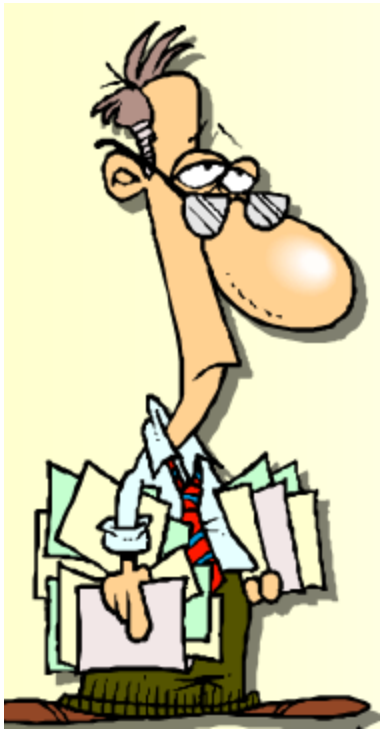
Being an Operational Medical Director – no worries, right?

"Currents"

2014-2015 Edition

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Presented by:



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

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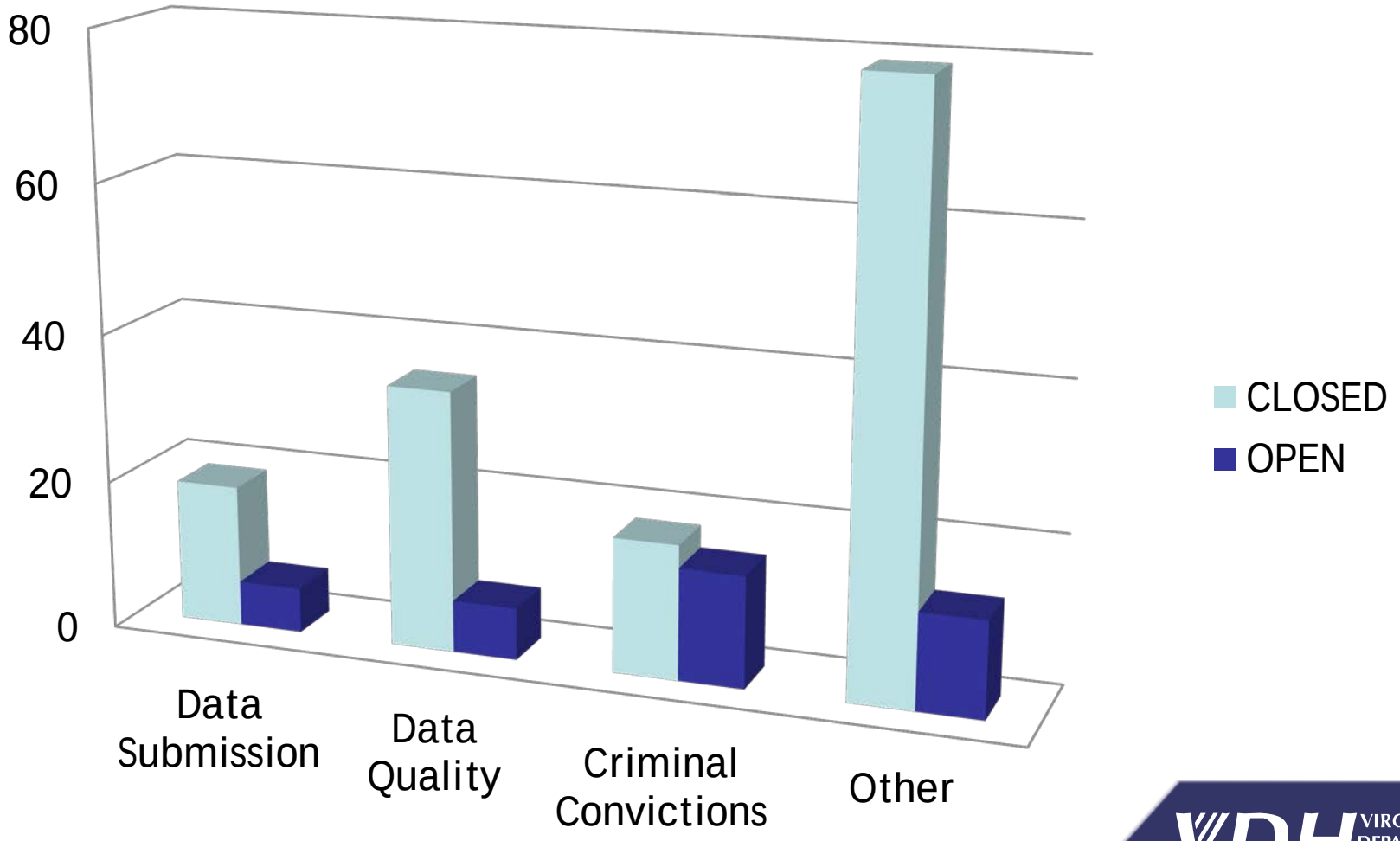
Brief Regulatory Update

- Practioner's Signature
- FARC
- Affiliation
- Periodic Review - upcoming

Compliance Cases 11/1/13 – 10/30/14
151 Closed, 41 open



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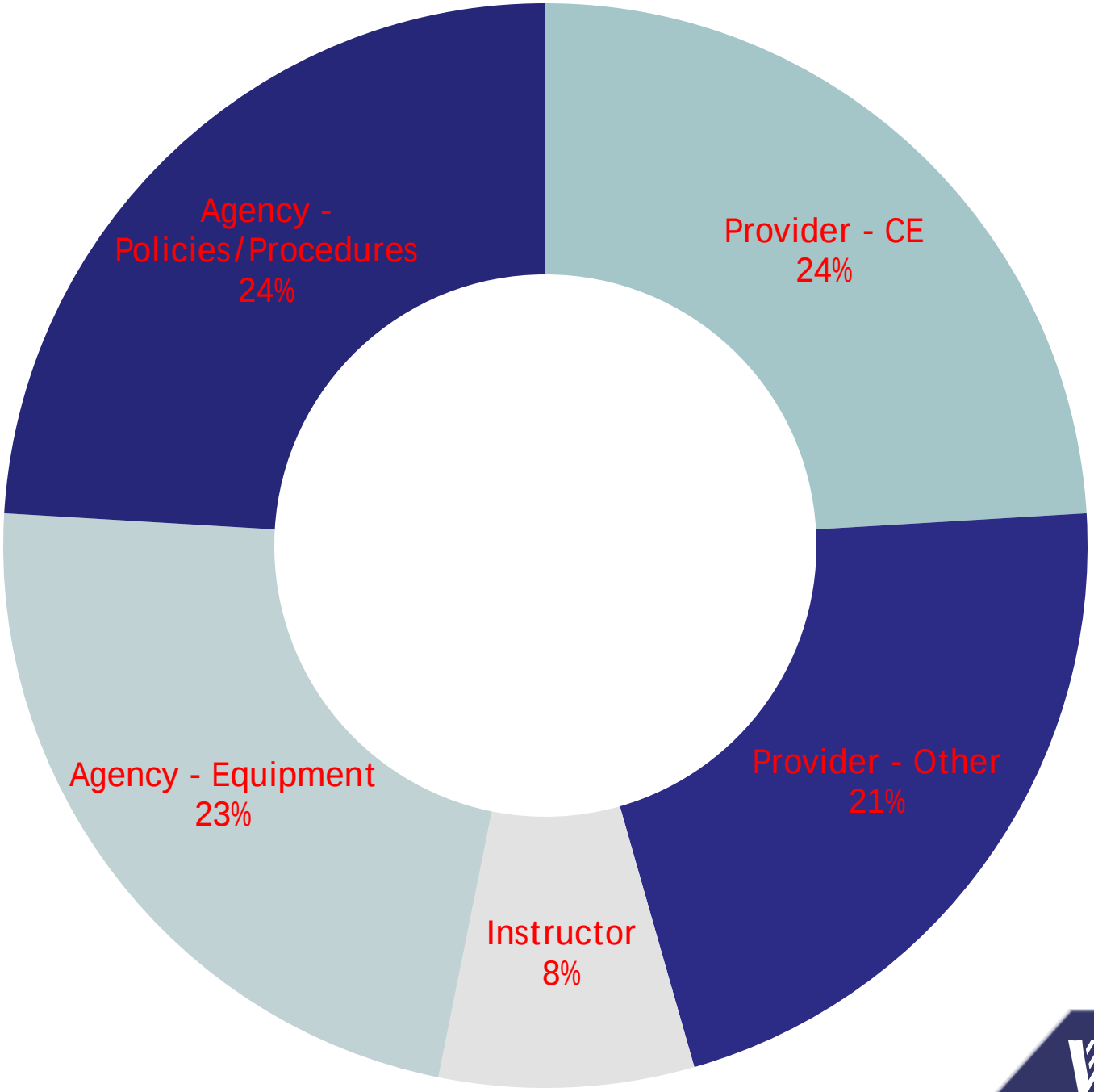

Problem?

Challenges

- OMD/Agency Contracts
  - Between individual OMD and EMS agency
  - Can have multiple OMD's for an EMS agency
    - We need to know who is primary
  - Use of Regional OMD!!!!!

Scenario

- Volunteer agency has a "first response SUV" but do not want it "permitted" as they driver only personnel want to take it home. They approach you to sign off on a listing of particular equipment they want to carry – just in case it is needed to include: AED, jump bag, Oxygen, immobilization equipment, and BLS drug box.

- What do you do?

Challenges

- Emergency Response Plans
  - An agreement between local government, DERA agency and that agency's OMD.
  - Reviewed annually
  - Level of care
    - Washington and Russell County examples

Challenges

- Agency Policies
  - Epi Pens
  - Oxygen in POV
- Drug /ETOH
- Length of Work?
- Scope of Practice issues
  - You can giveth and taketh away.
  - Only Commissioner can revoke/suspend
  - Sign document for agency inspection

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 - Enhanced	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						●
** **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 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.

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

This SOP represents ***practice maximums***.

CATEGORY		EMR	EMT	AEMT - Enhanced	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				●	●
	Anticholenesterase Antagonists	●	●	●	●	●
	Benzodiazepine Antagonists					
	Narcotic Antagonists		●	●	●	●
	Nondepolarizing Muscle Relaxant Antagonist					
	Beta/Calcium Channel Blocker Antidote				●	●
	Tricyclic Antidepressant Overdose				●	●
	Cyanide Antidote				●	●
	Cholinesterase Reactivator	●	●	●	●	●

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Scenario

"A squad paid EMT-I's random drug screen turned up positive for canabinoids. He then admitted to smoking marijuana 2 days previously. I don't believe there was any working under the influence involved, but the chemical remains in urine for something like 3-4 weeks. I was called by the captain. This is a first for me. The squad's policy on this is very limited and says only that the OMD and the board will be notified."

Challenge continued…

"This can be tricky. Each agency is required to have a drug and substance abuse policy to include testing. Outside of the minimum requirements, we do not review the content of the actual policy. If the policy exists, then it would have been best reviewed by the squads legal counsel. I understand your desire to have the tenured provider who can provide leadership and oversight, but if the same person is "using", how can you depend on their timeframe of when recreational activities occurred or not. These are the tough decisions we now must make."

Re-Endorsement

Application Date:_____

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Submit this COMPLETED original form to:

Virginia Office of Emergency Medical Services
Division of Regulation and Compliance
1041 Technology Park Drive
Glen Allen, Virginia 23059-4500
1-800-523-6019 (VA Only)
804-888-9100
Fax: 804-371-3409

APPLICATION FOR EMS PHYSICIAN ENDORSEMENT

NAME: _____ **BIRTH DATE:** _____

SOCIAL SECURITY NUMBER: _____ **VIRGINIA MEDICAL LICENSE #:** _____

HOME ADDRESS:

_____

_____

E-Mail:_____

Phone:_____

Fax: _____

Pager #:_____

WORK ADDRESS (Daytime Contact Info.):

_____

_____

E-Mail:_____

Phone:_____

Fax: _____

Cell Phone #:_____

Please complete all lines. Failure to complete will delay endorsement processing.

QUALIFICATION / REQUIREMENTS

(Please attach the following required documentation with this application)

☐ **Unrestricted license to practice Medicine or Osteopathy issued by the Virginia Board of Medicine.**

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Re-Endorsement

- On-line OMD course is a PREREQUISITE, cannot be used for re-endorsement
- Must attend two (2) “Currents” sessions in 5 year period
  - Limited national programs may substitute for one “Currents” session
  - Request from MDC to review what is “accepted”
- If not Board certified (ABEM, ABOEM, EMS), must have ACLS, PALS and ATLS.
- Questions – please call me!!!!!

What's coming?

- 2015 General Assembly
  - HB1010?
  - EMS 'clean up bill'
- OMD Regulations
  - What can be used for re-endorsement
    - This will need to be a regulatory change
  - We strongly want at least one face-to-face event with all OMD's in their 5 year endorsement period
- Recognition of EMS Board credential
- National Registry
- Background checks – yes, you will get fingerprinted!

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