



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
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MEMORANDUM

To: MA Licensed Ambulance Services and Affiliate Hospital Medical Directors
Cc: EMCAB Members
From: Dr. Jon Burstein, EMS Medical Director
Date: October 31, 2024
Re: Emergency Update to the Statewide Treatment Protocols

In accordance with the authority granted to the state EMS Medical Director under Statewide Treatment Protocol 7.9, the Massachusetts Department of Public Health's Office of Emergency Medical Services (Department) is issuing an emergency update to the Statewide Treatment Protocols, A1 Interfacility Transport (IFT) Guidelines and Protocols to allow, as a Medical Director option, any Advanced EMT (AEMT) on an IFT transport to be permitted to **apply** cardiac monitor leads and **acquire** and transmit such information. The protocol does **not** allow the AEMT the ability to **interpret** the monitor result. It also does **not** apply to emergency transports.

This medical director option will expand the scope of practice for AEMTs on IFT calls, to allow the AEMT-level EMS crew to transport a patient with a cardiac monitor attached, monitoring the pulse rate as a continuous vital sign. This may be appropriate, for example, in patients with hip fracture and a history of dysrhythmias (but no uncontrolled or unstable dysrhythmia) or patients with pneumonia or urinary tract infection in whom continuous monitoring of pulse rate is felt by the sending physician to be useful information. It would not apply, for example, to a patient with a non-ST segment elevation myocardial infarction (NSTEMI). This medical director option may help in securing more rapid transfer for such patients to other facilities.

The addition of the use of a cardiac monitor to provide pulse rate information does not materially change the level of care provided by a bedside EMS crew. The choice of level of care is a medical decision made by the sending physician in conjunction with the ambulance service's affiliate hospital medical director or designee. It is the responsibility of the sending physician under both the Statewide Treatment Protocols and the federal Emergency Medical Treatment and Labor Act (EMTALA) to assure that the right level of EMS care is being provided for an interfacility transfer.

Please note that an ambulance service may **offer** a lower level of care (i.e., AEMT when paramedic is requested), but the sending physician is under no obligation to accept such an offer. For the sending physician, options include reiterating that a paramedic level ambulance is needed; calling a different ambulance service for a transport unit; sending hospital staff with the ambulance crew, or accessing the local primary ambulance service, if available.

Please direct any questions to me, at Jon.Burstein@mass.gov, or to Clinical Coordinator Renée Atherton, Paramedic, at Renee.Atherton@mass.gov.