

Standard Operations Policies and Procedures Manual

Elm Grove Police Department, Wisconsin

SOPP 10.01.06 JOB DESCRIPTION - PATROL OFFICER

Date Approved: 8/4/2006 Date Issued: 8/4/2006 Effective Date: **8/18/2006** Issued By: Chief of Police
Revised Policy: Amends: New Policy: Reviewed By:

STAFFING

JOB DESCRIPTION - PATROL OFFICER

NOTICE: This description is not intended as a complete listing of the specific duties and responsibilities of this position. It does not limit or modify the right of the employing authority to assign, direct, and/or control the work of employees under their supervision. Nothing contained herein is intended or should be construed to create or constitute a contract of employment between any employee or group of employees. The employing authority retains and reserves any and all rights to change, modify, amend, add to or delete from any section of this document as it deems in its judgment to be needed and proper.

POSITION DESCRIPTION

Division: Enforcement
Status: Non-exempt
Supervision Received: Shift O.I.C. (Usually the Police Sergeant)
Supervises: Subordinate personnel when a sergeant is not present.
Civil Service Status: Classified
Probation: 18 months
Employment Status: Full-time
Work Hours: Varied

NON-EXCLUSIVE LISTING OF ESSENTIAL FUNCTIONS

With or without accommodations, a police officer must be able to:

1. Get along well with others.
2. Have regular and predictable attendance.
3. Ensure the general safety of the public.
4. Drive emergency vehicles under stressful conditions.
5. Qualify with firearms and other offensive and defensive weapons.
6. Use physical force to control and arrest law violators.
7. Exercise rational judgment.
8. Maintain the confidence and trust of peers, superiors, and general citizenry.
9. Be able to work independent of direct supervision.
10. Maintain the trust, faith, and confidence of the Chief of Police and his/her administrative staff.

DUTIES AND RESPONSIBILITIES

Patrols Village streets, parks, commercial, residential, and all other areas of the Village in a police vehicle; enforces traffic laws; writes warnings and citations; directs traffic; investigates traffic accidents and takes reports; administers first aid.

Responds to all calls for service; investigates and reports on crimes or complaints; questions any witnesses or suspects, obtaining preliminary statements to get an account of the occurrence; tends to victims and calls a rescue squad if necessary; maintains order at the scene of a crime or accident.

Take written statements.

Receive and transmit radio messages. Make field notes and prepare reports.

Receive emergency assignments from Dispatcher. Receive non-emergency assignments from Dispatcher. Communicate status and other pertinent information to Dispatcher.

Respond to crimes and requests for services.

Respond to emergencies and requests for mutual aid from other jurisdiction and services. Identify nature of assistance needed.

Observe violations of law and take appropriate actions. Patrol using driving and walking techniques. Make security checks at designated areas.

Identify suspicious activity and make high risk field contacts.

Detect and report hazards to public and conditions or situations needing the attention of other Government agencies.

Conduct field interrogations.

Inspect licensed premises for code compliance and violations of law.

Detect and stop traffic law violations.

Operate radar and/or other speed detection equipment including "pacing" of violators. Issue traffic citation or warnings and municipal ordinance violation citations.

Process OAWI suspects.

Make arrest for felonies and misdemeanors.

Make and document enforcement contacts with juveniles.

Take juveniles into custody.

Take persons into protective custody. Follow booking procedures. Monitor subjects held in custody. Transport prisoners to County Jail. Conduct investigations.

Determine nature of offenses committed, if any.

Identify, collect and preserve evidence.

Conduct searches.

Interview adult or juvenile suspects.

Interview adult or juvenile victims and witnesses.

Receive confessions of guilt.

Determine and document the cause of motor vehicle accidents.

Perform Emergency Medical Technician or First Responder Emergency Medical Procedures.

Secure injured persons property.

Prepare for judicial proceedings.

Testify in court and other judicial proceedings and provide credible testimony in a court of law.

Make non-enforcement public contacts.

Render general assistance and provide information.

Inform citizen of crime prevention techniques.

Make referrals to other agencies. Deliver emergency messages to citizens.

Use conduct which minimizes citizens complaints.

Load, unload, clean, and maintain sidearm and long guns.

Additional Responsibilities:

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

Process mail and make inter-Village deliveries.

MINIMUM QUALIFICATIONS

- A. Certification by the Wisconsin Law Enforcement Standards Board.
- B. Possess a valid Wisconsin driver's license.
- C. Must be able to pass a background check.
- D. Ability to pass a physical exam, drug test, polygraph, and psychological tests.
- E. Knowledge of Federal, State and local laws.
- F. Ability to write clear and concise reports.
- G. Ability to prepare and maintain records and reports.
- H. Ability to train and instruct new members in law enforcement topics.
- I. Skilled in the safe use and maintenance of police weapons, equipment and vehicles.
- J. Ability to effectively work and communicate with coworkers, the general public and public officials.
- K. Willingness to work in hazardous conditions in the pursuit of duties.
- L. Willingness to work shifts, holidays, weekends and be on call 24/7.
- M. Willingness to maintain a close and loyal working relationship with the Chief of Police in pursuit of the Chief's lawful directives and orders.
- N. Additional requirements as determined by the Police and Fire Commission.
- O. Maintains abilities to: train subordinate personnel; communicate effectively both orally and in writing; establish and maintain effective working relationships with subordinates, peers, and supervisors; exercise sound judgment in evaluating situations and in making decisions; and follow and give written and verbal instructions.

As law enforcement officers are in a position of public trust, and are exposed to temptations to display favoritism, allow corruption, or accept unlawful monetary gain, it is an absolute necessity that Elm Grove Police Officers possess a history of having maintained the characteristics of compliance with laws and regulations, honesty, reliability, ability to manage personal finances, interpersonal skills, and integrity. These qualities must be confirmed through background investigation, interview, and assessment.

LICENSE, EDUCATION, AND CERTIFICATION REQUIREMENTS

Valid Wisconsin driver's license; valid Wisconsin peace officer basic training certificate; High School degree or equivalent; State of Wisconsin Law Enforcement Standards Board Certification. Maintain licensure in the State as a **Emergency Medical Responder** or Emergency Medical Technician and current certification in cardiopulmonary resuscitation (CPR). A minimum of 60 credits, from an accredited college, in a law enforcement related subject. Other requirements as determined by the Police and Fire Commission.

PHYSICAL AND MENTAL ABILITIES

Language and Interpersonal Communications:

The officer must possess excellent communication and interpersonal skills to interact with the public on a daily basis. The

officer may be called upon to meet with and make presentations to groups of residents and/or business people from various neighborhoods regarding local crime, traffic, and related problems within or around the community.

Mathematical:

Ability to perform simple numerical calculations (addition, subtraction, multiplication and division) using a calculator or other device to derive accurate computations.

Judgment and Situational Reasoning Ability

Ability to exercise the judgment, decisiveness and creativity required in situations involving the evaluation of information against sensory and/or judgmental criteria.

Physical:

Ability to safely operate, maneuver and/or steer a police emergency vehicle and other law enforcement tools, equipment, and firearms that the employee has been trained to use in the course of his duties.

Ability to coordinate eyes, hands, feet and limbs in performing semi-skilled movements such as typing.

Ability to exert moderate physical effort in sedentary to light work, typically involving some combination of stooping, kneeling, crouching and crawling, lifting, carrying, pushing and pulling.

Ability to recognize and identify degrees of similarities or differences between characteristics of colors, forms, sounds and odors associated with job-related objects, materials and tasks.

GENERAL WORKING CONDITIONS

Work is performed indoors and outdoors, often in a police vehicle environment. The incumbent has:

1. Occasional exposure to blood, bodily fluids, and tissue.
2. Occasional exposure to physical harm by hostile inmates, prisoners, or other persons.
3. Occasional necessity for extreme physical exertion in order to subdue or restrain individuals.
4. Exposure to adverse weather conditions.
5. Exposure to criminals or violent persons.
6. Exposure to hazardous or dangerous situations when investigating crimes or other incidents.
7. Exposure to heavy traffic and exhaust fumes.

Work conditions vary by shift. The majority of tasks are performed outside while working from a police vehicle in all types of weather conditions. Few tasks require heavy lifting, pushing, pulling, or carrying heavy loads. Flexibility is important because of the need to enter and exit vehicles frequently, inspect buildings, climb over and around obstacles, suddenly move out of the way of dangers, etc. Mental alertness is very important because of the need to make fine discriminations and decisions concerning subtle cues of impending danger or to discover inconsistencies in witnesses or suspects' testimonies, etc. However, physical and mental demands may change dramatically within a few seconds and tax the maximum of human endurance. Therefore, incumbents must maintain a physical and mental state of fitness and readiness that will enable them to handle (with minimal force and often without backup) recurrent contacts and involvement with dangerous and potentially dangerous people, animals, and equipment.

CAUSE FOR REMOVAL

The incumbent may be removed with or without fault. Economic conditions that cause reductions in work force, the member's inability to attend regularly to work, and a failure to perform competently on any of the essential functions of the position or consistently failing to perform competently on regular tasks are among the major reasons for job removal without fault. Failures to support the mission, uphold the oath of office, behave in a manner that supports the Law Enforcement Officer's Code of Ethics, continually comply with preconditions for original employment, or display due regard for the civil liberties of any persons; or accruing atypical amounts of dysfunctional work time, or requiring atypical amounts of supervisory counseling or remedial training will lead to removal.

ELM GROVE POLICE DEPARTMENT MEMORANDUM

To: Village Board

From: Jason Hennen, Chief of Police

Date: May 7, 2025

Subject: Proposed Revision to Medical Certification Requirements

Overview

This memorandum is submitted for Village Board consideration regarding a proposed revision to the minimum medical certification requirement for sworn members of the Elm Grove Police Department. The change would modify the current standard—Emergency Medical Technician (EMT) certification—to allow for either Emergency Medical Responder (EMR) or EMT certification.

The revision would apply to the job descriptions for the following classifications:

- Patrol Officer
- Detective
- Sergeant
- School Resource Officer (SRO)
- Lieutenant
- Assistant Chief

Additionally, during the upcoming collective bargaining cycle, I anticipate formal proposals to create contract language supporting a differentiated incentive structure for sworn personnel based on the medical certification level they obtain and maintain after hire.

Background

As outlined in the attached memo from Dr. Jon Robinson, EMS Medical Director, Elm Grove's long-standing model of EMT-certified police officers has delivered strong results in terms of emergency response times and patient outcomes. However, changes to state protocols and training programs, along with practical hiring challenges, now make a revised approach appropriate.

The State of Wisconsin now permits many essential pre-hospital skills—such as airway management, suctioning, oxygen delivery, and intranasal Narcan—to be performed at the EMR level. This change allows the Village to preserve its commitment to timely and effective care while reducing the certification burden on officers.

Justification for Revision

- Recruitment and Retention: EMT certification requirements are increasingly seen as barriers to entry for qualified police candidates.
- Training Load: EMR requires 72 hours of initial instruction versus 160 hours for EMT. Refresher training is also lower.
- Medical Oversight: Dr. Robinson has confirmed that the proposed EMR model will maintain the current standard of care in critical response situations.
- Cost Efficiency: The EMR model provides long-term financial and logistical benefits without reducing service quality.

Anticipated Collective Bargaining Language

While no immediate wage impact is proposed, I anticipate that EMT and EMR certification incentives will be formally addressed in the upcoming labor agreement negotiations. The purpose of this structure would be to recognize the added value and training commitment associated with maintaining medical certification beyond hire.

Requested Action

I respectfully request that the Village Board:

1. Approve the proposed revision to the job descriptions of all sworn classifications listed above, establishing EMR (or higher) as the new minimum required certification.
2. Acknowledge that EMT/EMR certification incentive pay is likely to be subject to formal negotiation during the upcoming labor cycle.
3. Authorize the revised job descriptions to be forwarded to the Police and Fire Commission for review and recordkeeping, per Wis. Stat. § 62.13(4)(c)-(d).



Jason R. Hennen
Police Chief

To: Jim Koleski, Village President
Tom Harrigan, Village Manager
Jason Hennen, Police Chief

From: Jon Robinson, MD, EMS Chief and Medical Director

Re: Proposed changes for the EMR (Emergency Medical Responder) level within Elm Grove EMS and Police Department operations

Date: 5/6/2025

Proposal

1. Approve a new EMR (Emergency Medical Responder) level within the current Elm Grove EMS WI State Operations Plan
2. Approve a change in job description for Elm Grove Police from:
 - a. Having, or having to obtain, a minimal requirement of a WI State **EMT** license, to
 - b. Having, or having to obtain, a minimal requirement of a WI State **EMR** license.
3. Allow any EG Police officers who wish to retain their current EMT license to continue the current and future recertification trainings as required by State law.
4. Officers who wish to drop to the EMR level will be allowed to recertify at the EMR level when, or before, their current EMT license expires.
5. The new EMR certification training program will be done in conjunction with WCTC, with the first training program running from Oct 19, 2025 to Dec 16, 2025.
 - a. This course will be “open enrollment”, allowing a limited number of students not affiliated with Elm Grove PD or EMS to also participate.
6. The Elm Grove EMS Medical Director will update, and have approved by the State, it’s WI EMS Operations Plan to include these new optional skills for the EMR personnel.

Background

Levels of EMS Responder and Practitioner Levels (see attachment)

Key to Emergency Medical Responder and Practitioner Levels	
EMR	Emergency Medical Responder
EMT	Emergency Medical Technician
AEMT	Advanced Emergency Medical Technician
INT	EMT-Intermediate
PARA	Paramedic
CCP	Paramedic with Critical Care Endorsement for Inter-Facility Transport (IFT) Only

Elm Grove has transitioned from an EMT (Basic) level service in the 1970s to a Paramedic level service currently. Additional skill sets are also provided by RNs and MDs associated with the

service. Of note - Elm Grove Police are all licensed EMTs, which is extremely unique for police departments.

Elm Grove EMS started as an entirely volunteer service and has transitioned over the years to the current paid on-call service. Members are expected to respond to the Station within 5 minutes. They have the option of utilizing sleeping quarters in the Station if they primarily reside outside the expected response time.

Why are Elm Grove Police EMTs currently?

In the early years the EMR and AEMT levels did not exist. Further, the State of WI did not allow many advanced skills such as defibrillation at the EMT skills level. They were reserved initially for a paramedic level services. This, fortunately, has changed (see attachment). Over the years with continuing research and field experiences WI has progressively allowed moving some skills to lower level providers because of the safety record and/or medical necessity.

As we are all aware, there are certain medical emergencies where time to stabilizing care is critical. For example, with cardiac arrest cases the chance of survival after a witnessed arrest drops by about 10% per minute post arrest. This would have meant that given a response time to the station of up to 5 minutes, followed by 3-4 minutes to get to the scene, the chance of survival for our citizens would be 0-10%. I found this unacceptable.

We had 2 options in the early years:

1. Change to a full-time, in quarters, EMS department. The estimated cost to the Village for this would be very costly.
 - a. Likely be \$1.5-\$2M vs ~\$350K for our current paramedic level service.
2. Once WI allowed EMTs to administer these advanced skills (e.g., defibrillation), train our police officers to the EMT level and them to provide these critical skills given their extremely short response times. Contractually the officers were offered \$3000 per year each for training to, and maintaining, this EMT level.

Obviously, we chose to train our police officers, and they graciously accepted.

Our system has worked out very well over the years. Our statistics rival the best in the nation. Many lives have been saved due to the very timely administration of these advanced emergency skills by our officers with ongoing supportive care by the EMS service paramedics. It has also remained very cost effective.

Why the proposed change to the EMR level for our police officers?

The police department is losing otherwise qualified officer candidates due to the current Elm Grove requirement of obtaining EMT certification. Again, most other police departments do NOT require this additional certification.

Now that the State of WI has developed the EMR level and is allowing many of the advanced skills to be provided at that level it makes sense to explore this possibility in order to ease police hiring and reduce initial and ongoing costs.

Currently training hours for noted level are:

EMR training 49-80 hours for license, ongoing 18 hours refresher every 3 years

EMT training 120-150 hours for license, ongoing 30 hours refresher every 3 years.

Officers are having to obtain this schooling while working full time as an officer, putting additional burden on new recruits.

Of note - Current EMT course is 1 semester. Starting this year WCTC has made this a 2 semester (full year) course.

Paramedic training, ~1800 hours for license, ongoing 48 hours every 3 years.

Optional skills proposed for Elm Grove EMRs (see attached list for all available skills):

1. Igel Airway insertion (non-visualized airway)
2. Oxygen therapy (delivery) by nasal cannula and mask
3. Suctioning
4. CPR mechanical device (LUCAS device)
5. Seated spinal motion Restriction
6. Splinting – vacuum
7. Medication administration intranasal narcan

This list of skills should cover the same time-critical skills the officer EMTs currently provide.

Financial Impact on the Police Department

To be discussed by Chief Hennen.

Assessment of Medical Impact on Elm Grove

I believe the level of critical EMS service to Elm Grove residents will NOT change with the implementation of the new EMR program as proposed.

Proposed Training Program

1. Example Training program follows.
2. We have already met with WCTC representatives who have preliminarily approved this course.

Waukesha County Technical College EMR Fall 2020 (M/W 1300-1700)			
SESSION	LESSON	TOPIC	DATE
Module 1 - Preparatory			
1	1	Orientation & CPR	10/19/2020
2	2	Workforce Safety & Wellness	10/21/2020
	3	Medical/Legal & Ethics	
	4	Communication & Documentation	
3	5	Anatomy & Physiology	10/26/2020
	6	Medical Terminology	
	7	Life Span Development	
Module 2 - Airway			
4	8	Airway Management, Respiration, Ventilation	10/28/2020
5	9	Advanced airways & lab	11/2/2020
Module 3 - Patient Assessment			
6	10	Scene size-up	11/4/2020
	11	Primary Assessment	
7	12	Secondary Assessment	11/9/2020
	13	Vitals	
	14	Reassessment	
8	15	Putting it all together lab	11/11/2020
Module 4 - Medical			
9	16	Pharmacology	11/16/2020
	17	Cardiac Emergencies	
	18	Respiratory Emergencies	
10	19	Immunology	11/18/2020
	20	Neurologic Emergencies	
	21	Psychiatric Emergencies	
11	22	Endocrine	11/23/2020
	23	Abdominal/GI/GU	
	24	Toxicology	
Module 5 - Shock & Trauma			
12	25	Shock & Trauma Overview	11/25/2020
	26	Soft Tissue Injuries & Bleeding	
13	27	Head, Face, Neck, & Spine Trauma	11/30/2020
	28	Environmental Emergencies	
14	29	Orthopedic Injuries & Splinting	12/2/2020
	30	Abdominal Injuries	
	31	Chest Trauma	
Module 6 - Special Patient Populations & EMS Operations			
15	32	OB & Neonatal care	12/7/2020
	33	Pediatrics	
	34	Geriatrics	
16	35	Incident Management	12/9/2020
	36	Air Medical	
	37	Hazmat & MCI	
	38	Weapons of Mass Destruction	
Module 8 - Final Exam			
17	39	Final Practical Exam	12/14/2020
18	40	Final Exam & Paperwork	12/16/2020



2025 Wisconsin EMS Scope of Practice

Background

[Wisconsin Admin. Code § DHS 110.12](#) states that an emergency medical services (EMS) practitioner or emergency medical responder may only perform the skills, use the equipment, and administer the medications that are specified by the Department of Health Services (DHS) in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.

The Wisconsin scope of practice for each certification and practitioner level may be found on the [DHS EMS website](#). The Wisconsin scope of practice for each certification and license level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and published and posted on the DHS website by March 31 of each year.

Below is a quick reference table of emergency medical responder and practitioner-level terms, followed by definitions and additional information to supplement the scopes of practice that follow.

Key to Emergency Medical Responder and Practitioner Levels	
EMR	Emergency Medical Responder
EMT	Emergency Medical Technician
AEMT	Advanced Emergency Medical Technician
INT	EMT-Intermediate
PARA	Paramedic
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Required (R) Skills, Equipment, and Medications

All skills, equipment, and medications designated with an “R” at a certification or license level are required for that level; these core skills ensure equal access to EMS care across the state. All “R” skills must be submitted as part of the EMS Service Operational Plan and approved by DHS.

Optional (O) Skills, Equipment, and Medications

All skills, equipment, and medications designated with an “O” at a certification and license level are optional advanced skills for that level based on the needs and resources of a community. These optional skills must be submitted as part of the EMS Service Operational Plan and reported to DHS through the designated electronic reporting tool for approval.

Emergency Medical Responder Certification Level

For the EMR certification level, any DHS-approved “O” skill is considered an Advanced Skill and must be reported in a patient care report and submitted to the Wisconsin Ambulance Run Data System (WARDS) as outlined in [Wis. Admin. Code § DHS 110.34 \(8\)](#). All other EMS practice levels are required to report both “R” and “O” approved skills in a patient care report submitted to WARDS.

Certification and License-level modifications

Items designated with a footnote are modified for the indicated practice level by the conditions contained within the footnote at the end of that section and have specified requirements.

PART A: Scope Of Practice for 911 EMS Practitioners and Emergency Medical Responders

I. Skill—Airway, Ventilation, Oxygenation

I. Skill—Airway, Ventilation, Oxygenation	EMR	EMT	AEMT	INT	PARA
Airway—Nasopharyngeal	R	R	R	R	R
Airway—Non-visualized (an extraglottic device inserted without the need to visualize the vocal cords). If a non-visualized airway is inserted, the use of end-tidal CO ₂ detection (capnometry or capnography) to confirm safe device position and effective ventilation is mandatory.	O	R	R	R	R
Airway—Oropharyngeal	R	R	R	R	R
Airway Obstruction—Manual Dislodgement Techniques	R	R	R	R	R
Airway Obstruction—Dislodgement by Direct Laryngoscopy		R	R	R	R
Bag-Valve Mask (BVM)	R	R	R	R	R
Chest Decompression—Needle				R	R
Chest Seal—Vented Preferred	O	R	R	R	R
CO Monitoring	O	O	O	O	O
Cricothyrotomy—Surgical or Needle					R
End Tidal CO ₂ continuous monitoring device for ongoing ventilation status and metabolic clinical decision-making	O	O	O	R	R
End Tidal CO ₂ detection device required to confirm safe device position and effective ventilation if any non-visualized airway device, endotracheal tube, cricothyrotomy device or tracheostomy tube is used by an EMS provider	R	R	R	R	R
Gastric Decompression with Advanced Airway	O	O	O	O	R
Intubation				O	R
Intubation—Rapid Sequence Induction					O
Manual Airway Maneuvers	R	R	R	R	R
Non-Invasive Positive Pressure Ventilation		O	R	R	R
Oxygen Therapy—Nebulizer	O	R	R	R	R
Oxygen Therapy—Nasal Cannula	O	R	R	R	R
Oxygen Therapy—Non-Rebreather Mask	O	R	R	R	R

I. Skill—Airway, Ventilation, Oxygenation (cont'd)	EMR	EMT	AEMT	INT	PARA
Oxygen Therapy—Tracheostomy Tube	O	R	R	R	R
Oxygen Therapy—High Flow Nasal Cannula					O
Pulse Oximetry	O	R	R	R	R
Suctioning—Tracheobronchial Suctioning	O	R	R	R	R
Suctioning—Upper Airway (Soft and Rigid)	R	R	R	R	R
Ventilator—Automated Transport Ventilator		O ¹	O ¹	O ¹	O
Ventilator—Variable Setting					O

Note: ¹May only be used during for CPR during cardiopulmonary arrest.

II. Skill—Cardiovascular, Circulation

II. Skill—Cardiovascular, Circulation	EMR	EMT	AEMT	INT	PARA
Cardiocerebral Resuscitation (CCR)	O	O	O	O	O
Cardiopulmonary Resuscitation (CPR)	R	R	R	R	R
Cardioversion—Electrical				R	R
CPR Mechanical Device	O	O	O	O	O
Defibrillation—Automated and Semi-Automated (AED)	R	R	R	R	R
Defibrillation—Manual				R	R
ECG Monitor—Acquisition and Transmission	O	O	O	R	R
ECG Monitor—Interpretation				R	R
ECG 12, 15 or 18 Lead—Acquisition and Transmission	O	O	O	R	R
ECG 12, 15 or 18 Lead - Interpretation				R	R
Hemorrhage Control—Direct Pressure	R	R	R	R	R
Hemorrhage Control—Hemostatic Agents	O	O	O	O	O
Hemorrhage Control—Junctional Tourniquet	O	O	O	O	O
Hemorrhage Control—Pressure Points	R	R	R	R	R
Hemorrhage Control—Skin Clamp (Temporary Use)	O	O	O	O	O
Hemorrhage Control—Tourniquet	R	R	R	R	R
Hemorrhage Control—Wound Packing	O	R	R	R	R
Impedance Threshold Device (ITD)		O	O	O	O
Pericardiocentesis					O
Transcutaneous Pacing				R	R
Point of Care Cardiac Ultrasound—Cardiac Arrest					O
Valsalva Maneuver				R	R

III. Skill—Splinting and Spinal Motion Immobilization

III. Skill—Splinting and Spinal Motion Immobilization	EMR	EMT	AEMT	INT	PARA
Cervical Collar	R	R	R	R	R
Manual Cervical Stabilization	R	R	R	R	R
Seated Spinal Motion Restriction	O	R	R	R	R
Splinting—Manual	R	R	R	R	R
Splinting—Pelvic Compression Device	O	O	O	O	R
Splinting—Rigid	R	R	R	R	R
Splinting—Soft	R	R	R	R	R

III. Skill—Splinting and Spinal Motion Immobilization (cont'd)	EMR	EMT	AEMT	INT	PARA
Splinting—Traction	O	R	R	R	R
Splinting—Vacuum	O	O	O	O	O

IV. Skill—Medication Administration Routes

IV. Skill—Medication Administration Routes	EMR	EMT	AEMT	INT	PARA
Aerosolized, Nebulized	O	R	R	R	R
Endotracheal Tube (ET)				R	R
Intradermal (ID)	O	O	O	O	O
Intramuscular (IM)	O ²	R	R	R	R
Intramuscular—Auto-Injector	R	R	R	R	R
Intranasal (IN)	O ³	R	R	R	R
Intranasal—Auto-Injector	R ³	R	R	R	R
Intraosseous (IO)			R	R	R
Intravenous (IV)			R	R	R
Mucosal, Sublingual (SL)		R	R	R	R
Oral (PO)	O	R	R	R	R
Rectal				R	R
Subcutaneous (SQ)		O	O	O	O

Note: ²May only be used for manually drawn epinephrine 1:1000 for anaphylaxis or vaccine administration. ³May only be used for naloxone or epinephrine.

V. Skill—Initiation, Maintenance, Fluids

V. Skill—Initiation, Maintenance, Fluids	EMR	EMT	AEMT	INT	PARA
Central Line or PICC Line—Access and Maintenance (No additional training required in code situation)					O
Intraosseous			R	R	R
IV –External Jugular				O	O
IV –Peripheral			R	R	R
IV Pump—Non-medicated IV Fluids			O	O	O
IV Pump—Two or Less Medicated IVs					O
Maintenance—Medicated IV Fluids					R
Maintenance—Non-medicated IV Fluids			R	R	R
Other Access Ports—Access and Maintenance					O
Saline Lock—Initiation and Access			R	R	R
Saline Lock—Monitor		O	R	R	R

VI. Skill—Miscellaneous

VI. Skill—Miscellaneous	EMR	EMT	AEMT	INT	PARA
Assisted Delivery (Childbirth)	R	R	R	R	R
Blood Chemistry Analysis					O
Blood Glucose Monitoring	O	R	R	R	R
Blood Pressure—Automated	O	O	O	O	O

VI. Skill—Miscellaneous (cont'd)	EMR	EMT	AEMT	INT	PARA
Eye Irrigation	R	R	R	R	R
Immunizations	O	O	O	O	O
Long Board	O	R	R	R	R
Nasopharyngeal and/or Oropharyngeal Sampling/Obtaining	O	O	O	O	O
Patient Physical Restraints	O	R	R	R	R
Telemetric monitoring devices and transmission of clinical data including video data	O	O	O	O	O
Venous Blood Sampling—Obtaining			O	O	O
Vital Signs	R	R	R	R	R

VII. Skill—Assisted Patient Medications

VII. Skill—Assisted Patient Medications	EMR	EMT	AEMT	INT	PARA
Any patient prescribed medication that is approved within the Wisconsin EMS Scope of Practice <u>and</u> in agency protocol.	O	O	O	O	O
Any patient prescribed medication with online medical control approval (only if administration route is within scope of practice)	O	O	O	O	O

VIII. Skill—Medications Approved Per Protocol

VIII. Skill—Medications Approved per Protocol	EMR	EMT	AEMT	INT	PARA
0.45% Sodium Chloride			O	O	O
0.9% Sodium Chloride (Normal Saline)			R	R	R
Activated Charcoal		O	O	O	O
Acetaminophen (Tylenol)		O	R	R	R
Adenosine (Adenocard)				R	R
Albuterol	O	R	R	R	R
ANTIARRHYTHMIC CATEGORY				R ⁴	R
Amiodarone (Cordarone)				O	R
Lidocaine (Xylocaine)				O	R
Procainamide					O
ANTIEMETIC CATEGORY	O	O	O	R ⁷	R ⁷
Droperidol					O
Isopropyl Alcohol	O	O	O	O	O
Metoclopramide (Reglan)					O
Ondansetron (Zofran)			O	O	O
Prochlorperazine (Compazine)					O
Promethazine (Phenergan)					O
Any patient prescribed medication that is approved within the Wisconsin EMS Scope of Practice and in agency protocol.	O	O	O	O	O
Any patient prescribed medication with online medical control approval (only if administration route is with- in scope of practice)	O	O	O	O	O

VIII. Skill—Medications Approved per Protocol (cont'd)	EMR	EMT	AEMT	INT	PARA
Aspirin	O	R	R	R	R
Atropine				R	R
Auto-injector antidotes for chemical and hazardous material exposures	O	O	O	O	O
BENZODIAZEPINE CATEGORY				R ⁵	R ⁶
Diazepam (Valium)				O	O
Lorazepam (Ativan)				O	O
Midazolam (Versed)				O	O
Blood and Blood Product-Initiation					O
Buprenorphine					O
Calcium					R
Cephalosporin antibiotic for open fracture					O
Cimetidine					O
Clopidogrel (Plavix)					O
Cyanide Antidote Kits					O
Dexamethasone (Decadron)					O
Dextrose			R	R	R
Diltiazem (Cardizem)					O
Diphenhydramine (Benadryl)					O
Epinephrine (1:1000)-manual injection or autoinjector	O	R	R	R	R
Etomidate (Amidate)					O
Famotidine (Pepcid)					O
Flumazenil (Romazicon)					O
Glucagon		O	O	O	O
Glucose	O	R	R	R	R
Haloperidol (Haldol)					O
Heparin					O
Hydralazine					O
Hydrocortisone					O
Hydroxyzine (Vistaril)					O
Ibuprofen (Advil)		O	O	O	O
Ipratropium (Atrovent)		O	O	O	O
Ketamine (Ketalar)					O
Ketorolac (Toradol)			O	O	O
Labetalol					O
Lactated Ringer's			O	O	O
Levetiracetam					O
Lidocaine (Xylocaine)				O	R
Magnesium					R
Methylprednisolone (Solu-Medrol)					O
Metoprolol (Lopressor)					O
Naloxone (Narcan) manual or autoinjector	O	R	R	R	R
Naproxen		O	O	O	O
Nicardipine					O

VIII. Skill—Medications Approved per Protocol (cont'd)	EMR	EMT	AEMT	INT	PARA
Nifedipine					O
Nitroglycerin (sublingual tablet or spray)			R	R	R
Nitroglycerin (drip or paste)					O
Nitrous oxide			O	O	O
Non-steroidal anti-inflammatory		R ¹¹	R ¹¹	R ¹¹	R ¹¹
Ibuprofen (Advil)		O	O	O	O
Ketorolac (Toradol)			O	O	O
Naproxen		O	O	O	O
Olanzapine					O
OPIOID CATEGORY				R ⁹	R ¹⁰
Fentanyl (Sublimaze)				O	O
Hydromorphone (Dilaudid)					O
Morphine				O	O
Other Short Acting Beta Agonists (e.g., epinephrine, racemic epinephrine) inhaled and/or nebulized for respiratory distress		O	O	O	O
Oxygen	O	R	R	R	R
Oxymetazoline (Afrin)		O	O	O	O
Oxytocin (Pitocin)					O
Pancuronium (Pavulon)					O
Pralidoxime (2-PAM)					O
Proparacaine					O
Rocuronium (Zemuron)					O
Sodium Bicarbonate					R
Succinylcholine (Anectine)					O
Terbutaline					O
Tetracaine					O
Ticagrelor (Brilinta)					O
Tranexamic Acid (TXA)					O
VASOPRESSOR CATEGORY				R	R ⁸
Epinephrine (1:10,000)				R	R
Norepinephrine (Levophed)					O
Phenylephrine					O
Vasopressin (Pitressin)				O	O
Vecuronium (Norcuron)					O
Verapamil					O
Ziprasidone (Geodon)					O

Notes: ⁴Must choose one antiarrhythmic and may only administer via bolus; ⁵Must choose only one benzodiazepine for seizures (midazolam preferred); ⁶Must have at least one benzodiazepine (midazolam preferred); ⁷Must have at least one antiemetic; ⁸Must have at least one vasopressor (norepinephrine preferred); ⁹Must choose only one narcotic for pain control (fentanyl preferred); ¹⁰Must have at least one narcotic (fentanyl preferred); ¹¹Must have at least one nonsteroidal anti-inflammatory listed.

PART B: Additional Scope of Practice Items For Ambulance Service Providers Licensed To Provide Interfacility Transport

Inter-Facility Transport Use Only	EMR	EMT	AEMT	INT	PARA	CCP
Skill—Airway, Ventilation, Oxygenation						
Ventilator—Automated Transport Ventilator		O ¹	O ¹	O ¹	O	O
Ventilator—Variable Setting					O	R
Skill—Cardiovascular, Circulation						
Monitor—Arterial Line						R
Monitor—CVP Line						R
Transvenous Pacing—Maintenance and Trouble- shooting (Not Initiation)					O	R
Monitor—Swan-Ganz Catheter						R
Skill—Initiation, Maintenance, Fluids						
IV Pump—Non-medicated IV Fluids			O	O	O	R
IV Pump—Two or Less Medicated IVs					O	R
IV Pump—More than Two Medicated IVs						R
Central Line, PICC Line—Access and Maintenance (No additional training required in code situation)					O	R
Other Access Ports-Access and Maintenance					O	R
Skill—Medications						
Additional Medications-Maintenance of any ordered medications by the transferring physician with Service EMS Medical Director Authorization by protocol, agency formulary or online medical control.					O	O
Additional Medications authorized by Service EMS Medical Director by protocol, agency formulary or online medical control.					O	O
Blood and Blood Product- Maintenance					O	R
Blood and Blood Product- Initiation					O	O
Skill - Miscellaneous						
Chest Tube - Insertion						O
Chest Tube - Monitoring					R	R
Foley Catheter Insertion						O
Foley Catheter Monitoring		R	R	R	R	R
Nasogastric, Gastrostomy or Jejunostomy Tube Monitoring		R	R	R	R	R
ICP Monitoring						R

Note: ¹May only be used during for CPR during cardiopulmonary arrest.