

Thirty-Third Virginia EMS Symposium

2012 Virginia EMS Regulations

What You Need To Know!



Presented By:

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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

Became 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
 - Listing of OEMS approved programs to be posted on OEMS web page
- Invasive Procedure
 - Derived from ACEP document
- Local EMS Response Plan
 - Let's discuss so we are ALL clear on the expectation...

More Definitions...

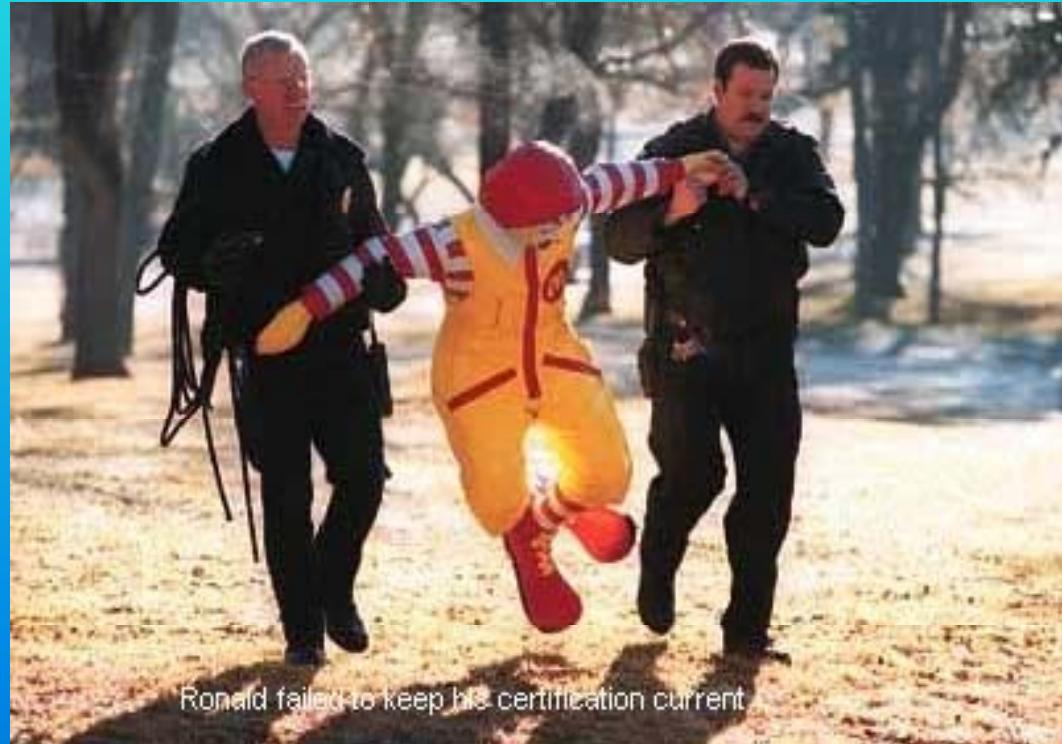
- Neonatal
 - Why was this an issue?
- Prehospital Scene
 - Medevac challenge – this is their request...
- Primary Service Area
 - Duh!

More Definitions

- Responding Time
 - PSAP to wheels of transport 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.

What if I do not want to play well with others in the sand box?

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



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 or 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..."

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



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

Air Medical

Completely re-written by industry experts:

- Operations and safety
- Personnel classifications
- Training
 - Pilot
 - AIC (RN or PM)
- Equipment

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...”



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 Harrassment

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 - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		FR	EMT	AEMT	I	P
Analgesics	Acetaminophen		●	●	●	●
	Nonsteroidal anti-inflammatory		●	●	●	●
	Opiates and related narcotics			●	●	●
Anesthetics	Otic			●	●	●
	General - initiate					●
	General - maintenance				●	●
	Ocular			●	●	●
	Inhaled-self administered		●	●	●	●
	Local			●	●	●
Anticonvulsants			●	●	●	●
Glucose Altering Agents	Glucose Elevating Agents					
	po/pr		●	●	●	●
	im		●	●	●	●
	iv			●	●	●
	Glucose Lowering Agents				●	●
Antidotes	Anticholinergic Antagonists				●	●
	Anticholinesterase Antagonists	●	●	●	●	●



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

This SOP represents practice maximums.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	OEMS use	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							●
Obstructed Airway Clearance	Manual			●	●	●	●	●
	Visualize Upper-airway		direct laryngoscopy		●	●	●	●
Intubation	Nasotracheal						●	●
	Orotracheal - Over age 12						●	●
	Pharmacological facilitation with paralytic	Adult Neuromuscular Blockade						●
	Pharmacological facilitation without paralytic							●
	Confirmation procedures			●	●	●	●	●
	Pediatric Orotracheal							●
	Pediatric paralytics							●
	Pediatric sedation							●
** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic.								

*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 Director 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 and planned 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 context and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

April 6, 2011
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Documentation

12VAC5-31-1140

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

EMS Education and Certification

Part III

EMS Education and Certification

Article 1 Certification Levels

Article 2 Certification Process and Practice (12VAC5-31-1387)

Article 3 Educational Programs and Management

Article 4 Certification Testing

Article 5 BLS Programs

Article 6 ALS Programs

Article 7 EMT-Instructor, ALS Coordinator and
EMS Education Coordinator

Article 8 EMS Training Fund

Article 9 Accreditation of EMS Programs

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

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."

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...

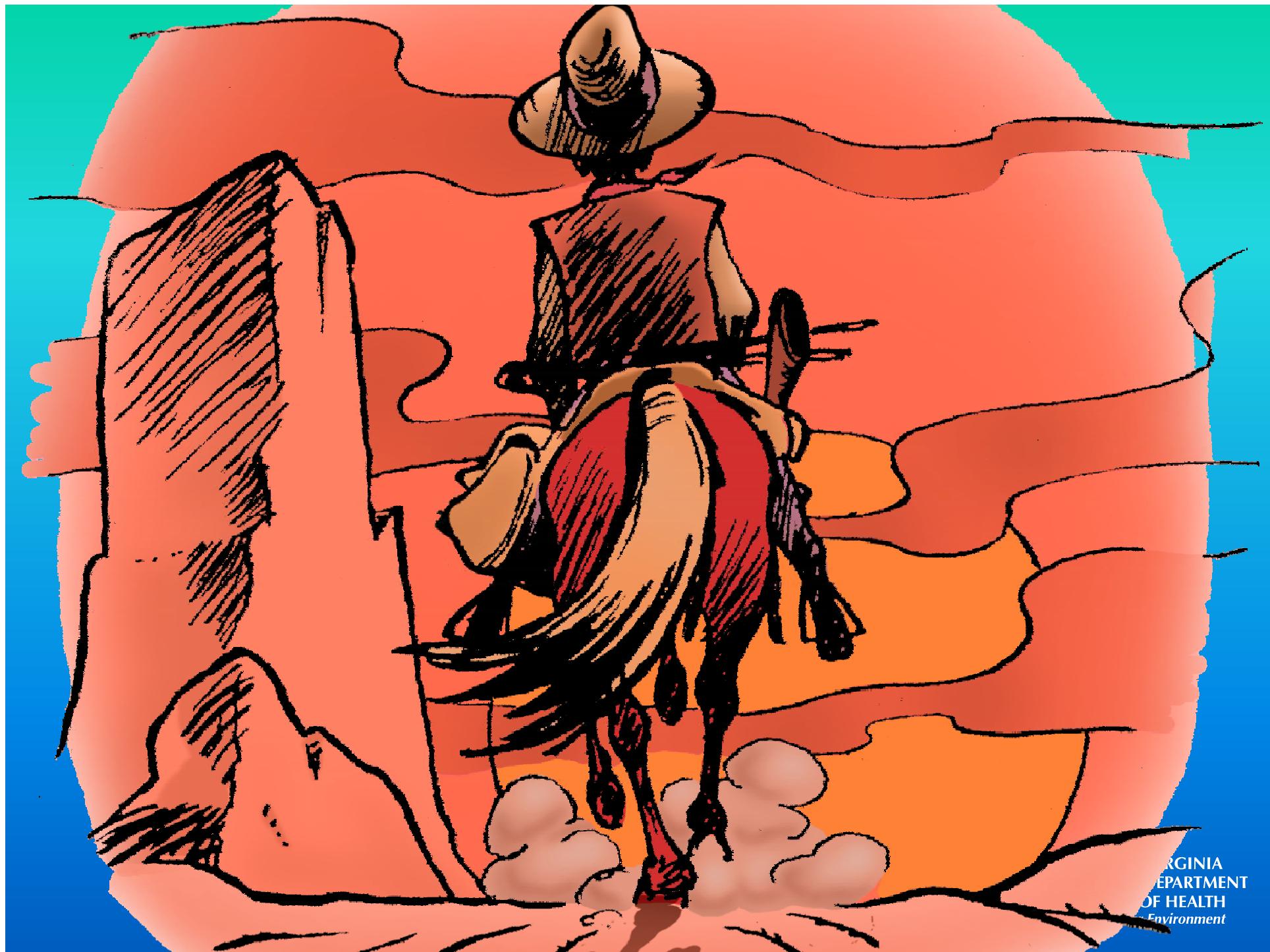
Team Effort!



Additional Questions?

Contact your local
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or contact
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