SAMPLE OPERATING POLICIES AND PROCEDURES

**CAUTION***: This is a sample policy only. Each agency must adapt and change this to fit their specific 12 Lead program information!*

[EMS Agency Name]

BLS 12-Lead Standard Operating Policy and Procedures

Subject: Use of 12-Lead EKG’s by BLS **– SAMPLE**

Date Effective: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Revised: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supersedes: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE**: The purpose of this policy is to define the authority for the BLS use of 12-LEAD, training, equipment, protocols and procedures required for the use of 12-LEAD by EMTs. In systems heavily reliant on BLS providers, acquiring and transmitting 12-lead ECG from the field to physicians in hospitals can substantially improve the timeliness of identification and intervention in patients suffering from STEMI. This may also improve care in two-tiered systems where BLS is likely to be on scene and working in conjunction with, or intercepting with Advanced Life Support (ALS) providers.

**POLICY**: At the March, 2016 meetings of the State Emergency Medical Advisory Committee (SEMAC) and the State EMS Council (SEMSCO), the acquisition and transmission of 12 lead electrocardiograms (ECG) by Basic Life Support (BLS) and Advanced Emergency Medical Technician (AEMT) level providers was approved for use by New York State’s EMS agencies. This decision was based on the results of a demonstration project, which established that BLS providers acquiring and transmitting a 12-lead ECG from the field to physicians in hospitals may substantially improve the timeliness of identification and intervention in patients suffering from an ST Elevation Myocardial Infarction (STEMI).

**Application**

In order to be credentialed to acquire and transmit 12 ‐lead ECGs, an EMT or AEMT must meet all of the following requirements:

* Complete a course which meets or exceeds the BLS Acquisition and Transmission of 12‐lead ECG course developed by the WREMAC
* Complete an orientation for Acquisition and Transmission of 12‐lead ECG specific to the device used by the agency
* Demonstrated competency in Acquisition and Transmission of 12‐lead ECG specific to the device used by the agency
* Function within an agency that has been approved to perform BLS Acquisition and Transmission of 12‐lead ECG

Whenever possible, and in accordance with on‐line medical control, patients with 12‐lead ECG‐confirmed STEMI should be transported to a hospital capable of emergency PCI (aka STEMI center). All incidents during which a 12‐lead ECG is obtained must be reviewed by a physician that ensures timely physician retrospective review will satisfy this requirement.

Agencies are not required to credential all EMT/AEMT providers to participate.

**Qualifications of EMTs**

Persons qualifying for consideration for admission into the BLS 12-LEAD program must be active members in good standing with the agency and currently certified at the EMT or AEMT level. The Agency will ensure that 12-Lead devices will only be used by authorized EMT(s) who have successfully completed an approved training program.

***\*\*\*CFRs may not be credentialed to perform 12‐lead ECGs under this policy.\*\*\****

**Training**

The agency will arrange to provide instruction in 12-LEAD use to each EMT who is approved by their service medical director to perform the procedure. The training program will consist of the following:

**Training Records**

Each agency is required to keep a BLS 12-LEAD Course record for each course given. This file must contain the following:

* Name of Qualified Instructor
* Separate class roster for each session of the course
* Date of session and time class began and time class ended
* Printed name, signature and EMT # of each student attending
* Record of training program used and any student handouts

**Maintenance of Competency - Continuing Education**

Each EMT/AEMT who has been approved to apply BLS 12-LEAD must review 12-LEAD application procedures and protocols at least every three years. This may be done by taking another BLS 12-LEAD training class, a specific 12-LEAD review class or by reviewing 12-LEAD. A record of successful completion of written exam and demonstration of 12-LEAD skills must be kept in the agency member’s/employees file for at least 5 years.

**Indications**

An EMT or AEMT may perform a 12‐lead ECG if they suspect their patient is having a cardiac related problem. According to the collaborative protocols, providers should “consider 12‐lead ECG for adults, with any one of the following: dyspnea, syncope, dizziness, fatigue, weakness, nausea, or vomiting.”

***All 12‐lead ECGs should be transmitted to the anticipated destination hospital, and a copy kept with the agency’s PCR.***

For patients with symptoms that change or are highly suspicious for cardiac etiology, providers should consider performing serial 12‐lead ECGs, however they are only required to transmit the first 12‐lead ECG, unless subsequent 12‐lead ECGs have a preliminary computer interpretation of “Acute MI”, or the device specific equivalent.

**Equipment**

*(Agency specific list)*

 Any device approved must be capable of transmitting 12 lead ECG data to the receiving hospital.

**Procedure**

1. Request ALS intercept if available. Do not delay transport to the appropriate hospital. Be prepared to deal with respiratory and/or cardiac arrest!
2. For Cardiac related chest pain/discomfort, administer high concentration oxygen.
3. Acquire and transmit 12 lead ECG to the receiving hospital ED while proceeding through ***NYS Statewide Adult and Pediatric Protocols – Adult Cardiac Related Problem (M-5).***
4. Contact on‐line medical control for all 12‐lead ECGs with a computer read of “Acute MI”, or the device‐specific equivalent. On‐line medical control should be contacted at the same hospital to where the 12‐lead ECG was sent. If the equipment used by the agency does not have the ability to display an interpretation, then providers must contact on‐line medical control for each 12‐lead ECG acquisition.

**Reporting / Documentation**

Any agency participating in BLS 12‐lead ECGs must report back to the WREMAC after 6 months.

The use of 12-LEAD must be thoroughly documented on the patient’s Prehospital Care Report including the following:

* Patient assessment findings and circumstances contributing to the decision for using 12-LEAD
* Vital signs, including heart rate, respiratory rate and blood pressure, skin color, level of consciousness and SpO2 at least every 5 minutes
* 12-LEAD System used
* Time 12-LEAD started
* Time ALS Contacted and if was available or not
* Narrative documentation
* Any addition interventions/treatments
* Arrival condition at ER
* ***A STEMS BLS 12-Lead EKG Acquisition Report must be completed for each BLS 12-LEAD application (successful or unsuccessful) and be submitted to the STEMS Program Agency office within one week of 12-LEAD application***

**PROTOCOL**

NYS Statewide Adult and Pediatric Protocols – Adult Cardiac Related Problem (M-5).

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| Name of Authorized Agency Representative |  | Title |  |
|  |  |  |  |
| Signature |  | Date |  |
|  |  |  |  |
| Agency Medical Director |  |  |  |
|  |  |  |  |
| Agency Medial Director Signature |  | Date |  |