

2013

Virginia EMS Symposium

Virginia EMS Regulations

What You Need To Know!



Presented By:

Michael D. Berg, BS, NRP
Manager, Regulation and Compliance
Office of Emergency Medical Services

Program Objectives

To identify those items in the 2012 version of the Virginia EMS Regulations that affect you as the provider, your agency and even your OMD!

Virginia 2012 Emergency Medical Services Regulations

Effective: October 10, 2012



Multiple stakeholders involved in the development and creation of the final document. This was not a desk medic product!

**NEARLY NINE (9) YEARS IN
THE MAKING!**

Definitions

- Designated Infection Control Officer
 - Must be trained (where does it say “certified”?)
 - Approved programs posted on OEMS web page.
- Local EMS Response Plan
 - Let’s discuss so we are ALL clear on the expectation...

More Definitions

- Responding Time
 - PSAP to wheels of appropriate vehicle on scene.
- Responding Time Standard
 - In minutes, locality, OMD and agency - 90%.
- Response Obligation to Locality
 - Required to assist all other DERA's within given locality or localities EMS agency is based.

Behavior Modification Options

- Technical Assistance
- Verbal Warning
- Citation
- Correction Order*
- Temporary Suspension
- Suspension
- Revocation
- Civil Penalties (new)



Appeal Process

First step

- Request an Informal Fact Finding Conference.
- Adjudication Officer.
- Recommendation to Health Commissioner.
- 90 days to render decision.

Next Step

- Can have additional IFFC, or
- Move to Formal Hearing.
- Court appointed Hearing Officer.
- OEMS/VDH represented by Attorney General's Office.
- Decision final



Storage and Security of Drugs and Related Supplies

12VAC5-31-520

1. VBOP and manufacturer's recommendations for climate controlled storage.
2. In date.
3. 15 days to notify OEMS**** “... of any diversion (i.e. loss of theft) or tampering...”

Personnel Records

12VAC5-31-540

“...each individual *affiliated* with the EMS agency...

criminal history check***...

driving record transcript...no more than 60 days prior...”

Criminal History Checks

- Legislation passed to allow Commissioner to require certain information
- OEMS issued FBI identifier and fingerprint cards
- Plan to have cards distributed to local regional EMS Councils
- Provider to gain fingerprints (usually through local law enforcement)
- Cards are sent to OEMS
- OEMS processes and submits to VSP (and pays for all submitted)
- OEMS to obtain report and then issue notification to agency (provider?)
- Actual report cannot be provided to individual
- Acceptance/denial information valid for 60 days
- Not retroactive!!!!!!
- Will notify once this program is online....sigh....

Agency Status Report

12VAC5-31-570

“...within 30 days of change in status...”

Chief executive officer

Training officer

Designated infection control officer

Vehicle Equipment



Safety!

12VAC5-31-700

No Tobacco
Products

“...at any
time.”



Safety!

12VAC5-31-710

Minimum of
Three Straps
on Patient.



Vehicle Equipment

What's Changed?

- Infant Nasal Cannula.
- Adult BVM.*
 - Adult and Child mask.
- Infant BVM.
 - Infant mask.
- Triage Tags (OEMS approved only).

Criminal and Enforcement History

Mirrors National Registry and more...

- General denial.
- Presumptive denial.
- Permitted Vehicle operations.
 - Must have a policy.
 - No more “got a pulse, got a patch, then drive...”

Criminal and Enforcement History

Update

- Current language only discusses “certification” and not “affiliation.”
- A Fast Track regulatory packet is being developed to update this language.



Drug and Substance Abuse

- Provider - cannot be under influence.
- Agency - must have policy to include testing for “drugs or intoxicating substances.”

OEMS Investigation

Would you believe....

12VAC5-31-970

Do not interfere with an
investigation...

Sexual Harassment

12VAC5-31-1030

Now included students - yes there were cases of this occurring!

OMD Authorization to Practice

12VAC5-31-1040

- OMD must sign on official stationary authoring individuals to practice.
- Policy to carry and administer Epi.
- Policy to store, and administer O2 in POV.

Scope of Practice

12VAC5-31-1050

- Only perform procedures, skills or techniques..certified, local protocols, OMD approval.
- Under agency affiliated.
- Procedures and Medications as approved by board (Board of Health).



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.							
AIRWAY TECHNIQUES							
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							
	Nasotracheal						●
	Orotracheal - Over age 12					●	●
	Pharmacological facilitation with paralytic	Adult Neuromuscular Blockade					●
	Confirmation procedures			●	●	●	●
	Pediatric Orotracheal						●
	Pediatric paralytics						●
	Pediatric sedation						●
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●
	Tracheal Cuff			●	●	●	●



Virginia Office of Emergency Medical Services

Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P
Analgesics						
	Acetaminophen		●	●	●	●
	Nonsteroidal anti-inflammatory		●	●	●	●
	Opiates and related narcotics			●	●	●
	Dissociative analgesics					
	Ketamine 0.5 mg/kg or less IV/IN				●	●
Anesthetics						
	Otic			●	●	●
	General - initiate					●
	Ketamine greater than 0.5 mg/kg					●
	General - maintenance				●	●
	Ocular			●	●	●
	Inhaled-self administered		●	●	●	●
	Local			●	●	●
Anticonvulsants				●	●	●
Glucose Altering Agents						
	Glucose Elevating Agents		●	●	●	●
	Glucose Lowering Agents				●	●
Antidotes						
	Anticholinergic Antagonists				●	●
	Anticholinesterase Antagonists	●	●	●	●	●
	Benzodiazepine Antagonists					
	Narcotic Antagonists		●	●	●	●
	Nondepolarizing Muscle Relaxant Antagonist					

*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

Documentation

12VAC5-31-1140

- “...shall provide...12 hours.
- Signature of prescriber...drug administered, self-administration is assisted...invasive procedure.***
- Electronic signatures...

Documentation

HB1499 ad SB773 amended § 54.1-3408

- Removes signature requirement!
- BOP updated their regulations to allow process (effective 9/25/2013).
- EMS Fast Track regulatory packet has been submitted - at VDH administration.
- No changes yet - party invitations forthcoming!

EMS Education and Certification

Part III

EMS Education and Certification

- Aligns with national criteria and terminology.
- Retains Virginia EMT-Intermediate.
- Waivers.... See next slide!

Waivers

- HB1622 and SB790 introduced to amend § 32.1-111.5.
- A Fast Track regulatory packet has been developed and completed.
- This action allows a provider to recertify with CEU - no state testing or OMD signatures required.
- 11/01/2013 - regulatory packet resides with policy analyst in Governor's Office.
- Notice will be provided when effective.

OMD Endorsement

- Any physician wishing to be endorsed or re-endorsed as an EMS physician must complete an application, provide evidence of specific criteria - only to OEMS - no longer requires regional council involvement.
- Must attend two “Currents” session in five year period.

Speaking of OMD's

12VAC5-31-590

- You can have as many as you want, but there must exist a contract!
- Unless the name is on the contract between you and the physician, a regional OMD cannot sign anything for your agency (waivers, grants).

More OMD Material

- Must have a contract for each OMD.
- “...must provide...access to the agency OMD...patient care...protocols...operation of EMS equipment used by EMS agency.”



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD
 PO BOX 160
 CHARLOTTESVILLE, VA 229020160

Agency Number : 001
 Number of Members : 229

Affiliation History

Agency OMD Information

Endorsement#	Last Name	First Name	MI	Endorsement Approved	Endorsement Expiration	Primary OMD	Commitment Letter	Date Updated
072900306	Brady	William	J	07/01/2013	06/30/2018		<input checked="" type="checkbox"/>	
101654005	Oconnor	Robert	E	08/21/2012	08/31/2017		<input checked="" type="checkbox"/>	
020400306	Young	Jeffrey		03/20/2012	03/31/2017		<input checked="" type="checkbox"/>	

Summary

There is greater responsibility placed upon the agency to address matters of personnel eligibility, agency performance and interaction with their OMD and local government.

Providers are now better defined in skills and procedures.

Efforts ongoing to remove burdensome regulations...

Team Effort!



Additional Questions?

Contact your local
EMS Program Representative,
or contact

Michael D. Berg

800-523-6019 toll free (VA only)

804-888-9131

michael.berg@vdh.virginia.gov

