

## **Levels of Pre-hospital Care**

### A. EMS Services

**Emergency Medical Responder** defines a preliminary level of pre-hospital emergency care as outlined in the Emergency Medical Responder National Curriculum of the United States Department of Transportation and any modification to that curriculum specified in rules adopted by WI DHFS. Emergency Medical Responder care includes CPR/CCR, monitoring vital signs, controlling bleeding, administering oxygen, and oral/nasal airways. Emergency Medical Responders may also provide AED services in accordance with DHFS legislation. New legislation allows EMR's to administer epinephrine for anaphylaxis, provide spinal immobilization, and placement of Esophageal Airways. Those services wishing to do this will need to undergo approved additional training and include this in their written service plan. Please see the appendix for the Wisconsin Scope of Practice for Emergency Medical Responders.

**Basic Life Support (BLS) Services** defines a level of pre-hospital and inter-hospital medical services as outlined in the Basic Life Support National Curriculum of the United States Department of Transportation and any modification to that curriculum specified in rules adopted by DHFS. BLS emergency and non-emergency care includes: basic airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding, use of a Esophageal Airway, assisting patients with specific medications, use of Epinephrine to treat anaphylaxis, use of nebulized Albuterol and Atrovent, IM injection of Glucagon, CPAP with specialized training will be approved, ASA administration and splinting of fractures. Auto Defib is a requirement. Use of glucometer is approved. Please see the attached Wisconsin Scope of Practice for EMT providers.

**Intermediate Life Support (ILS) Services** defines a level of pre-hospital and inter-hospital medical services as outlined in the Advanced EMT (formerly IVT) as defined by the DHFS. ILS emergency and non-emergency care includes: basic life support care, intravenous fluid therapy, Esophageal Airway Insertion, 12 Lead EKG Acquisition, defibrillation, and administration of: Aspirin, Albuterol, Atrovent, D-50, Epinephrine 1:1000, Glucagon, Narcan, and Nitro. CPAP with specialized training will be approved. Please see the attached Wisconsin Scope of Practice for and Advanced EMT providers.

**Advanced Life Support (ALS) Services** defines a level of pre-hospital and inter-hospital medical services as outlined in the Paramedic Life Support National Curriculum of the United States Department of Transportation, Intermediate and any modifications to that curriculum specified by DHFS. ALS emergency and non-emergency care includes; basic and intermediate life support care, ACLS electrocardiography and resuscitation techniques, administration of medications, drugs and solutions, use of adjunctive medical devices, chest decompression, RSI, Cricothyrotomy and Intraosseous access. Please see the attached Wisconsin Scope of Practice for ALS providers. Please see the attached Wisconsin Scope of Practice for Paramedic and Intermediate providers.

### B. Prehospital Personnel

A currently certified Emergency Medical Responder, licensed EMT, AEMT, Intermediate or Paramedic may perform emergency and non-emergency medical services as defined by DHFS and in accordance with his or her level of education, training and licensure. Prehospital personnel must uphold the standards of performance and conduct prescribed by the DHFS and the requirements of the EMS System in which he or she practices.

**Emergency Medical Responders:** May provide care consistent with the definition of a Emergency Medical Responder service and within the context of Standing Medical Orders (SMOs) or Standard Operating Procedures (SOPs). Emergency Medical Responder care should be focused on assessing the situation and establishing initial care to treat and prevent shock.

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**Emergency Medical Technician (Formerly EMT-B)**: May provide care consistent with the definition of a BLS service and within the context of Standing Medical Orders (SMOs) or Standard Operating Procedures (SOPs). This may include interventions involving airway access/maintenance, ventilatory support, and oxygen delivery, bleeding control, spinal immobilization and splinting isolated fractures. EMT's attention should be directed at conducting a thorough patient assessment, providing care to treat for shock and preparing or providing patient transportation.

EMT's-Bs may perform Basic Life Support Services with the following enhancements: Assist the patient to administer his or her own nitroglycerin, Epi pen or Epinephrine 1:1000 Injection, Albuterol and Atrovent, Glucagon, and ASA. Providers may carry and administer various approved medications, and obtain ALS intercept as needed.

They will be considered skilled assistants when intubation is necessary, but will not be expected to perform the procedure. They will be able to insert an Esophageal Airway in non-breathing patients. They may use an Automated External Defibrillator (AED) if one is available pending an ALS response. AED's are only required on BLS vehicles or Med Engines officially incorporated into the EMS System plan.

**Advanced Emergency Medical Technician—Formerly EMT-IT)**: May provide care consistent with the DHFS and within the context of Standing Medical Orders (SMOs) or Standard Operating Procedures (SOPs). This may include all BLS skills and enhancements along with intravenous fluid therapy, medication administration, 12 Lead EKG acquisition and defibrillation procedures. AEMT attention should be directed at conducting a thorough patient assessment, providing care to treat for shock and preparing or providing patient transportation, and obtaining ALS intercept as needed. CPAP with specialized training will be approved.

**Intermediate (Formerly I-99)**: May provide care consistent with the definition of an ALS service and within the context of Standing Medical Orders (SMOs) or Standard Operating Procedures (SOPs). This may include all BLS and ILS skills as well as ACLS, electrocardiography and resuscitation techniques, administration of medications, drugs and solutions, use of adjunctive medical devices, chest decompression, and Intraosseous access. CPAP with specialized training will be approved. Attention should be directed at conducting a thorough patient assessment, providing care to stabilize the patient by treating for shock and providing patient transportation. The patient's condition and chief complaint determine the necessity and extent of ALS care rendered and for appropriate EMT-P intercept if needed. Consideration should also be given to the proximity and with trauma capabilities of the receiving hospital.

**Paramedic (Formerly EMT-P)**: May provide care consistent with the definition of an ALS service and within the context of Standing Medical Orders (SMOs) or Standard Operating Procedures (SOPs). This may include all BLS and ILS skills as well as ACLS, electrocardiography and resuscitation techniques, administration of medications, drugs and solutions, use of adjunctive medical devices, chest decompression, RSI, Cricothyrotomy and Intraosseous access. CPAP with specialized training will be approved. EMT-P attention should be directed at conducting a thorough patient assessment, providing care to stabilize the patient by treating for shock and providing patient transportation. The patient's condition and chief complaint determine the necessity and extent of ALS care rendered. The Paramedic skill level may be enhanced to include selected critical care medications for inter-facility transfers.

**Critical Care Transport Paramedic**: CCEMTP was designed in response to the growing need for qualified specialists in the area of critical care inter-facility transfer. CCEMTP are able to serve with competence and confidence in meeting the needs of critical care patients undergoing inter-facility transports. CCEMTP have the skills and knowledge necessary to manage critical patients between hospitals, specialty referral centers, and extended care facilities.