

Guidance Document Scope of Practice Procedures & Formulary

Virginia Office of EMS
Regulation & Compliance
Enforcement Division
1041 Technology Park Drive
Glen Allen, VA 23059
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March 17, 2022

To: Virginia licensed EMS Agencies, endorsed EMS Physicians, and certified EMS providers

From: R.D. Passmore, NRP, TS-C – Director – Regulation & Compliance Enforcement Division

RE: Guidance Document – Changes to Virginia EMS Scope of Practice (formulary & procedures) Documents

Virginia Administrative Code – EMS Regulations **§12VAC5-31-1050 – *Scope of Practice***, states – *EMS Personnel shall only perform those procedures, skills, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with the local medical treatment protocols and medical direction provided by the OMD of the licensed EMS agency with which he is affiliated and within the scope of the EMS agency licenses as authorized in the Emergency Medical Services Procedures and Mediations Schedule as approved by the board.*

The updated Scope of Practice Documents were approved by the State EMS Advisory Board on March 11, 2022 and were subsequently posted on March 16, 2022. The changes to these documents (both procedures and formulary) include all levels of Virginia EMS certified providers.

While no skills or medications were removed from a provider's scope of practice, there has been a change to the color of dots utilized to denote if a procedure (skill) or formulary (medication) is within that provider's scope.

Black Dot = procedure or formulary is included in that certification levels standard scope of practice.

Red Dot = procedure or formulary is **NOT** included in that certification levels standard scope of practice.

- For a provider to have access to Red Dot(s) scope of practice; the following requirements must be met;
 1. Documentation of EMS agency (post-affiliation) training, specific to red dot skills and medications, must be present and maintained with the EMS Agency files, or the providers personnel file, **and**
 2. EMS agency Operational Medical Director must provide specific written authorization, to include and/or limit, red dot skills and medications, in the provider's scope of practice. Written authorization must be kept and maintained with the EMS Agency files, or the providers personnel file.

Compliance with red dot Scope of Practice requirements will be enforced on and after July 1, 2022. This affords all EMS agencies three (3) months to complete these training and documentation requirements.

The update Scope of Practice Documents are posted to the OEMS website. Follow this [link](#) to review.



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						
	Oral analgesics					
	Acetaminophen		●	●	●	●
	Nonsteroidal anti-inflammatory		●	●	●	●
	Parenteral non-opioid analgesics					
	Acetaminophen, ketorolac			●	●	●
	Opiates			●	●	●
	Dissociative analgesics					
	Ketamine 0.5 mg/kg or less IV/IN/IM				●	●
Anesthetics/Sedatives						
	Topical/Otic/Ocular		●	●	●	●
	Inhaled-self administered		●	●	●	●
	Local (infiltration, intraosseus)			●	●	●
	General - initiate					●
	General - maintenance intubated patient				●	●
	Sedation for the violent/aggressive patient					
	Benzodiazepine/antipsychotic combination				●	●
	Ketamine greater than 0.5 mg/kg IV/IM					●
	Antipsychotics				●	●
	Benzodiazepines (for sedation)				●	●
Anticonvulsants						
				●	●	●
Glucose Altering Agents						
	Glucose Elevating Agents		●	●	●	●
	Glucose Lowering Agents					
	Insulin SQ/IV/infusion				●	●
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 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: August 5, 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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	Beta/Calcium Channel Blocker Antidote				●	●
	Tricyclic Antidepressant Overdose				●	●
	Cyanide Antidote				●	●
	Cholinesterase Reactivator	●	●	●	●	●
Antihistamines & Combinations			●	●	●	●
Biologicals						
	Vaccines					
	Vaccines all ages			●	●	●
	Vaccines to age < 18 years				●	●
	Antibiotics		●	●	●	●
Blood/Blood products						
	Initiate					●
	Maintain				●	●
Blood Modifiers						
	Anticoagulants				●	●
	Antiplatelet Agents		●	●	●	●
	Hemostatic Agents		●	●	●	●
	Thrombolytics					●
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●
Cardiovascular Agents						
	Alpha Adrenergic Blockers				●	●
	Adrenergic Stimulants				●	●
	Antiarrhythmics				●	●
	Beta Adrenergic Blockers				●	●
	Calcium Channel Blockers				●	●

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	Diuretics				●	●	
	Inotropic Agents				●	●	
	Vasodilatory Agents		●	●	●	●	
	Vasopressors				●	●	
	Epinephrine IV/IO for cardiac arrest			●	●	●	Epinephrine at the AEMT level added by MDC 7/7/2022
	Epinephrine for allergic reaction		●	●	●	●	
	Epinephrine administration systems for allergic reaction (See note below)		●	●	●	●	
Central Nervous System							
	Antipsychotic				●	●	
Dietary Supplements/Electrolyte							
	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				●	●	
Gas							
	Oxygen	●	●	●	●	●	
	Heliox				●	●	
Gastrointestinal							
	Antacids						
	OTC			●	●	●	
	Antidiarrheals		●	●	●	●	
	Antiemetics		●	●	●	●	
	EMT SL/PO route only						
	H2 Blockers		●	●	●	●	
Hormones							
	Corticosteroids, Mineralocorticoids			●	●	●	
	Other Hormones						

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	pitocin, octreotide, prostaglandins					●	
Intravenous Fluids	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	
Neuromuscular Blockers						●	
Respiratory	Anticholinergics		●	●	●	●	
	Sympathomimetics						
	Beta agonists		●	●	●	●	
	Epinephrine (nebulized)			●	●	●	Nebulized epinephrine for croup added at the AEMT level 7/7/2022
Dosage and Concentration Calculation				●	●	●	
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.						

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