

Guidance Document Scope of Practice Procedures & Formulary

Virginia Office of EMS
Regulation & Compliance
Enforcement Division
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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 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 - 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							
	Orotracheal - Over Age 12					●	●
	Nasotracheal						●
	Pediatric - Age 12 and under						●
	Drug assisted intubation (DAI) all ages						●
		Drug facilitated intubation (DFI)					
		Specified as outside of SOP at all levels by MDC					
		Delayed sequence intubation (DSI)					●
		Rapid sequence intubation (RSI)					●
	Confirmation procedures			●	●	●	●
** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic							
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●
	Tracheal Cuff			●	●	●	●
	Oxygen Hood				●	●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal			●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●

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	Bag-Valve-Mask Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●	
	Bag-Valve-Mask Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●	
	Bag-Valve-Mask neonate/infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●	
	Noninvasive positive pressure vent.	CPAP, BiPAP, PEEP	●	●	●	●	●	Requirement for additional training added 1-6-22
	High-flow nasal cannula			●	●	●	●	Added to SOP 1-6-2022
	Jet insufflation				●	●	●	
	Mechanical Ventilator (Manual/Automated Transport Ventilator)							
		Maintain long term/established (see note below for EMT)		●	●	●	●	
		Initiate/Manage ventilator				●	●	
Anesthesia (Local)								
	Local by infiltration, intraosseus				●	●	●	Intraosseus added by MDC 10-7-2021
Pain Control & Sedation								
	Self Administered inhaled analgesics			●	●	●	●	
	Pharmacological (non-inhaled)				●	●	●	
	Patient controlled analgesia (PCA)	Maintain established			●	●	●	
	Epidural catheters (maintain)	Maintain established				●	●	
Blood and Component Therapy Administration		Maintain				●	●	
		Initiate					●	
Diagnostic Procedures								
	Blood chemistry analysis			●	●	●	●	
	Capnography			●	●	●	●	
	Pulmonary function measurement				●	●	●	
	Pulse Oximetry			●	●	●	●	
	Ultrasonography						●	
Genital/Urinary								
	Foley catheter							
		Place bladder catheter					●	
		Maintain bladder catheter		●	●	●	●	
Head and Neck								
	ICP Monitor (maintain)						●	
	Control of epistaxis		●	●	●	●	●	
		Inserted epistaxis control devices			●	●	●	
	Tooth replacement		●	●	●	●	●	
Hemodynamic Techniques								
	Arterial catheter maintenance						●	
	Central venous maintenance				●	●	●	
	Access indwelling port					●	●	
	Intraosseous access & infusion				●	●	●	
	Peripheral venous access and maintenance				●	●	●	
	Umbilical Catheter Insertion/Management						●	
	Monitoring Existing IVs	See notes in Formulary SOP for EMT		●	●	●	●	
	Mechanical IV Pumps				●	●	●	
Hemodynamic Monitoring								
	ECG acquisition		●	●	●	●	●	
	ECG Interpretation							Clarified 10-7-2021
		Rhythm interpretation				●	●	
		12-lead interpretation				●	●	

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	Invasive Hemodynamic Monitoring						●	
	Vagal Maneuvers/Carotid Massage						●	Duplicate listing in "other techniques" deleted 1-5-2022
Obstetrics								
	Delivery of newborn		●	●	●	●	●	
Other Techniques								
	Vital Signs		●	●	●	●	●	
	Bleeding control		●	●	●	●	●	
	Foreign body removal	Tourniquets	●	●	●	●	●	
		Superficial without local anesthesia		●	●	●	●	
		Imbedded with local anesthesia/exploration				●	●	
	Incision/Drainage						●	
	Intravenous therapy				●	●	●	
	Medication administration			●	●	●	●	
	Nasogastric tube				●	●	●	
	Orogastric tube				●	●	●	
	Pericardiocentesis						●	
	Patient restraint, physical			●	●	●	●	
	Patient restraint, medication					●	●	
	Sexual assault victim management			●	●	●	●	
	Trephination of nails						●	
	Wound closure techniques					●	●	
	Wound management		●	●	●	●	●	
	Pressure Bag for High altitude						●	
	Treat and Release			●	●	●	●	
	Intranasal medication administration						●	
		Fixed/unit dose medications	●	●	●	●	●	
		Dose calculation/measurement			●	●	●	
Resuscitation								
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●	
	Cardiac pacing					●	●	
	Defibrillation/Cardioversion						●	
		Manual defibrillation/cardioversion				●	●	Clarified, manual operation and rhythm interpretation 10-7-2021
		AED	●	●	●	●	●	
	Post resuscitative care		●	●	●	●	●	
Skeletal Procedures								
	Care of the amputated part		●	●	●	●	●	
	Fracture/Dislocation immobilization techniques		●	●	●	●	●	
	Fracture/Dislocation reduction techniques							
		Manipulation of angulated/pulseless extremities		●	●	●	●	
		Joint reduction techniques		●	●	●	●	
	Spine immobilization techniques		●	●	●	●	●	
Thoracic								
	Thoracostomy/Pleural decompression							
		Needle decompression				●	●	
		Finger or tube thoracostomy					●	
Body Substance Isolation / PPE			●	●	●	●	●	
Lifting and moving techniques			●	●	●	●	●	
Gastro-Intestinal Techniques								
	Management of non-displaced gastrostomy tube						●	
Ophthalmological								
	Morgan Lenses			●	●	●	●	

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	Corneal Exam with fluorescein		●	●	●	●	●
	Ocular irrigation		●	●	●	●	●
Lay-Level Technologies		These procedures have been established and patient released to be cared for at home or in an un-skilled care environment					
		These technologies may be transported at the EMT level if the patient is stable and the technology does not require monitoring beyond vital signs or any adjustment or manipulation					
	Home (chronic) ventilator						
	Medication pumps including Patient Controlled Analgesia (PCA) pumps						
	Mechanical circulatory support (LVAD, BiVAD, RVAD)						
Point of Care (POC) Testing							
	Glucometry		●	●	●	●	●
	Other blood chemistry/indices		●	●	●	●	●
Pre-Hospital Ultrasound			●	●	●	●	●
Procedures Outside Scope of Practice		These procedures are specified as outside EMS Scope of Practice by MDC					
	Intra-aortic balloon pump	Maintenance or monitoring					
	Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)	Placement or manipulation					
	Extracorporeal Membrane Oxygenation (ECMO)	Maintenance or monitoring					

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