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**To:** Ambulance Service Providers, EMS Training Centers and  
Ambulance Service Medical Directors

**From:** Dan Williams, Chief  
Wisconsin Emergency Medical Services Systems Section  
Bureau of Local Health Support and EMS

**RE: VARIOUS ITEMS OF INTEREST**

**Keep Your Address Current for EMSS WebMail**

The EMS Office often sends important information to services through e-mail. We obtain these e-mail addresses from the Web Access Management System (WAMS). This is the system that manages all user accounts for the State of Wisconsin. In order to change your e-mail address to receive EMSS WebMail, you must go into your WAMS account. **Updating your e-mail address in EMSS does not affect WAMS and will not assure proper delivery.** Invalid e-mail is returned undelivered and you and your service will not receive important information.

To change your e-mail address:

You can access WAMS from EMSS. Click on "**MyLoginAccount**" at the bottom of any page. On the Web Access Management System (WAMS) page, select "**Profile Management**". (You may need to login using your EMSS logon and password.) Under "**Profile Information**", update your e-mail address and then click "**Submit**" at the bottom of the page.

It is also critical to keep your e-mail current in WAMS because access is required to this account in the event you forget your password.

**Safety Engineered Needles Required**

The Bloodborne Pathogens Standard (29 CFR 1910.1030) as amended by the Needle Stick Prevention Act requires the use of an appropriate engineering control (e.g., retractable needles, needle guard, needle-less system) when injecting medication. Wisconsin has adopted similar requirements.

One exception to the standard is the use of an auto-injector such as the EpiPen.

## In Memoriam – Joseph C. Darin, MD



Joseph C. Darin, M.D. died peacefully at his home on Wednesday evening, October 25, 2006.

Dr. Darin was a leader in emergency medicine in Wisconsin establishing the first residency program in the state, establishing Milwaukee County EMS, as well as spearheading numerous other initiatives and programs that have saved countless lives. He was Wisconsin's first State EMS Medical Director.

Visitation Friday, November 10 at the funeral home from 4 until 8:30 PM. Relatives and friends may join the family for the Mass of Christian Burial on Saturday, November 11, 11 AM at St. John Vianney Church, Brookfield. Committal Services to follow at Wisconsin Memorial Park.

The complete obituary is available at [www.beckerritter.com](http://www.beckerritter.com).

## Subcutaneous and Intramuscular Injection Guidelines

Procedural guidelines have been developed and accompany this document. These guidelines support the Needle Stick Prevention Act, infection control procedures and practices to reduce contamination, and latex and other sensitivity considerations. The guidelines should be reviewed and adopted to ensure that your service is following applicable rules and laws.

## Weapons of Mass Destruction (WMD) Course Requirements

It has been determined by the Department of Health and Family Services, Bureau of Local Health Support and EMS that the material covered in the one and one half hour (1 ½) Weapons of Mass Destruction refresher course (WMD) is also sufficient for the initial training. Effective with classes beginning on or after January 1, 2007, the four (4) hour course will no longer be required.

## Acceptable CPAP Devices

CPAP was approved for use at all levels of EMT in January of this year. We have started to see more variety of CPAP devices being introduced into the EMS market. However, some devices may not be appropriate for use in an EMS setting. We solicited an opinion and have received the following recommendations from the Physician Advisory Committee and the State Medical Director which has been accepted by the EMS Office. The CPAP Device Considerations document has been updated and is available on the EMS website at <http://www.dhfs.wi.gov/ems/system/CPAP.htm>.

### **Acceptable devices must have the following:**

1. A safety relief valve which will allow for a safe maximal pressure only.
2. An accurate pressure gauge.
3. The ability to easily, quickly, and reliably change pressure.

## **Provider Licenses**

Our office has had a considerable back log of renewal applications to process and we are working diligently to process all applications. There are many reasons for the delay but hopefully this will shed some light on the issues. The EMS office sent renewals out to individuals and providers in February 2006. The largest amount (literally thousands of individual and hundreds of provider renewals) were received on the very last day of eligibility, June 30, 2006.

The most significant issue that is being found is incomplete paperwork. The most common errors are not having all of the required signatures, not filling out the renewal completely, and/or not answering one or both of the criminal history questions. Any or all of those issues require our office to send the application back to the individual or service to be fixed.

Unfortunately, many of the people and providers who are now contacting our office with concerns about their license are those that chose to submit them to us on June 30<sup>th</sup>. Renewal applications are handled in the order in which they are received (by date). We feel we have been clear as to the expectations and procedure and now ask that everyone continue to be patient. We will continue to work on the renewals and we expect to have them completed soon.

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

The Wisconsin Ambulance Run Data System (WARDS) has been in operation since April 2006. Administrative rules allow for the Department to require data submission to the Bureau of Local Health Support and EMS. In an effort to collect and then disseminate quality information, the Department is strongly recommending services either use or facilitate data transfer to the WARDS beginning January 1, 2007. In addition, the Department is requiring data submission beginning January 1, 2008 by either using the system or uploading from your current database. These dates are being made available at this time to allow a sufficient amount of time to budget and prepare for a smooth transition to full use of the WARDS. It is also our hope this will facilitate second party software providers to provide the required support to their customers to aid in the transition. As we continue toward our objectives, we will be making available operational data submission guidelines and rules as they are finalized.

Please refer to our website at <http://www.dhfs.wi.gov/ems/system/WARDS.htm> to learn more about WARDS. WARDS is a secure web-based system and a log-in id / password is required to access the system. For sign-up and access information contact Ann Moses by phone at (608) 261-9437 or by email at [mosesae@dhfs.state.wi.us](mailto:mosesae@dhfs.state.wi.us).

## **Funding Assistance Program**

As an example of important information that is sent to ambulance service providers via EMSS web mail, all ambulance service providers in EMSS were e-mailed documentation regarding the Funding Assistance Program (FAP) on October 19, 2006. We have had many of these e-mails returned due to incorrect addresses (see above). Since they are only addresses with no service name referenced, we cannot follow-up on who did not receive this information.

The FAP coordinator has reviewed two years of disbursements and has identified some areas that need attention. In an effort to correct these issues we are now trying to lay a foundation by making all services aware of their responsibilities to apply for this money. These funds are considered a grant and we will be holding to the strict submission guidelines as outlined below.

The annual calendar for the Funding Assistance Program will be:

1. Applications to be mailed to ambulance service providers by the end of January
2. Completed applications will be due no later than March 15<sup>th</sup>
3. A 30 day grace period will be allowed – with April 15<sup>th</sup> an absolute deadline. Services will **NOT** receive funds from the current years' disbursement if the application is not received in our office by this date.
4. Disbursement to be made to the ambulance service providers no later than August 31st.
5. Expenditure reports for the current year should be submitted to the EMS office with the next year's application. (i.e. SFY05 expenditure report should be submitted with SFY06 application etc.)

All ambulance services (NOT first responder groups), regardless of their eligibility, must complete an acknowledgement form. This form will show that your service is aware of the program and the deadlines. It outlines both the State of Wisconsin obligations to the ambulance service providers and the provider obligation to the State. Many hours are involved in this process and with the current financial climate it is becoming increasingly difficult to follow-up on all services that do not respond to the mass mailing. The deadline for submission of this form is December 15<sup>th</sup>, 2006. If you did not receive the FAP mailing or a letter, contact the FAP Coordinator by e-mail at [litzabd@dhfs.state.wi.us](mailto:litzabd@dhfs.state.wi.us) or at (608) 266-0471 so we can make sure everyone has the proper documentation regarding this program.

### **Medical Director Contact Information**

The State Medical Director is in dire need of current contact information for EVERY ambulance service medical director. In our effort to make contact with the medical directors based on the information provided by the ambulance service providers in operational plans and on EMSS we are finding very poor address/contact information. There are over 150 physicians that we are unable to contact due to inadequate information. Dr. Wesley in the process of building what is anticipated to be a very active web-site for the exclusive use of ambulance service medical directors and needs the following information from your service's medical director. This information should be sent to Dr. Wesley (via e-mail) at [drwesley@charter.net](mailto:drwesley@charter.net).

1. Name
2. Address
3. City, State, Zip
4. Phone number with area code
5. E-mail address

# WISCONSIN EMS SYSTEMS SECTION

## INJECTION PREPARATION AND ADMINISTRATION GUIDELINE

The following guidelines should be incorporated into proper practice by EMTs under an approved operational plan for subcutaneous injection of epinephrine 1:1000 and/or an approved operational plan intramuscular injection of glucagon.

### Subcutaneous Injection of Epinephrine 1:1000

#### 1 mg. ampule

- Need filter needle to withdraw medication
- Change to a subcutaneous safety engineered needle to administer injection

#### 30 ml. multi-dose vial

- For single patient use only.
- **ONLY** for use with 1 cc. insulin syringe.
- Clean the rubber stopper of multi-dose vials with alcohol before inserting a needle into the vial. Avoid touch contamination of the stopper before penetrating the stopper.
- Draw up medication with one needle. Change to a subcutaneous safety engineered needle to administer injection

#### Additional Notes/Considerations

- A 23- to 25-gauge, 5/8-inch-long needle is appropriate for subcutaneous injections.
- For comfort, change the needle prior to injection. Most needles have a fine silicon coating to facilitate easy entry into muscle mass. This may be lost when drawing up the medication. Also, literature has shown some rubbers to contain trace amounts of latex that may cause a sensitivity reaction.
- Common practice is to use a larger needle for drawing up the drug, smaller needle for injecting.

### Glucagon Preparation and Intramuscular Injection

#### A. Reconstitute glucagon

##### 1. Two vial package

- a. Inspect package and both vials insuring correct medication, dose, and expiration date is current.
- b. Remove "flip-off" seals from vials
- c. Wipe rubber stoppers with alcohol prep-pad
- d. Using sterile 3 ml IM syringe, remove needle protector from syringe
- e. Draw plunger back to 1ml (cc) mark (syringe now contains 1ml of air)
- f. Pierce the center of the stopper of the vial containing the diluting solution with the needle of the syringe
- g. Turn the vial upside down and inject the 1 ml of air from the syringe into the vial
- h. Keeping the tip of the needle in the diluent, withdraw fluid from vial into the syringe
- i. Remove syringe from vial and pierce the center of the stopper of the vial containing 1mg powdered glucagon with the syringe
- j. Inject all of the diluent into the glucagon

- k. Remove the syringe from the vial and maintain sterility
- l. Shake the vial gently until the glucagon dissolves and the solution becomes clear. Note: glucagon should be clear and water-like in consistency. It should be utilized immediately after reconstituting.
- m. Follow the above procedure and withdraw slightly more of the medication than the ordered dose
- n. Replace the needle with an appropriate size safety engineered needle
- o. With the needle pointing upward, gently tap the syringe to move any air bubbles to the top. Gently advance the syringe to the 1 ml mark. (Children less than 20 kg (44 lbs) a dose of 0.5 mg is used). Note: Dosage established by medical control must be administered.

**- OR -**

2. Vial and syringe kit

- a. Inspect vial and filled syringe insuring right medication, dose and expiration date
- b. Remove “flip-off” seals from vial
- c. Wipe rubber stoppers with alcohol prep-pad
- d. Pierce the center of the stopper of the vial containing the diluting solution with the needle of the syringe
- e. Inject all of the diluent into the glucagon
- f. Remove the syringe from the vial and dispose in sharps container
- g. Shake the vial gently until the glucagon dissolves and the solution becomes clear. Note: glucagon should be clear and water-like in consistency. It should be utilized immediately after reconstituting.
- h. Wipe rubber stopper with alcohol prep-pad
- i. Using sterile 3 ml IM syringe, remove needle protector from syringe
- j. Draw plunger back to 1ml (cc) mark (syringe now contains 1ml of air)
- k. Pierce the center of the stopper of the vial containing the glucagon solution
- l. Turn the vial upside down and inject the 1 ml of air from the syringe into the vial
- m. Keeping the tip of the needle in the solution, withdraw fluid from vial into the syringe
- n. Replace the needle with an appropriate size safety engineered needle
- o. With the needle pointing upward, gently tap the syringe to move any air bubbles to the top. Gently advance the syringe to the 1 ml mark. (Children less than 20 kg (44 lbs) a dose of 0.5 mg is used).
- p. Note: Dosage established by medical control must be administered.

B. Perform the IM injection using a safety engineered needle

- 1. Cleanse the injection site using an alcohol prep-pad
- 2. Raise the injection site by pinching or stretching the flesh
- 3. Insert the needle into the selected and cleansed injection site at a 90 degree angle
- 4. Aspirate slightly by attempting to withdraw the plunger of the syringe. If no blood is seen to aspirate into the syringe, use light pressure to depress the plunger and inject all the medication. If blood is seen to aspirate, a second site must be used
- 5. Depress the plunger to administer the injection
- 6. Withdraw the needle from the injection site
- 7. Wipe the injection site with an alcohol prep-pad

8. Properly dispose of the syringe and needle assembly in an appropriate sharps container and place a band-aid over the injection site

**Additional Notes/Considerations:**

- For comfort, change the needle prior to injection. Most needles have a fine silicon coating to facilitate easy entry into muscle mass. This may be lost when drawing up the medication. Also, literature has shown some rubbers to contain trace amounts of latex that may cause a sensitivity reaction.
- Common practice is to use a larger needle for drawing up the drug, smaller needle for injecting.
- Needles used for IM injections are longer than subcutaneous needles because they must reach deep into the muscle.
- Needle length also depends on the injection site, patient's size, and amount of subcutaneous fat covering the muscle.
- The needle gauge for I.M. injections should be larger to accommodate viscous solutions and suspension. Recommend 23G to 25G needles 1" to 2" in length
- As a rule of thumb, a 200-lb (90-kg) patient requires a 2" needle; a 100-lb (45-kg) patient, a 1 1/4" to 1 1/2" needle.