



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  
February 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 and therapies that are out of their usual scope of practice and training. 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 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 therapies and medications 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.

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. 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:**

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 therapies and medications that should be included or excluded from the EMS provider's scope of practice.

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

- 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.
- Shall follow written protocols, which have been developed and signed by the EMS provider's medical director, for the infusion of medications that are not specifically outlined within the EMS scope of practice as outlined by the State of Ohio.
  - The training for the infusion of these specific medications shall not be done at the time of the interfacility transfer of the patient.
  - This training must be completed well in advance of the transfer.
  - The completion of the training must be documented and approved by the medical director of the EMS agency.
  - Continuing education and recurrent training on the indications, contraindications, pharmacology, and side effects of these medications is also required.
- Should refuse to initiate a transport if the EMS provider feels that adequate training on a specific intervention 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.