



DIVISION OF PUBLIC HEALTH

Jim Doyle  
Governor

1 WEST WILSON STREET  
P O BOX 2659  
MADISON WI 53701-2659

Karen E. Timberlake  
Secretary

**State of Wisconsin**  
Department of Health Services

608-266-1568  
FAX: 608-261-6392  
dhs.wisconsin.gov/ems

**Numbered Memo Series 10-07**  
**November 2010**

**TO:** First Responder and Ambulance Service Directors  
EMS Service Medical Directors  
EMS Training Centers  
EMS Board, Partners, and Stakeholders



**FROM:** Brian Litza, Chief  
Wisconsin Emergency Medical Services Section

**SUBJECT:** Updates

## Communication

Most communication from the Wisconsin EMS Section office is now electronic (website, e-mail, etc.). Services and individuals should ensure that their service contact and individual e-mail information in E-Licensing and WARDS are correct in order to be receiving the most current information. Additionally, posting of all Numbered Memo Series is available on our website at [www.dhs.wi.gov/ems](http://www.dhs.wi.gov/ems).

## Healthcare Worker Influenza Vaccination

As healthcare workers, EMS personnel are frequently exposed to communicable diseases. *Healthcare Worker Influenza Vaccination: A Matter of patient Safety* is a video which presents the facts about influenza vaccine safety and effectiveness, and emphasizes the significant benefits of influenza vaccination in healthcare settings.



Watch the video at:

<http://dhsmedia.wi.gov/main/SilverlightPlayer/Default.aspx?peid=2528a1223dfe4bfc9114aa5092f7ab2b&autoStart=true>

More information on Pandemic Influenza can be found at <http://pandemic.wisconsin.gov/>.

## Seasonal Flu Protocols

We are in the process of updating the Seasonal Flu Vaccination Administration protocols for ambulance services. The protocols implemented last year in a response to the H1N1 outbreak were identified specifically for 2009. In addition, the current seasonal flu vaccine also includes the H1N1 vaccine. Look for the updated administration protocols to be available on our website in the near future.

## TB Testing for EMS Personnel

The TB skin testing requirements are national requirements from the Centers for Disease Control. Guidelines can be found in a document called *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings 2005*. It says, in part, that EMS personnel should be included in a comprehensive tuberculin skin test (TST) screening program and should receive a baseline TST and follow-up testing as indicated by the risk assessment. They should also be included in the follow-up of contacts with patients with infectious TB. Since most of Wisconsin is considered to be low risk for TB, most areas will not require any further testing other than after an actual exposure.

The guideline for Emergency Medical Services reads as follows: “Although the overall risk is low (193), documented transmission of *M. tuberculosis* has occurred in EMS occupational settings (194), and approaches to reduce this risk have been described (193,195). EMS personnel should be included in a comprehensive screening program to test for *M. tuberculosis* infection and provide baseline screening and follow-up testing as indicated by the risk classification of the setting. Persons with suspected or confirmed infectious TB disease who are transported in an ambulance should wear a surgical or procedure mask, if possible, and drivers, HCWs, and other staff who are transporting the patient might consider wearing an N95 respirator.”

“The ambulance ventilation system should be operated in the nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. If the vehicle is equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle, use this unit to increase the number of ACH (188). Air should flow from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to nonrecirculating. If possible, physically isolate the cab from the rest of the vehicle, and place the patient in the rear seat (194).”

“EMS personnel should be included in the follow-up contact investigations of patients with infectious TB disease. The Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (Public law 101--381) mandates notification of EMS personnel after they have been exposed to a patient with suspected or confirmed infectious TB disease (Title 42 U.S. Code 1994) (<http://hab.hrsa.gov/data2/adap/introduction.htm>).”

The entire guideline can be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s\\_cid=rr5417a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e).

## Understanding Training Permits



EMT training permits have been an ongoing issue especially since we have moved to the E-Licensing System. The following should provide clarification regarding training permits.

If the Basic EMT student will only be fulfilling their class requirements, they do not need to submit a completed training permit application to our office to have a training permit issued. Basic EMT Training Permits are only required and issued if the student will be taking the place of a crew member to form a legal crew for response or working as a trainee with a service after his/her EMT class has been completed. This is only allowed on basic EMT services and the individual must cease to operate as a trainee when the permit expires.

Training centers still require each student to complete a paper application. This application is to be kept on file at the school. The application is required to be filed with our office ONLY if there is a criminal or driving history identified or the student will be used as part of a legal crew or operating outside of the course requirements. The state office currently issues a letter of approval rather than an actual license card. It is our intention to build this process into E-Licensing to better facilitate and expedite the issuance of these permits. Because the timetable is in our vendors hands we are unable to identify when this will actually occur.

Advanced level training permits are issued through the training centers. Each student completes an application which stays on file with the training center. If the applicant has identified a criminal or driving history issue it is sent to our office for review. The training center sends us a list of completed applications and receives an approval for those listed. The state office and the training centers do not issue a paper training permit for the advanced level students.

## Wisconsin EMS Controlled Substance Management Guidance Document Available

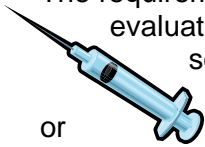
The Wisconsin EMS Controlled Substance Management guidance has been developed by the Wisconsin EMS Advisory Board and Physician Advisory Committee to establish a standard for accountability and minimum requirements for drug inventory, documentation of usage and replacement of controlled substances in accordance with Federal DEA Rules and State of Wisconsin Regulations. The guidance document was developed for use by ambulance services statewide. It can be found on the Wisconsin EMS website at <http://www.dhs.wisconsin.gov/ems/system/EMSControlledSubstanceManagement.pdf>.

## Needlestick Prevention Act: New Generation EpiPens

A “new generation” EpiPen is now available which uses safety engineering for needle stick prevention. Since this safety engineered version is now available, it must be the one that is purchased and used to be in compliance with the Needlestick Prevention Act and other OSHA laws. When ordering or reordering EpiPens, services should specifically request the “new generation” EpiPen and not accept order shipments containing the old version of the EpiPen as it is no longer in compliance with OSHA laws.

OSHA's Bloodborne Pathogens Standard applies to all ambulance service and first responder service providers. This is the law that mandates the Bloodborne Pathogen Exposure Control Plan for each service. The subsequent Needlestick Prevention Act mandates that if there is a safety device available, it must be used unless there is a patient safety issue that overrides the employee safety issue. Safety controls or "devices" include sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems.

The requirement to implement safer medical devices is not new. If you have not already evaluated and implemented appropriate and available engineering controls, you must do so during the mandated annual review of your services Bloodborne Exposure Control Plan. During your annual review of devices, you must inquire about new or prospective safer options and document this fact in your written Exposure Control Plan. When evaluation is complete, devices should be implemented promptly after appropriate education and training on the use of any new device.



Safety equipment must be available at all times. If for some reason an engineering control is not available (due to supply shortages, back orders, shipping delays, etc.), this must be documented in your Exposure Control Plan. You would then be responsible to implement the chosen control(s) as soon as it becomes available and adjust your exposure control plan to illustrate such. In the meantime, work practice controls must be used and, if occupational exposure still remains, personal protective equipment must also be used.

There are several resources available for employers and employees with regard to occupational exposures to blood and OPIM. Please see the following websites:

- <http://www.osha.gov>
- <http://www.dhs.wisconsin.gov/communicable/InfectionControl/Bloodborne.htm>
- Bloodborne Pathogen Standard:  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
- Needlestick Prevention Act information:  
<http://www.healthsystem.virginia.edu/internet/epinet/hr5178rv.cfm>
- CDC Guidelines: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- Model Exposure Control Plan:  
[http://www.osha.gov/OshDoc/Directive\\_pdf/CPL\\_2-2\\_69\\_APPD.pdf](http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf)

## Service Operational Plan Submission

When possible, operational plans should be submitted in electronic format. This will allow us to more easily attach these documents to the service's records in our E-Licensing system.

## Licensing Update



It should be common knowledge that all EMS individual licenses and service licenses expire on June 30 of even numbered years. A renewal application must be completed and submitted in order to renew a license. These were due by June 30, 2010. The renewals were done via the E-Licensing system – electronically.

At this juncture, if an individual or a service cannot produce a paper copy of an appropriate EMS license that expires **June 30, 2012**, they **must** not be operating as an EMS provider or an EMS service provider, respectively. EMS licensure is a personal responsibility. If you cannot produce a copy of a current valid EMS license, you should consider that you do not hold a current valid EMS license. Information on individual license renewal and service renewal can be found in the July 2010 Numbered Memo Series10-03 at

[http://www.dhs.wisconsin.gov/ems/News\\_events/memos/memo\\_10-03renewalupdate.pdf](http://www.dhs.wisconsin.gov/ems/News_events/memos/memo_10-03renewalupdate.pdf).

The following First Responder services have not renewed their licenses and are not operating in accordance with Wisconsin laws and administrative rules which identify that a service must hold a current license in order to operate:

- Bevent First Responders
- Cecil Washington Emergency Medical Service
- Embarrass Area First Responders
- Gratiot First Responders
- Gresham Area FD First Responders
- Hale First Responders
- Hiles Station A
- Hollandale First Responders
- Lakeside Volunteer Fire Dept. First Responders
- Long Lake Area First Res – Washburn Co.
- Maine First Responders
- Monico First Responders
- Newald First Responders
- Round Lake FD First Responders
- St. Croix Gaming Fac First Responders
- Thilmany LLC First Responders
- Timberland-Baronette Area First Responders
- Town of Vinland First Responders
- Willow Region First Responders
- Wiota First Response
- Woodford First Responders

The only EMT-Basic service to not renew their license and not operating in accordance with Wisconsin laws and administrative rules which identify that a service must hold a current license in order to operate is:

- General Mitchell IAP ARS Fire Department



The following EMT-Intermediate Technician services have not renewed their licenses and are not operating in accordance with Wisconsin laws and administrative rules which identify that a service must hold a current license in order to operate:

- Prentice VFD Ambulance Service
- Williams Bay Rescue Squad

The following Paramedic services have not renewed their licenses and are not operating in accordance with Wisconsin laws and administrative rules which identify that a service must hold a current license in order to operate:

- Fort Health Care
- Lukes One
- Medlink Air
- New Berlin Fire Department
- North Air Care
- South Milwaukee Fire Department
- Theda Star Air Medical
- Two Rivers Fire Department
- University of Wisconsin - Madison

The services listed here that are non-compliant have a valid license through November 15, 2010. If they have not renewed the service licensure by November 15<sup>th</sup>, the service will not be considered to have a valid license and their Medicare and Medicaid reimbursement may be affected.

The services listed above should have received notice from our office regarding the expiration and required renewal process for their license. Those that do not renew by November 15<sup>th</sup> will be receiving further correspondence from this office that will include official action for failure to adhere to state statute and administrative rule.

## **EMS Mass Casualty Incident Response Planning Guide Available**

The purpose of this planning guide is to assist Emergency Medical Services providers in developing a response plan to address management of a mass casualty incident during the preliminary stages when first on scene, using the principles of the Incident Command System (ICS). The planning guide was developed by the Wisconsin EMS Advisory Board for use by ambulance services and first responder groups statewide. It can be found on the Wisconsin EMS website at

[http://www.dhs.wisconsin.gov/ems/Prevention\\_safety/MCIResponsePlanningGuide10-2010.pdf](http://www.dhs.wisconsin.gov/ems/Prevention_safety/MCIResponsePlanningGuide10-2010.pdf).