

INTERMEDIATE TECHNICIAN OPERATIONAL PLAN COMPONENTS

The service must have approval of a Feasibility Study prior to submission of this operational plan as noted in Administrative Rule 110.35(1). The following information must be compiled and submitted in similar outline format with a completed Operational Plan form. Written approval of this plan is mandatory prior to implementation.

PROGRAM COMPONENTS	
I. Initial Tasks to be Completed	
A. Completed feasibility study submitted and approved by DHS-EMS	DHS 110.35(1)
B. Provide documentation that a community meeting was held including any concerns that were identified.	
II. Operations (staffing, response, infection control, protocols, policies and procedures)	
A. Complete Operational Plan form F-47463.	DHS 110.35(2)
B. Name of service	DHS 110.04(5)
C. Current service license level	
D. Service license level being requested	
E. Name of Service Director	DHS 110.48
F. Name of Medical Director	DHS 110.49
G. Provide a description of how the provider will use First Responders and/or EMT's (of all levels) in the system.	DHS 110.33(3)
H. Identify the hospital that will provide your day to day Medical Control.	DHS 110.34(3)
I. Provide a general description of the population, community characteristics and map of the primary service area.	DHS 110.34(4)
J. Provide a statement indicating the provider understands the requirement to assure 24/7 coverage for any 911 response.	DHS 110.34 (5)
K. Provide a statement that the service provider will comply with staffing requirements identified in Administrative Rule and State Statute	DHS 110.34(6)
L. Provide copies of written mutual aid and backup agreements with other ambulance services in the area.	DHS 110.34(10)
M. Identify the Regional Trauma Advisory Council (RTAC) that the service has chosen for membership.	DHS 110.34 (11)
N. 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 110.35(2)(f)

O. 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 b. Specific equipment allowed within the scope of practice c. Skills and procedures <p><i>Protocols must describe how medical treatment will be provided by all levels of EMT's and at what point in a protocol direct voice authorization of a physician is required</i></p>	DHS 110.35(2)(a)
P. Provide a formulary list of medications	DHS 110.35(2)(b)
Q. Provide a list of optional skills and procedures intended to be used within your scope of practice.	DHS 110.35(2)(c)
R. Proof of professional liability, medical malpractice and vehicle insurance, as appropriate.	DHS 110.35(2)(d)
S. Provide copies of the service operational policies which at a minimum include the following: <ul style="list-style-type: none"> a. Response Cancellation b. Use of Lights & Sirens c. Dispatch and Response d. Refusal of Care e. Destination Determination f. Emergency Vehicle Operation and Driver Safety Training 	DHS 110.35(2)(e)
III. Infection Control	
A. Provide a statement indicating your service has an Infection control plan and provides annual training according to OSHA 29 CFR 1910.1030 for Blood borne pathogens and 29 CFR 1910.134 Hepa mask fitting.	DHS 110.47(3)
B. Identify date that your Exposure Control Plan was last reviewed and updated.	DHS 110.47(3)
C. Identify date of last training on your service's Exposure Control Plan.	DHS 110.47(3)
IV. Communications/Dispatch	
A. Provide a description of the communication system between medical control and the EMS unit.	DHS 110.34(12)
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 110.34(12)
C. Is two-way communications available and operational from the patients' side?	DHS 110.34(12)
D. Describe how calls are dispatched and answered.	DHS 110.34(12)
E. Describe local dispatch policies and procedures or insert a copy of these policies.	DHS 110.34(12)
F. Who does the dispatching?	DHS 110.34(12)
G. Are dispatchers medically trained?	DHS 110.34(12)
H. Do dispatchers provide pre-arrival instructions?	DHS 110.34(12)

V. Education and Training/Competency	
A. Identify the Training Center with which the service is affiliated.	DHS 110.34(13)
B. Describe the methods by which continuing education and continuing competency of personnel will be assured. (Provide type of education, testing, frequency, instructor, etc.)	DHS 110.34(14)
C. Describe who will assure personnel competency?	DHS 110.47(4)
VI. Quality Assurance	
A. Submit a plan describing how the service will provide quality assurance and improvement.	DHS 110.34(14)
B. Provide copies of Policies and Procedures to be used in Medical Control implementation & evaluation of the QA program.	DHS 110.34(14)
C. Provide a description of the benchmarks to be used by the service to assure competency of all providers.	DHS 110.34(14)
VII. Data Collection	
A. Provide a statement that the service agrees to submit data to WARDS.	DHS 110.34(8)
B. Identify the software vendor if the service is using a third-party software to collect data.	
IF REQUESTING 12-MONTH PHASE-IN OF FULL-TIME COVERAGE	
Service provider wanting to provide coverage over a phase-in period shall submit an operational plan to the department that includes all of the elements under DHS 110.34 & 110.35 in addition to the following:	
A. Service provider must show evidence of hardship, which requires request for 12-month phase in.	DHS 110.36
B. A description, in detail, 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 the initiation of coverage until full-time coverage will be achieved.	DHS 110.36(2)(a)
C. A description of how quality assurance and skill proficiency will be evaluated during the phase-in period.	DHS 110.36(2)(b)
D. Provide a statement that during the phase-in period, all requirements under WI Statute 256 and DHS 110 shall be met except for the requirement to provide the higher level of coverage 24/7.	DHS 110.36(4)
E. Provide a statement that the service provider that does not achieve full-time coverage within the approved phase-in period, 12-months maximum, shall cease providing the higher level of coverage and shall revert back to the previous level the service provided.	DHS 110.36(5)

IF YOU ARE REQUESTING INTERFACILITY TRANSPORTS

Service provider wanting to provide interfacility transport coverage shall submit an operational plan to the department that includes all of the elements under DHS 110.34 &110.35 in addition to the following:

- A. Describes how interfacility transport services will be provided. DHS 110.38
- B. Provide a statement indicating the understanding that providing interfacility transports will not interrupt 911 emergency responses. DHS 110.38(1)
- C. Describe the crew configuration and personnel to be used on specific type of patient transfers based upon the patient’s condition. DHS 110.38(2)
- D. Provide a statement assuring that Mutual Aid agreements will not be used to cover the primary service area while providing interfacility transports. DHS 110.38(3)
- E. If the service also provides 9-1-1 coverage confirm a minimum one ambulance for 9-1-1 emergency response and one ambulance for interfacility transports. Unless the service provider has a coverage agreement with a neighboring service provider that will provide one 9-1-1 ambulance for each primary service area. DHS 110.38(4)

IF YOU ARE REQUESTING SPECIAL EVENT COVERAGE

This section covers prehospital service provided at a specific site for the duration of a temporary event, which is outside the ambulance service provider’s primary service area or at a higher license level within the provider’s primary service area. If the special event coverage is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved that includes all the elements under DHS 110.34 &110.35 that differ from the existing approved plan.

- A. Describe how the special event differs from the existing approved operational plan. DHS 110.44
- B. Describe how the ambulance service applying for special event coverage will work in conjunction with the primary emergency response ambulance service in the area. DHS 110.44(17)
- C. Provide letters of support from the primary ambulance service provider indicating they are aware of and agree to allow the special event ambulance provider to operate within the primary services area. DHS 110.44(17)
- D. Provide a letter from the Medical Director responsible for services during the special event indicating acknowledgement of responsibilities. DHS 110.49(2)(d)

INTERMEDIATE TECHNICIAN SPECIFIC REQUIREMENTS

Submit an operational plan to the department that includes all of the elements under DHS 110.34 & 110.35 in addition to the following:

A. Identify the number of ambulances that will provide 911 coverage 24/7.

DHS 110.50(1)

B. 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 Intermediate Technician equipment. (State Ambulance Inspector 608-516-6562).

DHS 110.34(15)

Plan Approved By:

Date:

Entered into E-Licensing:

Bureau Notification: