

EMS PROVIDER APPLICATION AND OPERATIONAL PLAN

Completion of this form is mandatory for licensure as an EMS provider. Updating and maintaining a current operational plan with the Department of Health Services (DHS) is required under Wisconsin Administrative Rule Chapters HFS 110, 111, 112 and 113 and s. 146.50 and 146.55, Wis. Statutes. Failure to complete, submit and obtain approval of an EMS Operational Plan may result in denial, revocation or suspension of an EMS provider license or other disciplinary action as allowed by law.

The following apply to EMS service providers per Wisconsin Administrative Codes. Before operating an EMS service, a county, city, town, village, prospective or licensed EMS service provider, hospital or any combination of these shall first submit to the DHS an operational plan for DHS review and approval. DHS approval of the plan shall be a prerequisite to initiation of EMS service provision. Once an operational plan is approved, any modifications must be submitted to the DHS **and approved** in writing prior to implementation. Once approved by DHS, an operational plan becomes the legal description under which an EMS provider must function. No changes may be made without prior written approval of the EMS Section.

While some operational plan requirements are standard, some vary with the level of service being provided. Specific operational plan requirements for each level are listed as parts A, B, C, D and E of this application form. Complete the application and operational plan form and continue with your plan by identifying the level of care your service will offer and responding to the plan components for that level. In completing the application, attach additional sheets as necessary. **Both form DPH7463 (EMS Provider Application and Operational Plan) and the operational plan component outline for your level of service (DPH7463 part A, B, C, D or E) are required as part of the EMS Service Operational Plan.**

RETURN COMPLETED PLAN IN PRINT FORM TO THE APPROPRIATE EMS PROGRAM COORDINATOR AT:

Division of Public Health
Bureau of Local Public Health Practice and
Emergency Medical Services
PO Box 2659
Madison, WI 53701-2659

This plan is a (check one):

New Change of Service License Level Change of Ownership Special Event Plan Seasonal Plan

Revised Plan – Attach a document describing change and complete only that section applicable to the change. Add King LTS-D

Contact Person (submitting plan)	Telephone No.	E-mail Address
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EMS PROVIDER

EMS Provider Information

Provider Legal Name	Provider License No.	FEIN
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Address (where records are kept)

City	State WI	Zip code	County
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Day (Office) Telephone No.	Other Telephone No.	E-mail Address
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Mailing Address (If different than above)

City	State WI	ZIP Code	County
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DEA number if applicable	CLIA waiver number	CLIA waiver expiration date
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Service License Level (Check all that apply)

Medical First Responder EMT Basic Intermediate Technician (formerly IV-Tech and Provisional Intermediate)
 EMT Intermediate EMT Paramedic

USE OF KING LTS-D ADVANCED AIRWAY

Protocol: The protocol is **signed by our service medical director and is attached**. Members of this service do do not (check one) need direct voice medical orders to use this device.

Training description (check one):

All King LTS-D airway instruction will be accomplished in the Medical First Responder and/or refresher course using the Wisconsin curriculum for training medical first responders along with the King LTS-D addendum or in the EMT-Basic or EMT-Intermediate Technician courses or refresher courses along with the King LTS-D addendum. This includes current members and new members. Instructors will be approved instructor/coordinators from the local technical college.

- **OR** -

A course on the use of the King LTS-D airway was presented to the EMS personnel on _____ . Our service medical director (or his/her designee), _____ , discussed the indications, precautions and contraindications for using this device. The course was taught according to the approved airway training module from the appropriate approved Wisconsin EMS curriculum along with the King LTS-D addendum. Each student had a chance to practice with the device and show competency in its use during practical stations. Attendance and training records will be maintained by the service provider for a period of no less than five years.

Identify the course instructor and his/her qualifications:

Describe how new members will be trained:

Continued Competency: Continued competency will be achieved through **annual** advanced skill recertification along with defibrillation. Recertification will be accomplished with review by our medical director or his/her designee. Records of recertification will be kept on file with the service for a period of no less than five years. Review and practice will be accomplished as often as needed as with any new piece of equipment, medication, etc.

Staffing (check one):

All members of this service have been trained on this skill to allow our service to be fully staffed with members trained in the use of the King LTS-D airway.

Other (describe):

Provide a description of how you will ensure that all affiliated and neighboring emergency medical services are familiar with this device.

Quality Assurance: The Advanced Airway Data Form will be completed for every call on which the King LTS-D airway is used. The service medical director will review all Advanced Airway Data Forms.

*** SERVICE DIRECTOR CERTIFICATION**

I certify that the named EMS service will operate in conformance with s. 146.50 and s. 146.55, Wisconsin Statutes and Chapters 110, 111, 112 and/or 113 Wisconsin Administrative Code and this amended operational plan.

SIGNATURE - Director

Date Signed

SIGNATURE - Medical Director

Date Signed