

**Clearinghouse Rule 08-082
08-082**

**ORDER OF THE
DEPARTMENT OF HEALTH SERVICES
TO ADOPT RULES**

The Wisconsin Department of Health Services proposes to create ch. DHS119, relating to training in the use of automated external defibrillators for emergency medical technicians, first responders, and individuals who provide instruction to emergency medical technicians and first responders, and affecting small businesses.

SUMMARY OF PROPOSED RULE

Statutes interpreted: Sections 256.15 (9m) and 227.11 (2), Stats.

Statutory authority: Sections 256.15 (9m) and (13) and 227.11 (2), Stats.

Explanation of agency authority:

Section 256.15 (13) (a) Stats., permits the department to promulgate rules necessary to administer s. 256.15 relating to licensing, certifying and training emergency medical services personnel.

Section 256.15 (9m), Stats., requires the department to promulgate rules that require emergency medical technicians, first responders, and individuals who provide instruction to emergency medical technicians and first responders to complete training on the use of automated external defibrillators. Section 256.15 (9m), Stats., also requires the department to specify, in rules, the content of the training, qualifications of providers, and frequency with which training is to be completed.

Section 227.11 (2), Stats., provides state agencies with general rulemaking authority.

Related statute or rule:

Section 256.15 (6g), Stats., and chs. DHS 110, 111, 112, and 113.

Plain language analysis:

Section 256.15 (9m), Stats., requires the department to promulgate rules that require emergency medical technicians, first responders, and individuals who provide instruction to emergency medical technicians and first responders to complete training on the use of automated external defibrillators. Section 256.15 (9m), Stats., also requires the department to specify, in rules, the content of the training, qualifications of providers, and frequency with which training is to be completed.

Emergency medical services professionals already generally receive instruction on the use of automated external defibrillators as part of their standard training and certification. The requirements, however, are not in administrative rules.

Summary of, and comparison with, existing or proposed federal regulations:

There appear to be no existing or proposed federal regulations that address the activities to be regulated under the proposed rules.

Comparison with rules in adjacent states:

Iowa: Iowa, under 131 IAC, requires emergency medical services personnel to maintain current written recognition given for training and successful course completion of CPR which includes training on the use of an AED.

Illinois: Illinois, under 77 Ill. Adm. Code 525.300 and 525.400, requires the department of public health to approve courses that meet the course objectives for the American Heart Association or the American Red Cross courses and that require at least the same number of hours for completion. To be recognized as an AED user in Illinois the code requires an individual to be trained as an instructor in the use of AEDs, or be licensed to practice medicine in all its branches under Illinois statute. These requirements are comparable to the requirements under this rule where training in the use of an AED is to be provided by the American Heart Association, American Red Cross, and other organizations who have similar training objectives, except that the proposed rule does not require emergency medical professionals to be trained as instructors, or be licensed to practice medicine.

Michigan: Michigan, under Mich. Adm. Code R. 325, requires emergency medical services personnel to have a department of community health-approved cardiac pulmonary resuscitation (CPR) program for a health care provider or highest equivalent level of training. This rule is similar to the training approved and required for emergency medical professional under the proposed rule. The training required under the proposed rule is at the professional level of training which is intended for persons in the health care field.

Minnesota: Minnesota does not have administrative rules that are similar to the proposed rules.

Summary of factual data and analytical methodologies:

Emergency medical services professionals are already required by the department to receive instruction on the use of AEDs as part of their standard training for licensure and certification. The requirements, however, are not in administrative rules. Section 256.15 (9m), Stats., requires the department to promulgate rules that require emergency medical technicians, first responders, and individuals who provide instruction to emergency medical technicians and first responders to complete training on the use of automated external defibrillators. Section 256.15 (9m), Stats., also requires the department to specify, in rules, the content of the training, qualifications of providers, and frequency with which training is to be completed.

Analysis and supporting documents used to determine effect on small business:

See the "Effect on small business" section.

Effect on small business:

The fiscal effect of the proposed rules on private and public sector ambulance service providers who employ emergency medical services professionals should be minimal, as the emergency medical professionals and instructors are already required by the department to receive the instruction required under s. 256.15 (9m), Stats. However, the

fiscal effect may vary and depends on whether the provider or the individual pays for the course. Instruction on the use of AEDs is generally taught in a course that combines CPR and AED training. The cost of a certification course at one of the approved providers, e.g. the American Heart Association, American Red Cross, American Safety and Health Institute, American Academy of Orthopedic Surgeons, and Medic First Aid is approximately \$50. Instruction is required at least every two years under the proposed rule.

Agency contact person:

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Place where comments are to be submitted and deadline for submission:

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The deadline for submitting comments and the notice of public hearing will be posted on the Wisconsin Administrative Rules Website at <http://adminrules.wisconsin.gov> after the hearing is scheduled.

TEXT OF PROPOSED RULE

SECTION 1. Chapter DHS 119 is created to read:

Chapter DHS 119

**AUTOMATED EXTERNAL DEFIBRILLATION TRAINING FOR EMERGENCY
MEDICAL TECHNICIANS, FIRST RESPONDERS AND INDIVIDUALS WHO PROVIDE
INSTRUCTION TO EMERGENCY MEDICAL TECHNICIANS AND FIRST
RESPONDERS**

DHS 119.01 Authority and purpose
DHS 119.02 Applicability
DHS 119.03 Definitions
DHS 119.04 Training content and frequency
DHS 119.05 Instructor qualifications

DHS 119.01 Authority and purpose. This chapter is promulgated under the authority of s. 256.15 (9m), Stats., to require emergency medical technicians, first responders, and individuals who provide instruction to emergency medical technicians or first responders to successfully complete training on the use of an automated external defibrillator and to establish the content and frequency of the required training, and the qualifications of providers of instruction.

DHS 119.02 Applicability. This chapter applies to emergency medical technicians and first responders, individuals, organizations, and institutions of higher education that provide instruction on the use of an automated external defibrillator.

DHS 119.03 Definitions. In this chapter:

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

(2) “Approved provider” means any of the following:

(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) Other programs as identified and approved by the department.

(2) “Cardiopulmonary resuscitation” or “CPR” means a combination of rescue breathing and chest compressions delivered to an individual believed to be in cardiac arrest.

(3) “Emergency medical technician” or “EMT” has the meaning given in s. 256.01 (5), Stats.

(4) “First responder” has the meaning given in s. 256.01 (9), Stats.

DHS 119.04 Training content and frequency. (1) Each emergency medical technician, first responder, and each individual who provides instruction to EMTs or first responders shall successfully complete one of the following courses at least every 2 years:

(a) American Heart Association – CPR for the Healthcare Professional course.

(b) American Red Cross - CPR for the Professional Rescuer course.

(c) American Safety and Health Institute - CPR Pro – Professional Level CPR and AED course.

(d) Emergency Care and Safety Institute - American Academy of Orthopedic Surgeons Professional Rescuer CPR course.

(e) Medic First Aid - Basic Life Support for Professionals course.

(f) Other programs as identified and approved by the department.

(2) All of the training courses specified under sub. (1) shall be provided by an instructor who is employed by or under contract with an approved provider and include instruction in all of the following:

(a) How to recognize life-threatening cardiac emergencies.

(b) How to perform adult, child and infant CPR at the professional level, including the performance of CPR by one person or two and the use of medical devices to help an individual breathe.

(c) How to use an automated external defibrillator on persons of any appropriate age.

(d) How to clear the airway of a conscious or unconscious person who is choking.

DHS 119.05 Instructor qualifications. (1) An individual who provides CPR or AED instruction to an emergency medical technician, first 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, specified by the approved provider for which instruction is provided.

(2) 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.

SECTION 2. EFFECTIVE DATE: This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register, as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health Services

Dated: April 6, 2009

Karen E. Timberlake, Department

Secretary

SEAL: