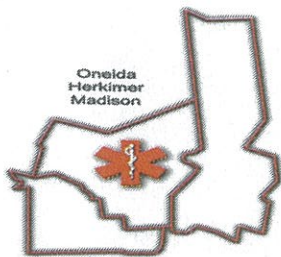




**MIDSTATE EMERGENCY MEDICAL
SERVICES**

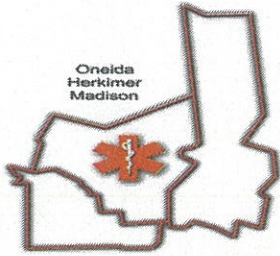
**AEMT / BLS 12 Lead
Packet**



MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES
COUNCIL

PROUDLY SERVING ONONDAGA HERKIMER AND MADISON COUNTIES

- Midstate Application for 12 Lead ECG Monitoring*
- Midstate EMT 12 Lead ECG Skill Sheet*
- Agency Medical Director Verification (DOH 4362)*
- NYS DOH Policy Statement 16-01*



MIDSTATE regional emergency medical services council
PROUDLY SERVING ONONDAGA HERKIMER AND MADISON COUNTIES

Midstate REMAC
BASIC LIFE SUPPORT ACQUISITION AND TRANSMISSION OF 12 LEAD ECG's
Application

Agency Name _____ Agency Code _____

Address _____
Mailing Address _____ City _____ Zip _____

Contact _____ Title _____

Representative responsible for BLS Acquisition and Transmission of 12 lead ECG's:

Name _____ Contact Phone # _____

Agency QA/QI Coordinator:

Name _____ Phone / email _____

_____ request authorization from the Midstate REMAC to permit BLS Providers to perform
Agency Acquisition and Transmission of 12 lead ECG's in compliance with NYS BLS Protocol and Midstate Policy Statement.
Attached to this application are the following items;

- Agency Medical Director request
- Agency Policies and Procedures
- Medical Director Verification
- Monitor type and transmission mode (description)

As CEO of the above agency, I agree to the requirements set forth in the Midstate REMAC Policy Statement on BLS Acquisition and Transmission of 12 lead ECG's and will be responsible to assure that Agency providers follow the Regional protocols. I also agree that all BLS Acquisition and Transmission of 12 lead ECG's operators will successfully complete the required training with and approved instructor and that documentation of this training will be submitted to the Regional QA/QI Coordinator at least yearly.

Name _____
Print Name

Signature

Date

Date submitted _____

REMAC _____ Approval

MIDSTATE 12 LEAD ECG MONITORING

BASIC EMT SKILL SHEET

| | |
|------|------|
| PASS | FAIL |
| | |

| | | |
|-------------------|-------|---------------------|
| EMT Name | EMT # | EMS Agency |
| Evaluator (Print) | Date | Evaluator Signature |

| | | |
|--|---|--|
| Takes or describes body substance isolation precautions | C | |
| Provides appropriate care based on patients' complaints | C | |
| Identifies appropriate 12 Lead ECG patients | 1 | |
| Able to identify all equipment used | 1 | |
| Prepares equipment according to manufacturer's recommendations | C | |
| Describes procedure to patient | 1 | |
| Safely/Appropriately applies 12 Lead ECG | 1 | |
| Transmits 12 Lead ECG | C | |
| Provides appropriate treatment | C | |
| Assess patient's response to interventions | 1 | |

NOTE: Provider must complete all critical criteria and receive at least 3 points to pass

| | |
|---|--|
| 4 | |
|---|--|

I _____
Sign Name
Date

Have completed the REMAC approved training session on acquisition and transmission of 12 lead ECG's

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Defibrillation / PAD | <input type="checkbox"/> Epi Autoinject | <input type="checkbox"/> Albuterol | <input type="checkbox"/> Blood Glucometry | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> CPAP | <input type="checkbox"/> Check and Inject | <input type="checkbox"/> 12 Lead | <input type="checkbox"/> Ambulance Transfusion Service (ATS) | |
| <input type="checkbox"/> EMT Level of Care | <input type="checkbox"/> AEMT Level of Care | <input type="checkbox"/> Critical Care Level of Care | <input type="checkbox"/> Paramedic Level of Care | <input type="checkbox"/> Controlled Substances (BNE License on File) |

Agency Name _____

Agency Code _____ Agency Type: Ambulance ALSFR BLSFR
Number _____

Agency CEO
Name _____

Medical Director
Name _____

NYS Physician's License Number _____

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director

Signature _____

Date of Signature _____

Basic Life Support Acquisition of 12 Lead ECGs

| Bureau of Emergency Medical Services and Trauma Systems | |
|---|---|
| Policy Statement # | 16-01 |
| Date | June 14, 2016 |
| Subject | Basic Life Support Acquisition and Transmission of 12 Lead ECGs |
| Supercedes/Updates | New |

At the March, 2016 meetings of the State Emergency Medical Advisory Committee (SEMACE) 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).

The SEMACE approved BLS/AEMT 12 lead ECG acquisition as a regional option. Should an EMS agency wish to implement a 12 lead ECG program at the BLS/AEMT level, the EMS agency must be granted approval by their Regional Emergency Medical Advisory Committee (REMACE) and each certified EMS provider must complete a REMACE approved training program. The acquisition and transmission of 12 lead ECG will be an option in the NYS BLS Protocols, but training will not be included in the state approved original or refresher curricula/courses.

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

REMACEs may choose, but are not required, to allow the BLS/AEMT acquisition and transmission of 12 lead ECGs into their systems. If approved, the REMACE may develop a policy for which devices may be used and how they will integrate into the existing systems for STEMI care. Any device approved must be capable of transmitting 12 lead ECG data to the receiving hospital.

EMS Agencies wishing to implement a BLS/AEMT 12 lead acquisition and transmission program must make a written request to their REMACE. The request should include, but may not be limited to the following:

- A letter from the agency medical director supporting the implementation of the 12 lead program, including the physician's plan for training, quality assurance and appropriateness review.
- A letter from the receiving hospital(s) advising that they are capable of receiving the 12 lead data and providing it to the appropriate hospital personnel.
- Agency policies and procedures for the 12 lead program that are consistent with state and regional policies and protocols. This should include, but may not be limited to, the following:
 - Use of the approved training program, requirements for continuing education, maintenance of competencies and the documentation for authorized providers;

- A description of how the agency will follow the *NYS Statewide Adult and Pediatric Protocols – Adult Cardiac Related Problem (M-5)* (<http://www.health.ny.gov/professionals/ems/protocol.htm>);
- A description of the 12 lead device proposed to be utilized by the EMS agency; and
- Assurance that 12 lead ECGs obtained while caring for a patient will be subject to physician review.

Once the EMS agency has received written approval from the REMAC, the EMS Service must provide the Department with an updated **Medical Director Verification Form (DOH-4362)** (<http://www.health.ny.gov/forms/doh-4362.pdf>) indicating approval to participate in the 12 lead acquisition program.