

**MEDICAL DIRECTION COMMITTEE**  
**Office of Emergency Medical Services**  
**Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294**  
**Thursday, January 6, 2022**  
**10:30 AM**

**Members Present:**

Allen Yee, M.D., Chair  
 Stewart Martin, M.D.  
 Charles Lane, M.D.  
 Wendy Wilcoxson, D. O.  
 Christopher Turnbull, M.D.  
 George Lindbeck, M.D  
 Paul Phillips, M.D.  
 E. Reed Smith, M.D.  
 Samuel Bartle, M.D.  
 John Morgan, M. D.  
 Scott Weir, M.D.

**Members Absent:**

Amir Louka M.D. (Excused)  
 Asher Brand, M.D. (Excused)  
 Tania White, M.D. (Excused)  
 Chief Eddie Ferguson (Excused)

**Staff:**

Debbie Akers  
 Chad Blosser  
 Wanda Street  
 Tim Perkins  
 Marybeth Mizell  
 Ron Passmore  
 Amanda Loreti  
 Wayne Perry

**Others:**

Brandon Truman  
 Greg Neiman  
 Chris Christensen  
 RD Peppy Winchel

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	Dr. Yee called the meeting to order at 10:32 a.m.	
<b>II. Introductions</b>	All attendees introduced themselves.	
<b>III. Approval of Agenda</b>	Approval of agenda	<b>Approved by consensus</b>
<b>IV. Approval of Minutes</b>	Approval of minutes from July and October 2021. The minutes were approved.	<b>Approved by consensus</b>
<b>V. Drug Enforcement Administration (DEA) &amp; Board of Pharmacy (BOP) Compliance Issues – Dr. Lindbeck</b>	No update. The BOP Guidance Document has been released. It will be sent out to the committee.	
<b>VI. Old Business</b>	<p><b>a. Requirements for EMS Physician Endorsement – Duty Physician Definition – George Lindbeck/Ron Passmore</b></p> <p>Dr. Lindbeck explained the requirements of an EMS Duty Physician and displayed the definition which is as follows:</p> <p>Definition – An EMS Duty Physician is a licensed physician who primarily participates in the response and patient care activities of an EMS agency, without the responsibilities and authority of an endorsed EMS physician and/or the EMS agency’s operational medical director.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p><b>A motion was made by Dr. Martin to accept the EMS Duty Physician definition. The motion was seconded by Dr. Charles Lane. All committee members were in favor of the motion. No committee members opposed. The motion passed unanimously.</b></p> <p><b>b. Marcus Alert Law Update – Tim Perkins/Karen Owens</b> The workgroup meets every other Monday. This law is still in the pilot phase and they are working on the application. There has been a lot of discussion about it, but no real action.</p>	
<p><b>VII. New Business</b></p>	<p><b>a. AED Legislative Proposal – Dr. Allen Yee</b> Dr. Perkins presented a proposal to have AED’s in the trunks of cars, at the last Advisory Board meeting. Accepted by the board. Per Tim, Dr. Perkins does not have a patron. The committee agreed to endorse.</p> <p><b>b. AEMT Administration of Cardiac Drugs – Dr. Allen Yee</b> The committee discussed AEMT’s administering cardiac medications such as epinephrine and anti-arrhythmic medications during a cardiac arrest.</p> <p>Dr. Yee mentioned that a Physician on the EMS Advisory Board feels that RSI should be regulated by the State and wants this in legislative language. His claim is that RSI is killing people. Dr. Yee asked, should we look at the data or create a white paper? Dr. Smith stated that this was studied a few years ago and will bring the white paper that was written previously.</p> <p><b>c. Proposed Regulations – Dr. Asher Brand (Ron Passmore to present)</b> Dr. Brand was not present. Ron Passmore stated that a draft of new proposed regulations has been sent out as well as the previous/existing regulations to compare. Within the next 90 days, please carefully review and make any revisions.</p> <p>Mr. Passmore went through the existing regulations that pertain to this committee and Medevac and compared it to the most recent changes. Medevac members will be at the next meeting to hash out any changes.</p> <p>The committee extensively discussed the training portion of the regulations.</p> <p><b>A motion was made by Dr. E. Reed Smith to remove the word “diversion”. The motion was seconded by Dr. Phillips. All committee member were in favor of the motion. No committee members opposed. The motion carries.</b></p> <p><b>d. Training and Certification Proposal – BLS Psychomotor Testing – ACE Division</b> A special call meeting was held in November and CTS Testing was eliminated as a requirement in Virginia. A motion was made and approved by the Training and Certification Committee (TCC). This proposal was tabled until the next meeting.</p>	

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	<p>The second motion from TCC was to 10 patient contacts: 5 live patients and 5 simulated patients. Debbie gave some history on this according to the Education Standards. Dr. Yee proposes twenty-five patients and five must be children. The Medical Direction Committee is concerned with 10 patient contacts. Debbie suggested to compare to the CoA competency list to see how many pediatric, geriatric, etc.</p>	
<b>VIII. Research Requests</b>	None.	
<b>IX. State OMD Issues – Dr. George Lindbeck</b>		
	<p><b>a. Scope of Practice Revisions</b>  The committee reviewed and discussed the Scope of Practice changes specified by “red dots” on the spreadsheet. Dr. Lindbeck made note of the changes requested by the committee.</p> <p><b>A motion was made to insert a comma after the word “training” and before the word “and”. Friendly amendment was made to add “as determined or approved by the agency operational medical director or EMS physician”. All committee members were in favor of the motion. The motion carried.</b></p> <p><b>A motion was made to accept the language in the last paragraph. All committee members were in favor of the motion. The motion carried.</b></p> <p><b>A motion was made to approve the entire document with the noted changes. All committee members were in favor of the motion. The motion carried.</b></p>	
<b>X. Office of EMS Reports</b>		
	<p><b>a. Division of Accreditation, Certification and Education</b></p> <p><b>Education Program Manager – Chad Blosser</b>  Scholarship reports were provided and the numbers have not changed since October. Many applicants have applied to become Education Coordinators. An Education Institute is being held this month for 40 individuals.</p> <p><b>Division Manager – Debbie Akers</b>  Debbie will run the educator statistics for the last quarter and will post the new 16 percentile list next week. A printed copy of the Accreditation report was provided to MDC. JTCC has lost their program director, medical director and lead instructor for the EMS program in December. Students are being transferred to J. Sargent Reynolds and VCU.</p> <p><b>b. Director/Asst. Director – Gary Brown/Scott Winston</b>  No update.</p> <p><b>c. Asst. Director – Scott Winston</b></p>	

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	<p>No update.</p> <p><b>d. Associate Director – Adam Harrell</b> No update.</p> <p><b>e. Trauma Services – Mindy Carter</b> No update.</p> <p><b>f. Other Office Staff</b> Tim Perkins, Community Health and Technical Resources Division (CHaTR): OEMS is in agreement/partnership with HandTevy. One HandTevy Tape will be provided to every licensed agency and permitted vehicle in the state. There will be connectivity between ESO and HandTevy. In first quarter of 22, rolling out Mobile Integrated Healthcare and Community Paramedicine. This will be a recognition program. CHaTR is working with VCU on EMS needs assessment survey. More information will be released on the survey.</p> <p>David Edwards, EMS for Children Division: Working on regulations for Child Restraint Devices. Looking for volunteers to work on workgroups for safe child transports and also for pediatric champions in hospitals.</p> <p>Tim stated that 400 COVID test kits will be shipped out to Regional Councils. This is the first of two shipments. Agencies and Regional Councils will have to find supply chains moving forward. This is from Karen Owens, Emergency Operations Division.</p>	
<b>PUBLIC COMMENT</b>	None.	
<b>Quarterly Meeting Dates for 2022</b>	<p>April 7, 2022</p> <p>July 7, 2022</p> <p>October 6, 2022</p>	
<b>Adjournment</b>	2:44 p.m.	

<p>Respectfully submitted by: Wanda L. Street Executive Secretary, Sr.</p>
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# Attachment A

## Scope of Practice



Virginia Office of Emergency Medical Services  
Scope of Practice - Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
<b>AIRWAY TECHNIQUES</b>							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices	Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle					●	●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Orotracheal - Over Age 12					●	●
	Nasotracheal						●
	Pediatric - Age 12 and under						●
	Drug assisted intubation (DAI) all ages						●
		Drug facilitated intubation (DFI)					
		Specified as outside of SOP at all levels by MDC					
		Delayed sequence intubation (DSI)					●
		Rapid sequence intubation (RSI)					●
	Confirmation procedures			●	●	●	●
** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic							
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●
	Tracheal Cuff			●	●	●	●
	Oxygen Hood				●	●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal			●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●

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	Bag-Valve-Mask Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●	
	Bag-Valve-Mask Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●	
	Bag-Valve-Mask neonate/infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●	
	Noninvasive positive pressure vent.	CPAP, BiPAP, PEEP	●	●	●	●	●	Requirement for additional training added 1-6-22
	High-flow nasal cannula			●	●	●	●	Added to SOP 1-6-2022
	Jet insufflation						●	
	Mechanical Ventilator (Manual/Automated Transport Ventilator)							
		Maintain long term/established (see note below for EMT)		●	●	●	●	
		Initiate/Manage ventilator				●	●	
<b>Anesthesia ( Local)</b>								
	Local by infiltration, intraosseus				●	●	●	Intraosseus added by MDC 10-7-2021
<b>Pain Control &amp; Sedation</b>								
	Self Administered inhaled analgesics			●	●	●	●	
	Pharmacological (non-inhaled)				●	●	●	
	Patient controlled analgesia (PCA)	Maintain established			●	●	●	
	Epidural catheters (maintain)	Maintain established				●	●	
<b>Blood and Component Therapy Administration</b>		Maintain				●	●	
		Initiate					●	
<b>Diagnostic Procedures</b>								
	Blood chemistry analysis			●	●	●	●	
	Capnography			●	●	●	●	
	Pulmonary function measurement				●	●	●	
	Pulse Oximetry			●	●	●	●	
	Ultrasonography						●	
<b>Genital/Urinary</b>								
	Foley catheter							
		Place bladder catheter					●	
		Maintain bladder catheter		●	●	●	●	
<b>Head and Neck</b>								
	ICP Monitor (maintain)						●	
	Control of epistaxis		●	●	●	●	●	
		Inserted epistaxis control devices			●	●	●	
	Tooth replacement		●	●	●	●	●	
<b>Hemodynamic Techniques</b>								
	Arterial catheter maintenance						●	
	Central venous maintenance				●	●	●	
	Access indwelling port					●	●	
	Intraosseous access & infusion				●	●	●	
	Peripheral venous access and maintenance				●	●	●	
	Umbilical Catheter Insertion/Management						●	
	Monitoring Existing IVs	See notes in Formulary SOP for EMT		●	●	●	●	
	Mechanical IV Pumps				●	●	●	
<b>Hemodynamic Monitoring</b>								
	ECG acquisition		●	●	●	●	●	
	ECG Interpretation						●	Clarified 10-7-2021
		Rhythm interpretation				●	●	
		12-lead interpretation				●	●	

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	Invasive Hemodynamic Monitoring						●	
	Vagal Maneuvers/Carotid Massage					●	●	Duplicate listing in "other techniques" deleted 1-5-2022
<b>Obstetrics</b>								
	Delivery of newborn		●	●	●	●	●	
<b>Other Techniques</b>								
	Vital Signs		●	●	●	●	●	
	Bleeding control		●	●	●	●	●	
	Foreign body removal	Tourniquets	●	●	●	●	●	
		Superficial without local anesthesia		●	●	●	●	
		Imbedded with local anesthesia/exploration				●	●	
	Incision/Drainage						●	
	Intravenous therapy				●	●	●	
	Medication administration			●	●	●	●	
	Nasogastric tube				●	●	●	
	Orogastric tube				●	●	●	
	Pericardiocentesis					●	●	
	Patient restraint, physical			●	●	●	●	
	Patient restraint, medication					●	●	
	Sexual assault victim management			●	●	●	●	
	Trephination of nails					●	●	
	Wound closure techniques					●	●	
	Wound management		●	●	●	●	●	
	Pressure Bag for High altitude						●	
	Treat and Release			●	●	●	●	
	Intranasal medication administration						●	
		Fixed/unit dose medications	●	●	●	●	●	
		Dose calculation/measurement			●	●	●	
<b>Resuscitation</b>								
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●	
	Cardiac pacing					●	●	
	Defibrillation/Cardioversion					●	●	
		Manual defibrillation/cardioversion				●	●	Clarified, manual operation and rhythm interpretation 10-7-2021
		AED	●	●	●	●	●	
	Post resuscitative care		●	●	●	●	●	
<b>Skeletal Procedures</b>								
	Care of the amputated part		●	●	●	●	●	
	Fracture/Dislocation immobilization techniques		●	●	●	●	●	
	Fracture/Dislocation reduction techniques					●	●	
		Manipulation of angulated/pulseless extremities		●	●	●	●	
		Joint reduction techniques		●	●	●	●	
	Spine immobilization techniques		●	●	●	●	●	
<b>Thoracic</b>								
	Thoracostomy/Pleural decompression					●	●	
		Needle decompression				●	●	
		Finger or tube thoracostomy					●	
<b>Body Substance Isolation / PPE</b>			●	●	●	●	●	
<b>Lifting and moving techniques</b>			●	●	●	●	●	
<b>Gastro-Intestinal Techniques</b>							●	
	Management of non-displaced gastrostomy tube						●	
<b>Ophthalmological</b>								
	Morgan Lenses			●	●	●	●	

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	Corneal Exam with fluorescein		●	●	●	●	●
	Ocular irrigation		●	●	●	●	●
<b>Lay-Level Technologies</b>		These procedures have been established and patient released to be cared for at home or in an un-skilled care environment					
		These technologies may be transported at the EMT level if the patient is stable and the technology does not require monitoring beyond vital signs or any adjustment or manipulation					
	Home (chronic) ventilator						
	Medication pumps including Patient Controlled Analgesia (PCA) pumps						
	Mechanical circulatory support (LVAD, BiVAD, RVAD)						
<b>Point of Care (POC) Testing</b>							
	Glucometry		●	●	●	●	●
	Other blood chemistry/indices		●	●	●	●	●
<b>Pre-Hospital Ultrasound</b>			●	●	●	●	●
<b>Procedures Outside Scope of Practice</b>		These procedures are specified as outside EMS Scope of Practice by MDC					
	Intra-aortic balloon pump	Maintenance or monitoring					
	Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)	Placement or manipulation					
	Extracorporeal Membrane Oxygenation (ECMO)	Maintenance or monitoring					

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## Virginia Office of Emergency Medical Services Scope of Practice - Formulary for EMS Personnel

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CATEGORY		EMR	EMT	AEMT	I	P	
<b>Analgesics</b>							
	Oral analgesics						
	Acetaminophen		●	●	●	●	
	Nonsteroidal anti-inflammatory		●	●	●	●	
	Parenteral non-opioid analgesics						Added by MDC 10-7-2021
	Acetaminophen, ketorolac			●	●	●	
	Opiates			●	●	●	
	Dissociative analgesics						
	Ketamine 0.5 mg/kg or less IV/IN/IM				●	●	
<b>Anesthetics/Sedatives</b>							
	Topical/Otic/Occular		●	●	●	●	
	Inhaled-self administered		●	●	●	●	
	Local (infiltration, intraosseus)			●	●	●	Intraosseus added by MDC 10-7-2021
	General - initiate					●	
	General - maintenance intubated patient				●	●	
	Sedation for the violent/aggressive patient						
	Benzodiazepine/antipsychotic combination				●	●	
	Ketamine greater than 0.5 mg/kg IV/IM					●	Ketamine annotation specifically added by MDC 10-7-2021
	Antipsychotics				●	●	
	Benzodiazepines (for sedation)				●	●	
<b>Anticonvulsants</b>				●	●	●	
<b>Glucose Altering Agents</b>							
	Glucose Elevating Agents		●	●	●	●	
	Glucose Lowering Agents						
	Insulin SQ/IV/infusion				●	●	Added by MDC 10-7-2021
<b>Antidotes</b>							
	Anticholinergic Antagonists				●	●	
	Anticholinesterase Antagonists	●	●	●	●	●	
	Benzodiazepine Antagonists						
	Narcotic Antagonists	●	●	●	●	●	
	Nondepolarizing Muscle Relaxant Antagonist						

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Approved by GAB: February 11, 2022

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



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Scope of Practice - Formulary for EMS Personnel

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CATEGORY		EMR	EMT	AEMT	I	P	
	Beta/Calcium Channel Blocker Antidote				●	●	
	Tricyclic Antidepressant Overdose				●	●	
	Cyanide Antidote				●	●	
	Cholinesterase Reactivator	●	●	●	●	●	
<b>Antihistamines &amp; Combinations</b>							
			●	●	●	●	
<b>Biologicals</b>							
	Vaccines						Changed from "immune serums" MDC 10-7-2021 AEMT may administer vaccines to adults, age ≥ 18 years 10-7-2022
	Vaccines all ages			●	●	●	
	Vaccines to age < 18 years				●	●	
	Antibiotics		●	●	●	●	
<b>Blood/Blood products</b>							
	Initiate					●	
	Maintain				●	●	
<b>Blood Modifiers</b>							
	Anticoagulants				●	●	
	Antiplatelet Agents		●	●	●	●	
	Hemostatic Agents		●	●	●	●	
	Thrombolytics					●	
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●	
<b>Cardiovascular Agents</b>							
	Alpha Adrenergic Blockers				●	●	
	Adrenergic Stimulants				●	●	
	Antiarrhythmics				●	●	
	Beta Adrenergic Blockers				●	●	
	Calcium Channel Blockers				●	●	

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CATEGORY		EMR	EMT	AEMT	I	P
	Diuretics				●	●
	Inotropic Agents				●	●
	Vasodilatory Agents		●	●	●	●
	Vasopressors				●	●
	Epinephrine for allergic reaction		●	●	●	●
	Epinephrine administration systems for allergic reaction (See note below)		●	●	●	●
<b>Central Nervous System</b>	Antipsychotic				●	●
<b>Dietary Supplements/Electrolyte</b>	Vitamins					
	Minerals - start at a health care facility	See section: Intravenous Fluids				
	Salts - start at a health care facility					
	Electrolytes Solutions - started at a health care facility					
	Hypertonic Saline				●	●
<b>Gas</b>	Oxygen	●	●	●	●	●
	Heliox				●	●
<b>Gastrointestinal</b>	Antacids					
	OTC			●	●	●
	Antidiarrheals		●	●	●	●
	Antiemetics		●	●	●	●
	EMT SL/PO route only		●	●	●	●
	H2 Blockers		●	●	●	●
<b>Hormones</b>	Corticosteroids, Mineralocorticoids			●	●	●
	Other Hormones					
	pitocin, octreotide, prostaglandins					●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Approved by GAB: February 11, 2022

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



## Virginia Office of Emergency Medical Services Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums* .

CATEGORY		EMR	EMT	AEMT	I	P	
<b>Intravenous Fluids</b>	isotonic		●	●	●	●	EMT may transport patient with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)
* See note below)	hypotonic		●	●	●	●	
	hypertonic				●	●	
	M = Maintenance I = Initiate						
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M	
	with Multi=vitamins		M	M	M	M	
	with Thiamine		M	M	M	M	
<b>Neuromuscular Blockers</b>						●	
<b>Respiratory</b>	Anticholinergics		●	●	●	●	
	Sympathomimetics						
	Beta agonists		●	●	●	●	
	Epinephrine (nebulized)				●	●	
<b>Dosage and Concentration Calculation</b>				●	●	●	
M = Maintenance							
I = Initiate							
	Note: EMT's may administer medications within their scope of practice in addition to providing assistance in administration of those medications. EMT's may access a drug kit to access those medications.						
	Note: Med-Math skills including dosage calculations and measurement of medication to be administered are outside EMT scope of practice. EMT's may draw epinephrine from vials or ampules for the treatment of acute allergic reactions using devices/systems using syringes with mechanical limiters or color-coded or other clearly marked indicators to facilitate accurate dose measurement.						

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."



Virginia Office of Emergency Medical Services  
Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P	
	EMTs may transport patients with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)						

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Approved by GAB: February 11, 2022

# Attachment B

## Accreditation Report

# **Accredited Training Site Directory**

As of January 1, 2022





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**Accredited Paramedic Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b>BLS Accredited</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
<i>Blue Ridge Community College</i>	79005	Yes	--	CoAEMSP - LOR	
<i>Central Virginia Community College</i>	68006	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Chesterfield Fire and EMS</i>	04103	Yes	--	CoAEMSP – LOR	
<i>ECPI University</i>	70017	Yes	--	CoAEMSP – Initial	CoAEMSP
<i>Hanover Fire EMS Training</i>	08533	Yes	--	CoAEMSP - LOR	
<i>Henrico County Division of Fire</i>	08718	Yes	--	CoAEMSP – LOR	
<i>J. Sargeant Reynolds Community College</i>	08709	No	--	CoAEMSP – Continuing	CoAEMSP
<i>John Tyler Community College</i>	04115	Yes	--	CoAEMSP - Initial	CoAEMSP
<i>Lord Fairfax Community College</i>	06903	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Loudoun County Fire &amp; Rescue</i>	10704	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	--	CoAEMSP – Continuing	CoAEMSP
<i>Piedmont Virginia Community College</i>	54006	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Prince William County Dept. of Fire and Rescue</i>	15312	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Radford University Carilion</i>	77007	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Rappahannock Community College</i>	11903	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Southside Virginia Community College</i>	18507	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>Southwest Virginia Community College</i>	11709	Yes	1	CoAEMSP – Continuing	CoAEMSP
<i>Stafford County &amp; Associates in Emergency Care</i>	15319	Yes	7	CoAEMSP – Continuing	CoAEMSP
<i>Thomas Nelson Community College</i>	83012	Yes	2	CoAEMSP – LOR	
<i>Tidewater Community College</i>	81016	Yes	--	CoAEMSP – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	76011	Yes	5	CoAEMSP – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

**Accredited AEMT Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b>BLS Accredited</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
Accomack County Dept. of Public Safety	00121	No	--	State – LOR	December 31, 2022
Augusta County Fire and Rescue	01521	Yes	--	State – LOR	December 31, 2022
Danville Training Center	69009	No	--	State – Full	December 31, 2022
Fauquier County Fire & Rescue – Warrenton	06125	Yes	--	State – LOR	December 31, 2022
Frederick County Fire & Rescue	06906	Yes	--	State – Full	December 31, 2022
Hampton Fire & EMS	83002	No	--	State – Full	December 31, 2022
Hampton Roads Regional EMS Academy (HRREMSA)	74039	Yes	--	State – LOR	December 31, 2012
James City County Fire Rescue	83002	Yes	--	State – Full	December 31, 2022
King George Fire, Rescue and Emergency Services	09910	No	---	State – LOR	August 31, 2023
Newport News Fire Training	70007	Yes	--	State – LOR	December 31, 2022
Norfolk Fire and Rescue	71008	Yes	--	State – Full	December 31, 2022
Paul D. Camp Community College	62003	Yes	--	State – Full	December 31, 2022
Rockingham County Fire and Rescue	16536	Yes	--	State – LOR	December 31, 2022
Southwest Virginia EMS Council	52003	Yes	--	State – Full	December 31, 2022
UVA Prehospital Program	54008	Yes	--	State – Full	December 31, 2022
WVEMS – New River Valley Training Center	75004	No	--	State – Full	December 31, 2022

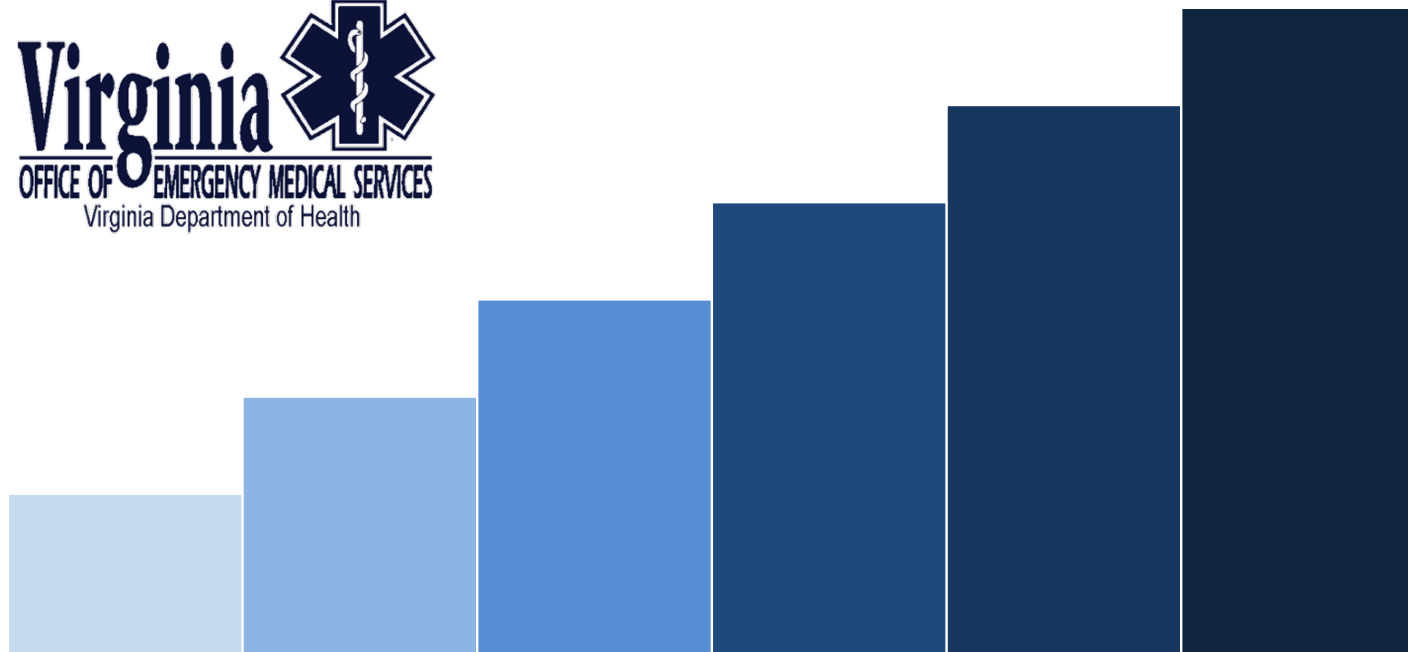
- Germana Community College has submitted the documentation for LOR to conduct their first cohort class at the AEMT & EMT levels.

**Accredited EMT Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
Albemarle Co Dept of Fire	54013	--	State – Letter of Review	December 31, 2022
Arlington County Fire Training	01305	--	State – Letter of Review	December 31, 2022
City of Virginia Beach Fire and EMS	81004	--	State – Full	December 31, 2022
Chesterfield Fire & EMS	04103	--	State – Full	December 31, 2022
Fairfax County Fire & Rescue Dept.	05918	--	State – Letter of Review	December 31, 2022
Gloucester Volunteer Fire & Rescue	07302	--	State – Letter of Review	December 31, 2022
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	December 31, 2022
Roanoke Valley Regional Fire/EMS Training	77505	--	State – Letter of Review	December 31, 2022

# Attachment C

## EMSSP Report



# Quarterly Report

## Virginia EMS Scholarship Program

Second Quarter – FY22

Accreditation, Certification & Education

## Background

The Virginia EMS Scholarship Program is managed by the Virginia Office of Emergency Medical Services providing scholarship awards to current Virginia EMS Providers and those seeking to become EMS providers in the Commonwealth.

The scholarship program supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, Advanced EMT and Paramedic.

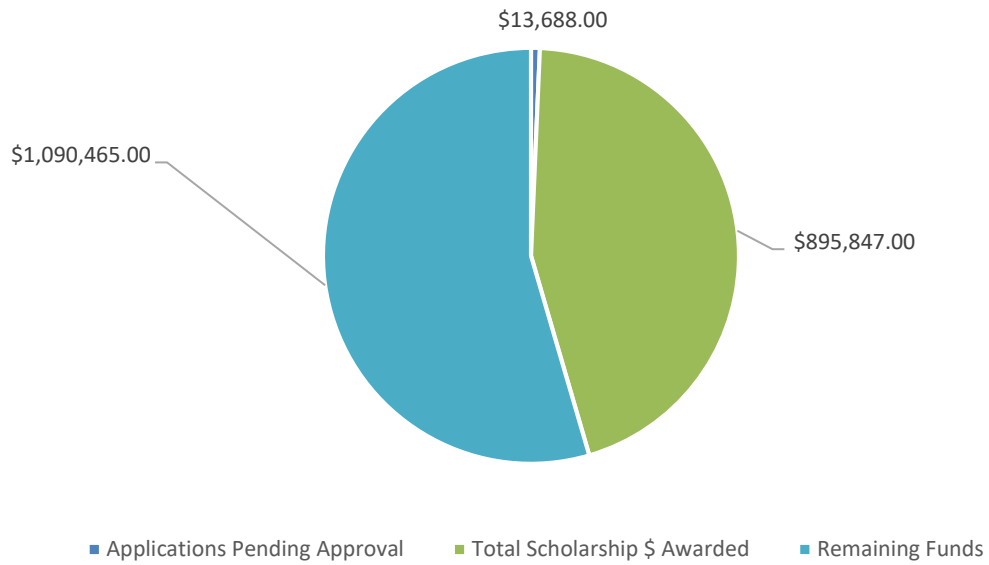
The scholarship program is not designed to provide 100% funding for a training program.

## FY22 Scholarship Budget

The FY22 budget for the Virginia EMS Scholarship Program is \$2,000,000.00. The following chart shows a breakdown of funding based on three (3) categories: 1) Applications Pending Approval, 2) Total Scholarship \$ Awarded, and Remaining Funds.

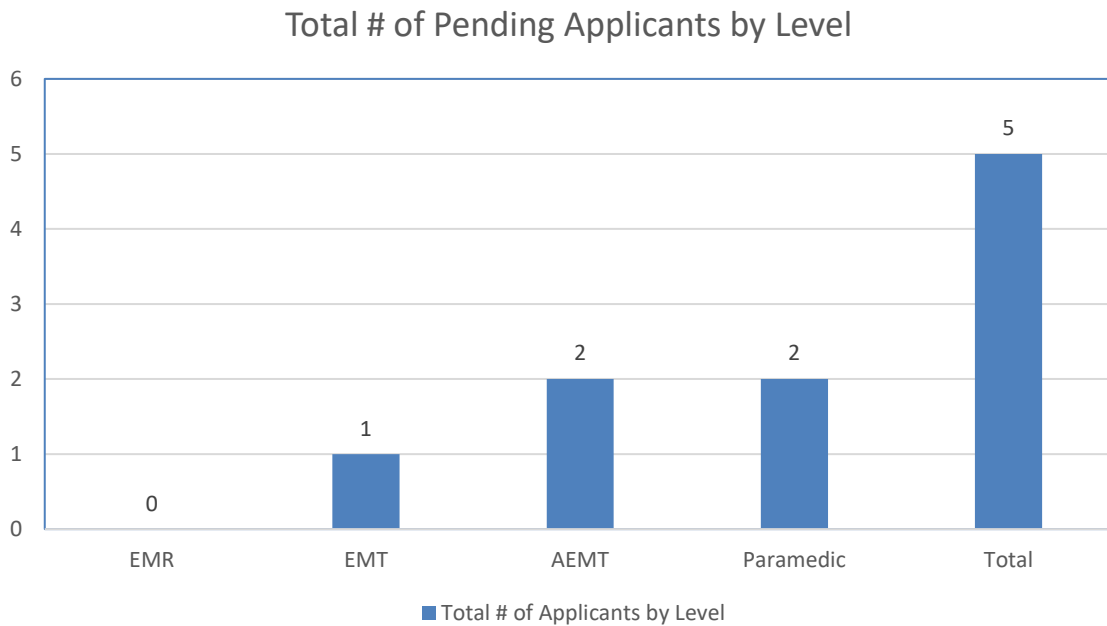
- **Application Pending Approval** – this category includes the total dollar value for all applications received June 1, 2021 through December 31, 2021.
- **Total Scholarship \$ Awarded** – this category is the total dollar value for all scholarship applications which have been approved and are in the process of being paid. Since the Virginia EMS Scholarship module is new, OEMS staff have only approved a small group of test applications as we work through the payment processes with the VDH Office of Financial Management.
- **Remaining Funds** – this category is the total dollar value of funds remaining in the scholarship program and available for to students for the remainder of the fiscal year.

## Scholarship Funding Overview



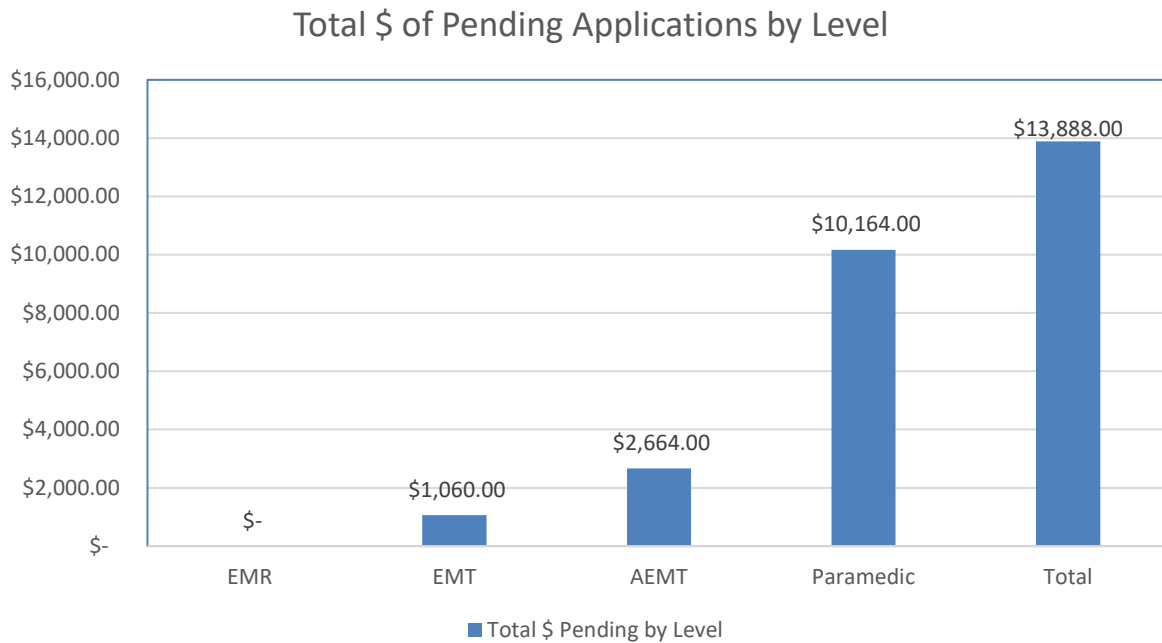
## Breakdown of Pending Applications

The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 1, 2021 through December 31, 2021.



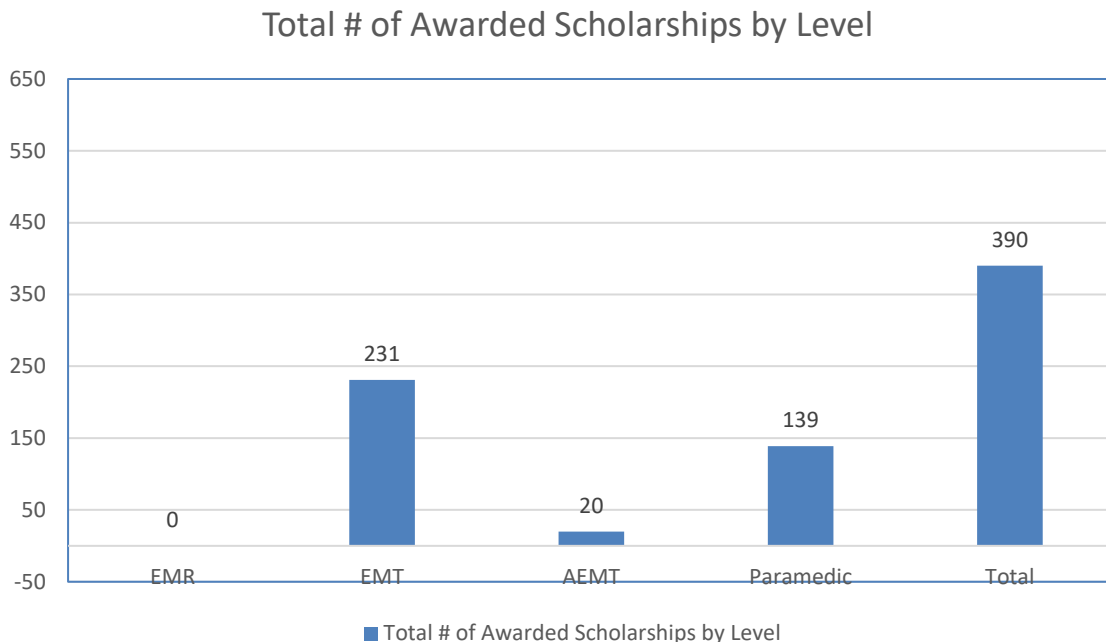


The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 1, 2021 through December 31, 2021.



## Breakdown of Awarded Scholarships

The following chart shows data for all scholarship applications which have been awarded by training level. This includes all awarded applications for students enrolled in eligible initial certification courses from June 1, 2021 through December 31, 2021.



The following chart shows data for all scholarship applications which have been awarded by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 1, 2021 through December 31, 2021.

Total \$ for Awarded Scholarships by Level

