

EMT-INTERMEDIATE OPERATIONAL PLAN COMPONENTS

The following information **must be compiled and submitted** in similar outline format with a completed EMS Provider Application and Operational Plan form. Written approval of this plan by the State EMS Office is mandatory prior to implementation.

PROGRAM COMPONENTS	
I. Demographics	
A. Completed feasibility study submitted and approved by DHS-EMS.	DHS 111.07(2)
B. Provide a general description of the population and community characteristics of the primary service area.	DHS 111.07(2)(e)
II. Operations (staffing, response, infection control, protocols, policies and procedures)	
A. Provide a description of how the provider will use Medical First Responders and/or EMTs (of all levels) in the system.	DHS 111.07(2)(i)
B. Describe how the provider uses EMTs-Intermediate to assure that 24/7 prompt and efficient emergency (9-1-1) response is available to the primary service area covered by the provider.	DHS 111.07(2)(u)
C. Describe the relationship between this service and other emergency medical and public safety services in the geographical area.	DHS 111.072(l)
D. Describe how this service will integrate with local, county or regional disaster preparedness plans.	DHS 111.07(2)(j)
E. Provide evidence of local commitment to this emergency medical service program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies and authorities.	DHS 111.07(2)(k)
F. Identify the Regional Trauma Advisory Council (RTAC) that the service has chosen for membership.	DHS 111.07(2)(v)
G. Submit a roster of licensed personnel to be utilized. If new service, submit license applications for all EMT personnel.	DHS 111.07(2)(n)
H. Submit protocols, signed and approved by the medical director, that identify use of: <ul style="list-style-type: none"> a. Specific medications allowed within the scope of practice for EMTs-Intermediate b. Specific equipment allowed within the scope of practice for EMTs-Intermediate c. Skills and procedures <i>Protocols must describe how medical treatment will be provided by all levels of EMT and at what point in a protocol direct voice authorization of a physician is required.</i>	DHS 111.07(2)(o)
I. Provide copies of written mutual aid and backup agreements with other ambulance services in the area.	DHS 111.07(2)(s)
J. Provide copies of all personnel operating policies, procedures and guidelines.	DHS 111.07(2)(l)
K. Provide a copy of the controlled substances plan that will be used for acquiring and storing controlled medications.	DHS 111.07
III. Infection Control	
<i>Federal bloodborne and airborne guidelines can be referenced in 29CFR1910.1030 and 29CFR1910.134, respectively. Occupational health and safety guidelines for public employers are included in Wisconsin Administrative Code Comm 30 and Comm 32.</i>	
A. Provide a statement indicating that your service has an infection control plan and policies.	DHS 112.07

B. Provide a statement indicating that your service has a Bloodborne and Airborne Exposure Control Plan and provides annual training on that plan in accordance with applicable state and federal guidelines.	
C. Describe your service's post-exposure procedures.	
D. Describe your service's review and use of safety engineered devices.	
E. Identify date that your Exposure Control Plan was last reviewed and updated.	
F. Identify date of last training on your service's Exposure Control Plan.	
IV. Communications/Dispatch	
A. Provide a description of the communication system between medical control and the EMS unit.	DHS 111.07(2)(f)
B. Does each ambulance owned and operated by this service have two-way radio equipment operating on the 155.340 and 155.400 Mhz?	DHS 111.07(2)(f)
C. Is two-way communications available and operational from the patient's side?	DHS 111.07(2)(f)
D. Describe how calls are dispatched and answered.	DHS 111.07(2)(g)
E. Describe local dispatch policies and procedures or insert a copy of these policies.	DHS 111.07(2)(g)
F. How are Medical First Responders dispatched?	DHS 111.07(2)(g)
G. Describe who does the dispatching.	DHS 111.07(2)(g)
H. Are dispatchers medically trained?	DHS 111.07(2)(g)
I. Do dispatchers provide pre-arrival instructions?	DHS 111.07(2)(g)
V. Transportation	
A. Provide evidence that all ambulances to be used by the service have been inspected within the last 2 years (6 months for newly acquired vehicles) and are in compliance with Trans 309 with all required EMT-Intermediate equipment. (State Ambulance Inspector (608)-220-3246.)	DHS 111.07(2)(g)
VI. Education and Training/Competency	
A. Describe the methods by which continuing education and continuing competency of personnel will be assured. (Provide type of education, testing, frequency, instructor, etc.)	DHS 111.07(2)(l)
B. Describe who will assure EMT-Intermediate personnel competency?	DHS 111.07(2)(l)
VII. Quality Assurance	
A. Submit a plan describing how the service will provide quality assurance and improvement.	DHS 111.07(2)(l)
B. Provide copies of policies and procedures to be used in medical control implementation and evaluation of the quality assurance program.	DHS 111.07(2)(l)
C. Provide a description of the benchmarks to be used by the service to assure competency of all field personnel.	DHS 111.07(2)(l)
VIII. Data Collection	
A. Describe the method of data collection being used by the provider.	DHS 111.07(2)(m)
B. Provide a statement that agrees to submit data to the Department when requested.	DHS 111.07(2)(m)
C. Describe the ambulance report form being used by this provider. If other than the Department approved form, submit a copy of the form for review.	DHS 110.08(2)(r)

