential communication under s. 905.04, Stats.

(12) The person failed to cooperate with the department in an investigation or made a false statement during an investigation.

(13) The person failed to maintain certification in CPR for health care professionals by completing a course approved by the department and has performed as an emergency medical responder or emergency medical services practitioner.

(14) The person practiced beyond the scope of practice for his or her license or certificate.

(15) The person practiced or attempted to practice when unable to do so with reasonable skill and safety.

(16) The person practiced or attempted to practice while impaired by alcohol or other drugs.

(17) The person engaged in conduct that was dangerous or detrimental to the health or safety of a patient or to members of the general public while performing as an emergency medical responder or emergency medical services practitioner.

(18) The person administered, supplied, obtained or possessed any drug other than in the course of legitimate EMS practice or as otherwise permitted by law.

(19) The individual engaged in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

(20) The person abused a patient by any act of nonconsensual force, violence, harassment, deprivation, nonconsensual sexual contact or neglect.

(21) The person obtained or attempted to obtain anything of value from a patient for the benefit of self or a person other than the patient unless authorized by law.

(22) The person falsified or inappropriately altered patient care reports.

(23) The person revealed to another person not engaged in the care of the patient information about a patient's medical condition when release of the information was not authorized by the patient, authorized by law, or requested by the department in the investigation of complaints.

(24) The person failed or refused to provide emergency medical care to a patient because of the patient's race, color, sex, age,

beliefs, national origin, disability, medical condition, or sexual orientation.

(25) The person abandoned a patient.

(26) A person certified as a training center or EMS instructor failed to adhere to the requirements under ss. DHS 110.18 to 110.24.

(26e) The person violated or aided and abetted a violation of any law substantially related to the practice of emergency medical services or was convicted of any crime substantially related to the practice of emergency medical services. A certified copy of a judgment of conviction is prima facie evidence of a violation.

(26m) The person failed to notify the department within seven days of any arrest for violation of any law substantially related to the practice of emergency medical services.

(26s) The person failed to notify the department of a felony or misdemeanor conviction in writing within 48 hours after the entry of the judgment of conviction, including the date, time, place, and nature of the conviction of finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the department determine whether the circumstances of the crime of which the person was convicted are substantially related to the practice of emergency medical services.

(27) A person licensed as an emergency medical services provider failed to provide or maintain, when required, insurance coverage sufficient to protect EMS professionals in the performance of their duties for the provider.

(28) A person licensed as an emergency medical services provider violated any provision of its approved operational plan or took actions not authorized by the plan.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; correction in (intro.) made under s. 13.92 (4) (b) 7., Stats., Register December 2010 No. 660; CR 20–028: am. (7), (13), (17), cr. (26e), (26m), (26s), am. (27) Register September 2021 No. 789, eff. 10–1–21; **CR 20–068: am. (24) Register December 2021 No. 792, eff. 1–1–22.**

DHS 110.55 Warning letter. The department may issue a warning letter to a licensee, permit holder, or certificate holder if the department finds that the person has committed a minor, first–time violation of a requirement of this chapter or ch. 256, Stats., or a minor, first–time violation identified in s. DHS 110.54. The department shall retain a copy of the warning letter in the person's file and may consider it in determining what enforcement action is appropriate if the person commits subsequent violations. The department shall post a copy or a summary of the warning letter, which does not identify the recipient of the letter, on the department's EMS website. The department's issuance of a warning letter is a final decision of the department and is not subject to an administrative hearing.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.56 Reprimand. The department may reprimand a licensee, permit holder, or certificate holder if the department finds that the person has violated a requirement of this chapter or ch. 256, Stats., or engaged in conduct described in s. DHS 110.54. A reprimand documents the department's finding that the permittee, certificate holder or licensee has violated a requirement of this chapter or ch. 256, Stats., or has engaged in conduct described in s. DHS 110.54. A reprimand may be in the form of a letter issued to the person who is the subject of the reprimand or a written stipulation between the person and the department. Before issuing a reprimand, the department shall give the person an opportunity to submit information relevant to the conduct the department believes constitutes a violation. The department shall retain a copy of the reprimand in the person's file and may consider the reprimand in determining what enforcement action is appropriate if the person commits subsequent violations. The department shall post the reprimand, identifying the violator and describing the violation, on the department's EMS website. The department's issuance of a reprimand is a final decision of the department and is not subject to an administrative hearing.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.57 Summary suspension of a license, permit or certification. (1) The department may summarily suspend a license, permit, or certification if the department has probable cause to believe that the licensee, permit holder, or certificate holder has violated a provision of this chapter or ch. 256, Stats., has engaged in conduct described in s. DHS 110.54, or has engaged in or is likely to engage in other conduct, such that public health, safety or welfare imperatively requires emergency action. A summary suspension order is effective upon issuance, requires the immediate cessation of all activity authorized by the license, certification, or permit, and continues through the date of a final decision and order issued in an enforcement action based on the violation, unless the license, permit or certification is restored under sub. (4) (d).

(2) An order for summary suspension may be issued orally or in writing. If the order is issued orally, the department shall send written notice of the order to the person who is subject to the order within 48 hours after the issuance of the order. The department may serve a written order or notice of order by e–mail to the person's e–mail address on file with the department, or by regular mail, certified mail or personal service delivered to the person's address on file with the department. Receipt of an order or notice sent by e–mail is presumed at the time of transmission. Receipt of an order or notice sent by regular mail is presumed within 5 days of the date the notice was mailed.

(3) The summary suspension order shall include all of the following:

(a) A finding that public health, safety or welfare imperatively requires emergency suspension of the license, permit, or certification.

(b) A statement that the suspension order is in effect and continues until the effective date of a final order and decision in an enforcement action against the person who is the subject of the order.

(c) Notification of the right under sub. (4) to request a hearing to show cause why the summary suspension order should not be continued.

(4) (a) A person subject to a summary suspension order may request a hearing to show cause why the summary suspension should not be continued by filing a written request for a hearing with the division of hearings and appeals, as provided under s. DHS 110.59, within 30 days after the date of the written order or notice of order.

(b) A hearing shall be held within 30 days of the date on which the hearing request is filed with the division of hearings and appeals, unless the person requests or agrees to a later time.

(c) The sole issue for hearing shall be whether the suspension shall remain in effect pending the conclusion of the department's investigation and any enforcement action based on the investigation.

(d) The hearing examiner shall issue a decision within 10 days after the hearing. If it is determined that summary suspension should not be continued, the license, certification, or permit shall be immediately restored.

(5) The department shall commence and prosecute an enforcement action under s. DHS 110.58 with reasonable promptness and without undue delay in light of all the circumstances of the case and the time required to complete an appropriate investigation into all the facts of the case and determine the proper enforcement action.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11; (4) (title) removed under s. 13.92 (4) (b) 2., Stats., Register December 2010 No. 660.

DHS 110.58 Denial, refusal to renew, conditional issuance, issuance with limitation, suspension, revoca-

tion. (1) The department may deny, refuse to renew, limit, condition, suspend or revoke a license, permit, or certification, for any reason under s. DHS 110.54, if the department gives written notice of the reasons for the proposed action and the right to a hearing to appeal the action under s. DHS 110.59.

(2) The department may limit the actions a person would otherwise be authorized to perform under a certification, permit or license by issuing an order to an emergency medical services provider or to an individual emergency medical services professional and to the emergency medical service provider with whom the individual is credentialed. An order limiting a certification or license takes effect immediately upon issuance.

(3) The department may condition the issuance or continuance of a certification, permit, or license upon the satisfactory compliance by the person holding the certificate, permit or license of specified requirements. A conditional permit, certification or license is effective upon issuance.

(4) The department's denial of an application for an initial permit, certification or license is effective upon issuance.

(5) A refusal to renew in response to a timely and sufficient application for renewal, a suspension or a revocation of a permit, certification, or license is effective 30 days after issuance of the department's order, unless the department summarily suspends the permit, certification or license, or the permittee, certificate holder, or licensee files a timely appeal of the department's action. If the department does not issue a summary suspension order and a timely appeal is filed, the department's action is not effective unless and until a final administrative decision authorizing the action is issued.

(6) A revocation shall be for a minimum of two years.

(7) If the department denies an application, the person may not apply again for one year.

(8) The department may enter into an agreement with the person who is the subject of an enforcement action that stipulates the terms and conditions of the enforcement action.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.

DHS 110.59 Appeals. (1) RIGHT TO APPEAL. An enforcement action taken by the department under s. DHS 110.57 or 110.58 is subject to review under ch. 227, Stats. To request a hearing under ch. 227, Stats., an aggrieved person shall submit a written request to the department of administration's division of hearings and appeals within 30 calendar days after the date of the department's action.

(2) APPEAL PROCESS. (a) *Filing date.* A request for hearing that is mailed to the division of hearings and appeals shall be considered filed with the division on the date of the postmark. A request for a hearing that is hand–delivered to the division of hearings and appeals shall be considered filed on the date the request is received by the division of hearings and appeals. A request for a hearing that is transmitted by facsimile to the division of hearings and appeals shall be considered filed on the date and at the time imprinted by the division's facsimile machine on the transaction report that accompanies the document. Documents received by facsimile after midnight local time shall be deemed filed on the first following business day.

(b) *Content of appeal.* Appeals shall contain the following information:

1. The name and address of the person requesting the hearing.

2. A description of the action that is being contested and a copy of the department's order or notice of action.

3. A concise statement of the reasons for objecting to the action.

4. The type of relief requested.

5. A request for hearing.

(c) *Service on department.* The person requesting a hearing shall submit a copy of the hearing request to the department the same day the request is filed with the division of hearings and appeals.

(3) ADMINISTRATIVE HEARING. The division of hearings and appeals shall conduct an administrative hearing under s. 227.42, Stats., and ch. HA 1. Except as provided under s. DHS 110.57 (4), a hearing shall be held with reasonable promptness and without undue delay in light of all the circumstances of the case, including the seriousness of the alleged violation and the time required for the department to complete an appropriate investigation into all the facts of the case and determine the proper enforcement action. The division shall give 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 30 days of the hearing.

Note: A mailing address of the Division of Hearings and Appeals is PO Box 7875, Madison, WI 53705–5400. The division's fax number is 608–264–9885. A copy of the request shall be submitted to the department at 1 West Wilson St., Room, P.O. Box 2659, Madison WI 53701–2659 or faxed to 608–261–6392.

History: CR 10–085: cr. Register December 2010 No. 660, eff. 1–1–11.