

Ohio Emergency Medical Technician (EMT) Scope of Practice: Fact Sheet

October 24, 2016

EMT Scope of Practice

1. The Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) has the legislative authority to determine the Ohio EMS scope of practice and the services authorized that can be performed by each level of Ohio EMS provider.
2. Prior to October 19, 2016, the only authorized service related to intravenous devices (IV) by the EMT was the setup of an IV administration kit in the presence of an Advanced EMT or a Paramedic.
3. On October 19, 2016, the EMFTS approved an amendment to the Ohio EMS scope of practice expanding the scope of practice for the EMT level of certification. The expansion of the Ohio EMT scope of practice permits the transport of patients with central or peripheral IV access to sub-acute care (e.g. rehabilitation, nursing home, transitional care, assisted living facility), scheduled events (e.g. dialysis, doctor appointments, laboratory, radiology, outpatient procedures, rehabilitation), or to home following discharge from a medical facility. In all of these cases, no medical care delivery or patient intervention is indicated or anticipated.

Ambulettes versus Ambulances

1. The primary purpose of ambulettes is to transport patients who are unable to self-transport themselves to scheduled events, which include office appointments with physicians, outpatient testing facilities or rehabilitation, or routine scheduled events such as dialysis.
2. Ambulettes require the patient to be able to ambulate, sit in a chair, or be transportable by wheelchair.
3. Ambulettes are appropriate when no medical care delivery or patient intervention is indicated or anticipated during the transport of patients with or without pre-existing medical devices such as previously established central or peripheral IV access.
4. Patients who meet the requirements for transport by an ambulette but require a stretcher for mobility must be transported by ambulance.

Patient Safety Considerations

1. The top priority of the EMFTS Board is quality patient care and seamless maintenance of patient safety.
2. Patients who are being transferred to or between acute care facilities (urgent care centers, free-standing emergency departments, emergency departments, or hospitals) have been deemed to be more ill than a patient who is being adequately managed as an outpatient or by a sub-acute care facility. These patients have a higher acuity and a higher risk of deterioration during transport.
3. For patients being transferred to an acute care facility, IV access, including saline locks or heplocks, are established and maintained for active, anticipated, or potential medical necessity.

4. Regardless of the patient's diagnosis, the IV established in a patient being transported to an acute care facility can be used for the emergent administration of fluids or medications if the patient condition deteriorates during transport.
5. The administration of fluids or medications intravenously is not within the Ohio EMS scope of practice for the EMT. Therefore, in the interest of patient safety during transport, patients with peripheral IVs require, as a minimum, an AEMT for transport to or between acute care facilities. A paramedic is required if the patient has a central IV.

Compliance with the Ohio EMS Scope of Practice

1. The Ohio EMS certificate holder is ultimately responsible for compliance with the Ohio EMS scope of practice for his or her respective level of certification.
2. The EMFTS Board has the legislative authority to determine the Ohio EMS scope of practice and the authorized services that can be performed by each certification level of Ohio EMS provider. Although the EMFTS Board hopes that all EMS medical directors and supervisors of EMS agencies are well-versed and understand the laws and rules of EMS in Ohio, each individual Ohio EMS provider is responsible for being fully aware of the respective scope of practice for their level of Ohio certification.
3. All authorized services provided by Ohio EMS providers require training and skill testing. Currently, IVs are not included in the education curriculum for EMT training courses.
4. Failure of compliance or failure to decline patient transports that require skills that lie outside of the Ohio EMS scope of practice can result in fines, suspensions, revocation, or permanent revocation of one's Ohio EMS certificate to practice.