



Scott Walker  
Governor

Dennis G. Smith  
Secretary

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

608-266-1568  
FAX: 608-261-6392  
TTY: 888-701-1253  
dhs.wisconsin.gov/ems

## State of Wisconsin

Department of Health Services

**Numbered Memo Series 12-02**  
**June, 2012**



**TO:** All EMS Services, Directors, Medical Directors and Personnel

**FROM:** Brian Litza, EMS Director  
Wisconsin Emergency Medical Services Unit  
Bureau of Communicable Diseases and Emergency Response  
Division of Public Health

**SUBJECT: Critical Care Paramedic; Rabies/Animal Bites; Use of RN's; Tactical EMS; WARDS Update; EMS Instructor Update; First Responder Update**

### *Critical Care Paramedic*

The Physicians Advisory Committee, the EMS Advisory Board and the EMS Office have agreed to the Critical Care Paramedic Endorsement level with an effective date of January 1, 2013. All parties agreed that the safe transport of patients throughout Wisconsin was of primary importance. The EMS Program has had numerous discussions with the Physician Advisory Committee, the EMS Board and stakeholders, which culminated in a webinar on May 22, 2012 and a final EMS Board recommendation on June 5, 2012.

The consensus is to abide by the Critical Care Scope of Practice document that was approved in July 2011. The scope of practice has never been under debate. The main concerns have been centered on the Paramedic medication list. This list originally described medications that were included in the Paramedic curriculum. Prior to the implementation of Chapter DHS 110 (Wis. Administrative Code) in January 2011, a service was allowed to exceed the scope of practice medications providing they had protocols, training, and Medical Directors approval.

The new guidance requires that the service define (at the local level) what medications will be in their paramedic scope of practice, in addition to the designated medication list associated with the current paramedic scope of practice document. The designated list is to be submitted to the EMS office and approved as part of a service's Operational Plan. Any medications not listed within the approved paramedic pharmacopeia will automatically be considered critical care.

With this, a current Paramedic level service has two choices:

1. Upgrade the level of service to Critical Care. (This requires an Operational Plan change and update along with protocols for the Critical Care level.)
2. Maintain Paramedic level of care and identify the medications not on the Paramedic Medication list that the service will use on a regular basis to convey patients in their area.

Once the service identifies and defines these medications, an operational plan change outlining these medications, as well as the supporting education and training plan, should be submitted for approval. Upon approval of this plan, the service would be allowed to transport patients with the approved medications. Any medications encountered that are not on the list automatically become critical care and cannot be transported by the paramedic service. The service may add to their list at any time through the plan update and approval process.

The EMS Office would like to thank those individuals and services that took their time to offer input and discussion on this important issue.

### **Rabies Reminder**

With the onset of warm weather, calls to respond to animal bite incidents are expected to increase. The Wisconsin Division of Public Health has developed the following recommendations for EMS personnel about the management of animal bites from the perspective of rabies prevention.

Although the guidance contained in the table below provides more detail, the overriding principles for first responders can be summarized as follows:

1. Wash all bite wounds thoroughly with soap and water as soon as possible. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
2. The biting animal should be captured if it is possible to do so without incurring further injury. In nearly all cases, observation or testing of the biting animal can eliminate the need for the bite victim to undergo rabies prophylaxis. Therefore, do not release or discard the animal until guidance is obtained from public health officials.

First responders should have access to the following resources for consultation on rabies issues:

1. Phone numbers of local health departments, and any animal control officers in their region
2. The Division of Public Health's 24/7 emergency phone number (608-258-0099)
3. The Wisconsin State Laboratory of Hygiene Rabies Unit's phone number (608-262-7323)
4. Further detail on various rabies exposure scenarios can be found at <http://hanplus.wisc.edu/DISEASES/rabies/introduction.htm>

Finally, the issue of bat exposures warrants special mention. Unlike most mammals, bites or scratches from bats can be so small that they are virtually undetectable. For this reason, a potential rabies exposure is considered to have occurred whenever there has been any direct physical contact between a human and a bat, even if no bite is apparent. Therefore, in such a scenario, the bat should be collected and submitted for rabies testing whenever possible.

Questions regarding these recommendations can be addressed to:

Dr. Jim Kazmierczak, Wisconsin State Public Health Veterinarian, at 608-266-2154 or at [james.kazmierczak@wi.gov](mailto:james.kazmierczak@wi.gov) .

## GUIDELINES FOR MANAGEMENT OF ANIMALS THAT BITE HUMANS <sup>1</sup>

ANIMAL SPECIES	CONDITION OF ANIMAL AT TIME OF BITE	DISPOSITION OF ANIMAL
<b>Dog, cat, ferret</b>	Healthy and available for 10 days of observation	Quarantine and observe animal for 10 days <sup>2,3</sup>
	Injured or seriously ill	If owner consents, sacrifice and test animal as soon as possible. <sup>4</sup> Otherwise, quarantine and observe for 10 days. <sup>2,3</sup> If dies or develops signs of rabies during quarantine, test the animal.
	Rabid or suspected rabid <sup>3</sup>	Sacrifice and test animal as soon as possible <sup>4</sup>
	Unknown (escaped)	Consult public health officials; consider search
<b>Skunk, bat, fox, coyote, raccoon, opossum, bobcat, wolf, or other carnivores whether wild or kept as pets</b>	Regard as rabid unless proven otherwise by lab tests.	Animal should be killed and tested as soon as possible. <sup>4</sup> Do <b>not</b> hold for observation.
<b>Livestock</b>	Consult public health officials & consider on case-by-case basis. Sacrifice and test if signs of rabies apparent. <sup>4</sup>	
<b>Rodents, rabbits and hares whether wild or kept as pets</b>	Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, and rabbits typically do not require testing of the animal <b>if</b> it had been behaving normally at the time of the bite. However, bites from <b>large</b> rodents such as woodchucks, beavers, and muskrats should be handled like those from carnivores (above).	

<sup>1</sup> **All bite wounds should be thoroughly cleansed with soap and water as soon as possible.** Bite victim should consult a physician regarding the need for preventive treatment for rabies and tetanus, as well as for follow up wound care.

<sup>2</sup> **Quarantine is imposed regardless of animal's rabies immunization status.** Legal quarantines and euthanasia orders can only be imposed by local health officials or law enforcement officers.

<sup>3</sup> Veterinary consultation indicated. If an animal under quarantine develops any signs suggestive of rabies (as determined by a veterinarian), it should be immediately sacrificed and tested for rabies.

<sup>4</sup> Animals should not be shot in the head, nor should the head be mutilated in any way. Refrigerate specimen; avoid freezing; transport on ice packs (not dry ice) to the State Laboratory of Hygiene or call the SLH at 608/262-7323.

*James Kazmierczak DVM, Division of Public Health, May, 2012*

## ***Use of Registered Nurses on Ambulances***

There has been confusion in the past regarding the circumstances under which a registered nurse (RN) or physician assistant (PA) may perform emergency medical care while working with an EMS provider. The promulgation of Wisconsin Administrative Code Chapter DHS 110, effective January 1, 2011, has helped to clarify this situation. When considering an RN or PA on the ambulance, two scenarios can play out:

1. The RN or PA is a member of the EMS Service: Under Chapter DHS 110, a Wisconsin-licensed registered nurse or physician assistant, who is not licensed as an EMS professional, may replace a certified first responder or licensed emergency medical technician (EMT) at all levels as a member of an EMS crew, or work as an adjunct to the EMS crew. The presence of an RN or PA on an ambulance or with first responder or non-transporting EMT provider personnel does not allow the EMS provider to practice at a level beyond that authorized in its scope of practice for the level it is licensed. The RN or PA must have their medical director certify that the RN or PA has been trained and qualified in the skills and equipment used at the level of the service. Staffing can include the RN or PA as part of the ambulance staffing configuration.
2. The RN or PA is a member of the transferring facility's staff: If a service utilizes RNs or PAs from a transferring facility and that individual is not a member of the service, this individual can act to the level designated by the facility's MD. The transferring facility is responsible for all medications, equipment, and supplies for the transport. Ambulance staffing must be consistent with DHS 110.50 and should not include the RN or PA as part of the legal crew.

**\*\*\* PLEASE SEE THE POLICY AT THE END OF THIS DOCUMENT \*\*\***

## ***Tactical Emergency Medical Services (TEMS)***

TEMS is outlined in DHS 110.42 and describes the elements required of the team to be recognized by the EMS Office as a TEMS Team.

DHS 110.42 Tactical emergency medical services. An ambulance service provider or other agency shall obtain departmental approval before using licensed EMS personnel 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 personnel that operate on the team.

Once a TEMS team has been approved, the individuals on that team can apply for TEMS endorsement on their EMS License by completing the Provider Upgrade Application that is available inside your e-licensing account. A letter from the TEMS team that designates membership should be included with your application.

### **Wisconsin Ambulance Run Data System (WARDS) Update**

It is very important to check the home page when logging into WARDS. This page is updated regularly with various pieces of information that are important to users. Some of the most current items of note include:

#### ***Validation Rules***

We continue to review and update the validation rules to improve the quality of data. If you are getting persistent warnings, please let us know and we will review them to see if they can be fixed. Please send your requests to [charles.happel@wisconsin.gov](mailto:charles.happel@wisconsin.gov) for consideration.

#### ***Dynamic Run Form (DRF)***

Based on feedback from several other states, we have implemented the Dynamic Run Form. The others states have found a significant improvement in data quality which supports our move to this report form. Additionally we have received similar feedback from the providers that have been testing the form in our State. Providers have indicated that once they have used this format a few times to enter reports, it was quicker and easier to use than the current report format.

Please be sure to go to the WARDS testing and training site to become familiar with the Dynamic Run Report form, also known as “*derf*.” How to get to the testing and training site is described on the [WARDS Home Page](#). Information on how to access the training and testing site is included in the Service Director Information link on the same page.

As this is a technology change, we want to recommend that you ensure that you have the latest version of Silverlight and Adobe Acrobat Reader installed on your computer. You can get these updates from the following links:

*Silverlight for PC:*

<http://www.microsoft.com/silverlight/>

*Silverlight for Mac:*

<http://www.microsoft.com/getsilverlight/Get-Started/Install/Default.aspx>

*Acrobat Reader for PC:*

<http://get.adobe.com/reader/>

*Acrobat Reader for Mac:*

<http://www.adobe.com/support/downloads/product.jsp?product=10&platform=Macintosh>

On April 18, 2012, we released the Dynamic Run Report form for all services to start using. We strongly encourage you to first practice using with this form on the testing and training site noted above. As of July 1, 2012, this is the only form available. We have turned off use of the older form. To assist in an easy transition, please forward any problems you may encounter to Chuck Happel at [charles.happel@wisconsin.gov](mailto:charles.happel@wisconsin.gov). With your help, we will improve the collection of patient data and improve the care being provided to all citizens and visitors of the State of Wisconsin.

### ***Hospital Reports***

There still seems to be some misunderstanding related to what is required in providing a patient care report (PCR) to the receiving hospital. Per DHS 110.34(7), each service must: “...*submit a written report to the receiving hospital 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.*”

While we do approve the electronic WARDS report as a completed report, you still have to make sure this is accepted by the receiving hospital. We do intend on this process becoming paperless. However, we also realize that we are not there yet. Several hospitals currently do not have sufficient staff to be able to access these reports 24/7. We are working on improving the process with them but it will take some time.

Please work with your receiving hospitals. If they need a paper report in the interim, please provide one. Encourage them to work with our office to get electronic access to WARDS so they can also become paperless.

### **EMS Instructors**

With the license renewal period is winding down, a few reminders to EMS Instructors:

1. DHS 110.27: Instructor I licensure does not need to be renewed provided that you have maintained all the prerequisites to licensing. If an Instructor I has a valid local credentialing agreement (LCA) with a training center, there is no need to create an additional LCA.
2. DHS 110.28: Instructor II licenses expire on 06/30/2012, which is the same date as other licenses. An application for 2012-2014 Instructor II Renewal must be completed and approved by the 06/30/2012 expiration date. If an Instructor II has a late renewal, **LATE INSTRUCTOR II RENEWAL FEES WILL BE CHARGED** in addition to any other applicable fees. If an Instructor II has a valid LCA with a training center, there is no need to create an additional LCA.
3. Final class rosters must be submitted and approved in the *E-licensing* system. If classes are found that are not complete, sanctions may be placed up to, and possibly including, revocation of an Instructor II license.

## **First Responders**

Over the last several months and throughout the license renewal process, we have identified a number of individuals and services that have been practicing without a license. The licensing of services and individuals has been a requirement since 2005 when DHS 113 was enacted under emergency rule provisions. The EMS Office has extended a waiver period several times, however, these provisions ended on December 31, 2010. We cannot stress enough that all individuals and services must be licensed to operate.

Any individual who does not possess a valid First Responder license **CANNOT** legally practice. If you have not applied for a license within 24 months of completing your INITIAL First Responder class, you will need to retake the initial class again in order to obtain a license.

Services also need to be licensed in order to provide services in Wisconsin. If a Service is not licensed, the process to obtain a license is not difficult. The application is found on our DHS / EMS web site along with instructions at [http://www.dhs.wisconsin.gov/ems/License\\_certification/firstresponderlicensinginfoandforms/frservicesandstaff.htm](http://www.dhs.wisconsin.gov/ems/License_certification/firstresponderlicensinginfoandforms/frservicesandstaff.htm)

Services operating without a license are also subject to penalties as outlined in DHS 110. The EMS Unit is here to assist Individuals and Services to become certified and maintain compliance with statute and administrative rule. If you have questions regarding this or any other matters regarding EMS operations, feel free to contact our office.

---

---

***Use of an RN or PA by an EMS Provider***

AUTHORITY: EMS Section, Administrative Rule

**PURPOSE: This policy replaces any previous statement or policy regarding the use of RNs and PAs on an ambulance. This applies to all types of EMS providers.** There has been confusion in the past regarding the circumstances under which a registered nurse (RN) or physician assistant (PA) may perform emergency medical care while working with an EMS provider. The promulgation of Wisconsin Administrative Code chapter DHS 110, effective January 1, 2011, has helped to clarify this situation. Under chapter DHS 110, a Wisconsin-licensed registered nurse or physician assistant, who is not licensed as an EMS professional, may replace a certified first responder or licensed emergency medical technician (EMT) as a member of an EMS crew, or work as an adjunct to the EMS crew, if certain conditions are met; however, the presence of an RN or PA on an ambulance or with first responder or non-transporting EMT provider personnel does not allow the EMS provider to practice at a level beyond that authorized in its scope of practice for the level it is licensed. This policy document clarifies for the EMS provider the requirements and guidelines for use of these professionals in place of first responders or EMTs or to supplement licensed EMS professionals. The limitations placed on the use of RN's and PA's by EMS providers assure that public health and safety are protected and consistent EMS service is provided throughout Wisconsin.

**RELEVANT CODE REQUIREMENTS**

**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. (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.

**DHS 110.50 EMS provider staffing requirements**

(1) (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 EMT at any service level provided he or she is trained and competent in all skills, medications and equipment used by that level of EMT 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–basic and registered nurse to paramedic transition courses available through the certified training centers. A physician, physician assistant, or registered nurse 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

**GENERAL GUIDELINES:** [Per Wis. Admin. Code § DHS 110.50(2)]

1. A registered nurse or physician assistant who takes the place of an EMT must be trained and competent in all skills, medications and equipment used by the EMS provider. Since EMTs use skills and equipment not typically taught in nursing or physician assistant programs, an EMS provider is responsible for assuring that anyone taking the place of an EMT is competent in all skills, medications, and equipment used by the service. Under Wis. Admin. Code § DHS 110.49 (2) (j), the responsibility rests specifically with the service’s medical director.
2. A nurse or physician assistant replacing a licensed EMS professional on an ambulance as part of a legal crew may only practice to the license level of the ambulance service. Current scopes of practice for the different levels of ambulance licensure may be found on the department’s website at <http://dhs.wisconsin.gov/ems> .
3. These guidelines are consistent with the position taken by the Wisconsin Board of Nursing. The Board states in a position paper that a nurse who practices at a level below his or her licensure is expected to function according to the position description for which the nurse is employed and that the nurse should not exceed the scope of the duties of the position although the nurse may have education and/or training beyond that required for the position. The Board states specifically that, “a registered nurse (RN) who accepts a position as . . . an emergency medical technician (EMT) should limit [his or her] practice to the job description and not act beyond the scope of those duties.” The Board of Nursing position paper may be found at [http://drl.wi.gov/board\\_docview.asp?docid=71&boardid=42&locid=0](http://drl.wi.gov/board_docview.asp?docid=71&boardid=42&locid=0)
4. The Board of Nursing cautions that, if the nurse voluntarily acts beyond the scope of the position description, the nurse may be held to the highest standard of care for which the nurse is licensed. The Board also cautions that a nurse who practices at a level below his or her licensure may be held accountable to a higher standard of care if the nurse knew or should have known, based on his or her education, training or licensure, that the failure to act would cause harm to a patient, “unless the employer has clearly prohibited the nurse from taking any action.” *See* [http://drl.wi.gov/board\\_docview.asp?docid=71&boardid=42&locid=0](http://drl.wi.gov/board_docview.asp?docid=71&boardid=42&locid=0)
5. It is very important that the EMS provider have protocols and a position description that addresses the use of RN’s and PA’s on the ambulance. This is both for the protection of the personnel and the EMS provider.

**GUIDELINE: RN MEMBER OF AN AMBULANCE OR AIR MEDICAL SERVICE**

1. The RN may only practice up to the level of the ambulance service provider's license.
2. The RN may only practice at the RN's license level if the ambulance service is licensed at or above the paramedic level.
3. The RN must function under the ambulance service's medical director and approved service protocols.
4. The service provider must verify that the RN is competent in all the skills, equipment and medications used by the service. (A form is available on our website to assist in documentation and can be found at the following web link:  
[http://www.dhs.wisconsin.gov/ems/EMSsection/Forms/forms\\_index.htm](http://www.dhs.wisconsin.gov/ems/EMSsection/Forms/forms_index.htm) )

**GUIDELINE: RN HOSPITAL STAFF ON AN AMBULANCE**

1. An RN employed by a sending hospital may serve as additional staff on an interfacility transport.
2. While serving on an interfacility transport, an RN may practice to the RN's license level ONLY if the RN is a third EMS professional on the ambulance, is functioning as an employee of the sending hospital, and is under the supervision of a physician employed by the hospital.
3. An RN from a hospital is not part of the required legal ambulance crew unless the RN is also employed by the transporting ambulance service. If the RN is employed by the transporting ambulance service, the RN may only function to the level of the service and not at the RN level.
4. The sending hospital and the hospital's RN must assure that all medications and equipment the RN needs to properly care for the patient are sent with the RN since the ambulance service will not be equipped for the higher level of care.