

# SIERRA-SACRAMENTO VALLEY EMS AGENCY ALS PROGRAM POLICY

REFERENCE NO.440

## **SUBJECT: 12 LEAD EKG PROGRAM**

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### **PURPOSE:**

To establish the requirements and responsibilities for S-SV approved ALS providers to provide the service of 12 Lead EKGs in the prehospital setting.

### **AUTHORITY:**

California Health & Safety Code, Division 2.5, Sections: 1797.200, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.2, 1798.102, 1798.170.

California Code of Regulations, Title 22, Chapter 4.

### **POLICY:**

Sierra-Sacramento Valley EMS ALS provider agencies wanting to perform the skill of 12-Lead EKG must submit to the EMS Agency for approval at least 30 days prior to the implementation of the program the following:

#### **12-LEAD EKG TRAINING PROGRAM CURRICULUM**

1. A paramedic authorized to perform 12-lead EKGs must complete a minimum 4-hour training program. The curriculum shall include at a minimum:
  - A. Patient inclusion criteria
  - B. Anatomy
  - C. Basic electrophysiology
  - D. Leads and lead placement
  - E. Technical and protocol considerations

#### **CONTINUOUS QUALITY IMPROVEMENT PLAN**

1. **Data Collection** - Data must be collected on each 12-lead EKG performed. The data collected must include at a minimum:
  - A. A copy of the 12-lead EKG, including printed patient name or other unique patient identifier
  - B. Date and time of the call
  - C. Crew-member names
  - D. Unit number

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**Effective Date: 01/01/2010**  
**Next Review Date: 11/2012**  
**Approved:**

**Date last Reviewed / Revised: 11/09**  
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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**SIGNATURE ON FILE**  
**S-SV EMS Regional Executive Director**

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- E. EKG Device number (ID number assigned to 12 lead EKG by machine)
  - F. Hospital destination (if applicable)
  - G. EKG transmitted to the base hospital (yes/no)
2. **Data Reporting** - The provider agency is responsible for submitting 12-lead EKG data to the EMS Agency as requested, to assist in the ongoing evaluation of the S-SV EMS STEMI Receiving Center system and other CQI processes.

**HOSPITAL LETTER**

1. A letter to S-SV EMS Agency from the hospital, signed by hospital administration, Cardiology, and the Emergency Department agreeing to provide medical control and oversight for the provider 12 Lead EKG program. The letter will include an explanation for the use of prehospital 12 lead EKG by the hospital.

**PROCEDURE:**

1. **INDICATIONS:** Utilization of protocol C-8 Chest Pain / Discomfort of Suspected Cardiac Origin
2. All 12 Lead EKG's performed shall include a patient name or other unique patient identifier that is input into the monitor and printed on the EKG strip. In instances where the EKG is transmitted, this patient identification information shall be entered prior to transmission.
3. All 12 Lead EKGs performed shall be attached to the PCR and become part of the patient's medical record.

**CROSS REFERENCES:**

Prehospital Care Policy Manual

Cardiovascular STEMI Receiving Centers, Reference No. 506

Chest Pain / Discomfort of Suspected Cardiac Origin, Reference No. C-8