



The State Board of Emergency Medical, Fire, and Transportation Services (“EMFTS Board”) issues the following statement:

Regarding Interfacility Transport of Patients by EMS Providers and the Scope of Practice  
June 2018

*This statement is an attempt to provide general information about the above issue facing EMS providers. It should not be treated as legal advice or medical direction. For direct advice regarding a particular scenario, please consult with your medical director and legal counsel. Although the following statement represents the EMFTS Board’s general position on the above issue, this statement in no way precludes the EMFTS Board from taking disciplinary action in a particular case if necessary. Any potential complaints brought before the EMFTS Board will be decided on a case-by-case basis.*

**Introduction:**

The State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety, Division of Emergency Medical Services, have developed a defined scope of practice for all EMS providers. The scope of practice for emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), and Paramedics is established respectively in Ohio Administrative Code Chapters 4765-15, 4765-16, and 4765-17. An outline of the Ohio EMS scope of practice is available in a matrix form and is posted on the Ohio Department of Public Safety, Division of EMS’ website as a reference for public access. This scope of practice addresses all levels of EMS providers and has been approved by the EMFTS Board. Updates to the scope of practice are made as necessary and must be approved by the EMFTS Board.

From time to time, during interfacility transport, EMS providers are confronted with medications, interventions, and therapies that are beyond of their routine scope of practice and training. In these scenarios, additional training (particularly for the Paramedic) paired with initial and ongoing demonstration or testing of skills, is required. The intent of this position paper is to address the approach of the EMS providers and their medical directors to these situations which are not explicitly covered in the Ohio EMS scope of practice.

**Discussion:**

The number and type of medications, interventions, and therapies in the medical field currently or potentially encountered by the EMS provider in the interfacility transport setting are extensive and may change frequently. The intent of this position paper is not to provide an inclusive or exclusive list of medications, interventions, and therapies that should be included or excluded from the EMS provider’s scope of practice. Rather, the intention of this document is to frame the discussion around maintenance of patient safety during interfacility transport and provision of patient care that is appropriate to the EMS provider’s level of training, including additional training that has been approved and documented by the medical director and completed well in advance of the transfer.

Additionally, the success of any EMS service requires robust medical direction from an actively involved physician who meets the requirements set forth in Ohio Administrative Code 4765-3-05. This includes, but is not limited to, the initial and ongoing training of EMS providers, as well as an active performance improvement process in which all transports are subject to review for quality assurance.

The scope of this document includes all transports in which the highest level of training of the personnel in the transport vehicle is a Paramedic, including transports that require additional training. A mobile intensive care unit, as legislated in Ohio Revised Code 4766.01, is qualified to transport patients whose conditions require care beyond the scope of practice of a Paramedic. A mobile intensive care unit requires the inclusion of a registered

nurse or other allied health professional as cited in Ohio Administrative Code 4766-4-12 and a transport vehicle that has the vehicle specifications and required equipment cited in Ohio Revised Code 4766.07 and Ohio Administrative Code 4766-4-08.

**Conclusion:**

All authorized services provided by certified Ohio EMS providers, which are cited in Ohio Revised Code 4765 and Ohio Administrative Code 4765, require a written protocol from the medical director. The EMT, AEMT, and Paramedic certification is limited to the scope of practice that is set forth respectively in Ohio Administrative Code Chapters 4765-15, 4765-16, and 4765-17. Furthermore, this position paper does not provide an inclusive or exclusive list of medications, interventions, and therapies that should be included or excluded from the EMS provider's scope of practice. Patient care or services provided that are beyond the routine practice of the certified Ohio EMS provider require additional training that has been approved and documented by the medical director. All additional training must be completed well in advance of the patient transfer and should be paired with initial and ongoing demonstration or testing of skills as an adjunct to support competency.

Prior to accepting a patient for interfacility transportation, the EMS provider:

- Shall complete training for all services provided, including the management of medical equipment and devices, well in advance of the patient transfer, and any additional training must be approved and documented by the medical director.
- Shall complete training for all medications administered, including indications, contraindications, pharmacology, and side effects, well in advance of the patient transfer, and any additional training must be approved and documented by the medical director

In addition, during the interfacility transportation of patients, the EMS provider:

- Shall follow written protocols, which have been developed and signed by the EMS provider's medical director.
- Shall not initiate the infusion of blood or blood products including the initiation of infusion of additional units. Under the current scope of practice, the Paramedic may only maintain the infusion of blood or blood products.
- Shall not initiate the infusion of intravenous parenteral nutrition including the initiation of infusion of additional units. Under the current scope of practice, the Paramedic may only maintain the infusion of intravenous parenteral nutrition.
- Shall not initiate or continue the infusion of chemotherapeutic agents.
- Should refuse to initiate a transport if the EMS provider feels that adequate training on a specific medication, intervention, or therapy has not been provided well in advance of the transfer as outlined above or if the EMS provider feels uncomfortable with the transport for any reason, including but not exclusive to safety reasons, patient scenario, or any requested parameter of patient care delivery ordered during patient transport.

Concerns or questions regarding specific interfacility transports should be directed to the Ohio Department of Public Safety, Division of Emergency Medical Services.