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To: Ohio EMS providers and Ohio EMS medical directors
From: Carol A. Cunningham, M.D., FAAEM, FACEP
State Medical Director, Ohio Department of Public Safety, Division of EMS
Date: August 19, 2015
RE: Electronic transmission of 12-lead EKGs and the Ohio EMS scope of practice

On August 19, 2015, the Emergency Medical Services, Fire, and Transportation Services (EMFTS) Board approved a position statement regarding electronic technologies and the impact on EMS. For EMS agencies who wish to implement policies and procedures for the use of electronic technology for the transmission of data and images, this will provide additional options for the modes of transmission of prehospital 12-lead electrocardiograms (EKGs), and in some cases, cardiac monitor strips, by Ohio EMS providers.

At the time when the rules addressing the performance and transmission of prehospital 12-lead EKGs were promulgated, the majority of cellular phones lacked camera and internet capabilities, and the primary mode for transmission of a 12-lead EKG to a receiving facility was by telemetry. With the expanded modalities that are cited in the EMFTS Board position paper as inclusive in the definition of electronic transmission, it is important to reinforce the fact that the primary goal of the acquisition of a prehospital 12-lead EKG is to rapidly activate a cardiac catheterization laboratory when a patient experiencing an acute ST-segment myocardial infarction is identified.

The ability to transmit the image of an EKG or a cardiac monitor strip as a digital image via telemedicine avenues or via a cellular phone does not alter the Ohio EMS scope of practice. Regardless of an EMS agency's policies and procedures to utilize electronic technologies or the protocols provided by the EMS medical director, Ohio EMS providers may not exceed the Ohio EMS scope of practice for their respective level of Ohio EMS certification.

As a review, please note the following key information regarding cardiac monitoring and 12-lead EKG acquisition:

1. The Ohio EMS scope of practice permits Emergency Medical Technicians (EMTs) and Advanced Emergency Medical Technicians (AEMTs) to set up and apply a 12-lead EKG when assisting a Paramedic or for the purposes of electronic transmission if all of the following conditions are met:
 - A. The EKG is performed in accordance with a written protocol
 - B. The EMT and the AEMT shall not interpret the EKG
 - C. Delay in patient transport is minimized
 - D. The EKG is used in conjunction with destination protocols approved by the local medical director

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

2. The Ohio EMS scope of practice does not permit EMTs to set up a cardiac monitor unless an AEMT or a Paramedic is present. The EMT shall not perform cardiac monitor interpretation.

Due to the Ohio EMS scope of practice for EMTs and AEMTs, the EMFTS Board continues to strongly recommend the inactivation of the automated interpretation function that is installed in many 12-lead EKG machines and/or the blockade of the printing of the interpretation when the EKG is acquired by an EMT or by an AEMT in the absence of a Paramedic. This action has three benefits:

- A. The lack of an automated 12-lead EKG interpretation prevents the EMT and the AEMT from exceeding the Ohio EMS scope of practice.
- B. The EMT and the AEMT will avoid the scenario where a patient experiencing chest pain refuses prehospital care and/or transport due to a “normal” automated 12-lead EKG interpretation.
- C. Automated interpretations should not be used and are not intended to serve as a substitute for the primary interpretation of a 12-lead EKG by a Paramedic or other medical professional whose training and scope of practice includes 12-lead EKG interpretation.