

# Guidance Document Scope of Practice Procedures & Formulary

Virginia Office of EMS  
Regulation & Compliance  
Enforcement Division  
1041 Technology Park Drive  
Glen Allen, VA 23059  
804-888-9130

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 in 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 in 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	
<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/Ocular		●	●	●	●	
	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						

"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	
	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				●	●	

"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
	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