



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Regional Preception Manual





OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Introduction and Welcome

If you are using this document, you are either a new provider to the ODEMSA region and or a new provider to your organization. We here at ODEMSA would like to welcome you to the Region and to your new EMS organization/agency, we at ODEMSA would like to let you know that we are available to support your continued career in this region of Virginia. If you have any questions or feel the need to contact any of the ODEMSA staff please feel free to contact us, using the contact information at the bottom of the pages of this document.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Purpose of this Document

This document is designed to expose the provider to the following:

- Policies
- Procedures
- Regional Protocols
- Resources
 - Regional
 - State

This is designed to assist providers to become familiar and competent in the information that is important to be an excellent patient care advocate in the region.

This document is designed to dovetail with agencies across the region and they are encouraged to add their specific information to that agency without removing/diluting the basic content of this manual.

To that end, this document is designed to be flexible in its use.

This document does not replace proper initial education in a provider's respective scope of practice.

This document is designed to assist new providers to the region with the regional standards of care that may not have been taught during an initial program of study.

This document will frequently refer to other documents as published and available from the ODEMSA website. It is incumbent that the provider, FTO, and agency be familiar with the noted policies and procedures. These can be easily downloaded/viewed and you are strongly encouraged to have your own personal copies to refer to as needed.

<https://odemsa.net/regional-documents/>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Policies

State Law on Air Medical Transportation

Effective March 01, 2019, the following law is now in effect:

Code of Virginia 32.1-127

The summary of the code is below:

Air medical transportation; informed decision. Requires each hospital to establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition, the hospital provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan. The provisions of such requirement become effective on March 1, 2019. The bill directs the Office of Emergency Medical Services to develop a mechanism no later than January 1, 2019, to disclose to a patient, prior to services provided by an out-of-network air transport provider, a good faith estimate of the range of typical charges for out-of-network air transport services provided in that geographic area.

Source - <https://lis.virginia.gov/cgi-bin/legp604.exe?181+sum+SB663>

Regional Guidelines below:

It is incumbent that every provider follow this law when using any form of Air Medical Transportation in the state/region.

Please also refer to the ODEMSA Regional Air Medical Evacuation Guidelines at the link below:



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

SERVING THE CITIZENS, EMS AGENCIES, ACUTE CARE HOSPITALS AND LOCAL GOVERNMENTS IN VIRGINIA PLANNING DISTRICTS 13,14,15 AND 19

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OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Regional Hospital Diversion Policy

PURPOSE: To maintain an orderly, systematic, and appropriate distribution of emergency patients transported by ambulances during single or multiple hospital diversion situations within the Old Dominion EMS Alliance (ODEMSA) region.

SCOPE: This policy pertains to all emergency departments and all licensed EMS agencies providing ground ambulance transportation as defined in Virginia Department of Health regulations.

This Policy will have the highest level of impact on the acute care facility emergency departments in the Metro Richmond/Tri-Cities area (PD 15 and 19). However, it also is recognized that the diversion status of those emergency departments can have a significant impact on the remaining acute care hospitals located in Emporia, Farmville, South Boston, and South Hill (PD 13, 14, and 19). It is also understood that diversion can be used by Free Standing Emergency Departments though this occurs less frequently.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy at the following web page:

<https://odemsa.net/wp-content/uploads/2021/01/Hospital-Diversion-Plan-Updated-10-2020.pdf>

***** As of 1/28/2022, the ODEMSA Hospital Diversion Plan has been suspended. Any future changes will be updated in this document*****



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

ODEMSA Mass Casualty Incident Plan

This Plan standardizes operations during multiple and mass casualty incidents. It is intended to be an “all-hazards” plan to meet the needs of any multiple or mass casualty incident regardless of what caused the incident. If necessary, these procedures can be modified based on the number of patients, the cause or severity of injuries, and special circumstances involved in the incident. The initial response will be determined by the number of patients. Accordingly, the plan provides the framework for organizing the prehospital and hospital response systems to effectively respond to and assist in managing patients generated in any MCI situation in the ODEMSA region.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy at the following web page:

<https://odemsa.net/wp-content/uploads/2021/05/ODEMSA-MCI-Plan-2021.pdf>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

ODEMSA Regional Trauma Triage Plan

This Regional Trauma Triage Plan for the Old Dominion EMS Alliance (ODEMSA) region is the product of the Central Virginia emergency medical services (EMS) system working as a cohesive team. It is designed to enhance out-of-hospital and in-hospital trauma care available to residents in, and visitors to, the 9,000-square-mile ODEMSA region. It is meant to complement the State Trauma Triage Plan as most recently revised. Other goals include maintaining and continually enhancing the region's trauma care system and encouraging the continued excellent level of cooperation among the various acute care hospitals and out-of-hospital agencies and individuals that are essential and valued components of that system.

The Virginia Trauma System defines a **“trauma victim”** as a person who has acquired serious injuries and or wounds brought on by either an outside force or outside energy. These injuries and or wounds may affect one or more body systems by blunt, penetrating, or burn injuries. These injuries may be life-altering, life-threatening, or ultimately fatal wounds.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy on the following web page:

<https://odemsa.net/wp-content/uploads/2021/05/ODEMSA-Regional-Trauma-Triage-Plan-2021.pdf>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

ODEMSA Regional Drug Kit & Ambulance Restocking Policy

The Drug Kit of the Old Dominion EMS Alliance (ODEMSA) is a critical component of the Central Virginia Emergency Medical Services (EMS) System for the treatment of sick or injured persons. The basis of restocking these Drug Kits is contained in the Regional Drug Kit and Ambulance Restocking Policies and related Restocking Agreement by EMS Agencies and Hospitals are signed by participating prehospital agencies and acute care hospitals.

Once the Drug Kit is opened, the prehospital provider is strongly encouraged to retain the broken seal by placing it inside the Drug Kit. The prehospital provider is responsible for the contents of the kit and its condition until it is returned and accepted for exchange at an appropriate hospital.

NOTE: Only clean drug kits that are safe to handle will be accepted for exchange.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy on the following web page:

<https://odemsa.net/wp-content/uploads/2021/02/Drug-Box-Amb-Restocking-Policies-2020.pdf>

Contents and Schematic of the Drug Box can be found here:

<https://odemsa.net/wp-content/uploads/2019/03/13.1-ODEMSA-Drug-Kit.pdf>

Drug Discrepancy On-Line form can be found here:

<https://form.jotform.com/91635392455160>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

ODEMSA Regional STEMI Guidelines

These guidelines will be used to determine when to consider direct transport of an Acute ST-Elevation Myocardial Infarction (STEMI) patient to an Emergency Percutaneous Coronary Intervention Center (PCI). The guidelines ONLY apply to STEMI patients. It is recognized that the guidelines may increase transport times and bypass some hospitals with patients classified as serious or critical. However, each Acute MI case is unique, and transport or transfer considerations are impacted by the specific needs of the patient. These Regional Transport Guidelines may help in making decisions but should not dictate those decisions.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy on the following web page:

<https://odemsa.net/wp-content/uploads/2021/02/STEMI-Guidelines-2020.pdf>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

ODEMSA Stroke Triage Plan

The purpose of the ODEMSA Regional Council Stroke Triage Plan hereinafter referred to as the “Plan” is to establish a consistent baseline of criteria for early recognition, triage, treatment, and transport of acute stroke patients. The plan uses all the components of the formalized Statewide Stroke Triage Plan as its primary basis. The plan defines an “acute stroke patient” as a patient suspected of having an acute cerebral ischemic or hemorrhagic event. Quality stroke care is an ongoing process, requiring constant review, development, and refinement. Therefore, the plan shall be subject to continual revision through the Stroke Steering Committee or its designated workgroup.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy on the following web page:

<https://odemsa.net/wp-content/uploads/2021/05/ODEMSA-Stroke-Triage-Plan-2021.pdf>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

VA OEMS Regulations - Staffing

The entire Code of Virginia EMS Regulations can be found here:

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/>

12VAC5-31-1230. Ground ambulance staffing requirements.

A ground ambulance transport requires a minimum of two persons:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.
2. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

Statutory Authority

§§ [32.1-12](#) and [32.1-111.4](#) of the Code of Virginia.

12VAC5-31-1240. Basic life support vehicle transport.

During a basic life support transport, the attendant-in-charge must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

Statutory Authority

§§ [32.1-12](#) and [32.1-111.4](#) of the Code of Virginia.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

12VAC5-31-1250. Advanced life support vehicle transport.

Advanced life support transport requirements:

1. A ground ambulance equipped with an ALS equipment package. An ALS equipment package may be transferred to a ground ambulance not otherwise equipped to provide the needed level of ALS patient care from another appropriately equipped EMS vehicle. This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.
2. The attendant-in-charge must be certified as an advanced life support level provider or an equivalent approved by the Office of EMS.
3. An attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must not serve as the attendant-in-charge. An operator may serve as the attendant if certified as an emergency medical technician or an equivalent approved by the Office of EMS.
4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating circumstances of the call must be documented in writing. Based on extenuating circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

Statutory Authority

§§ [32.1-12](#) and [32.1-111.4](#) of the Code of Virginia.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy on the following web page:

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

VA OEMS Regulations – Required Equipment

12VAC5-31-850. EMS vehicle equipment requirements.

In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with all of the items required for its vehicle classification and any ALS equipment package it carries as listed in [12VAC5-31-860](#).

Statutory Authority

§§ [32.1-12](#) and [32.1-111.4](#) of the Code of Virginia.

12VAC5-31-860. Required vehicle equipment.

A. A non transport vehicle shall carry the following:

1. Basic life support equipment.

- a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).
- b. Pocket mask or disposable airway barrier device with one-way valve (2).
- c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).
- d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).
- e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1).
- f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).

2. Oxygen apparatus.

- a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- b. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (2 each).
 - c. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (2 each).
3. Suction apparatus.
- a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).
 - b. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).
4. Patient assessment equipment.
- a. Stethoscope in adult size (1).
 - b. Stethoscope in pediatric size (1).
 - c. Sphygmomanometer in child, adult, and large adult sizes (1 each).
 - d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).
 - e. 25 OEMS approved triage tags.
 - f. Penlight (1).
 - g. Medical protocols (1).
5. Dressing and supplies.
- a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).
 - b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).
 - c. 4" x 4" gauze pads, sterile and individually wrapped (24).
 - d. Occlusive dressings, sterile 3" x 8" or larger (4).
 - e. Roller or conforming gauze of assorted widths (12).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).
 - g. Medical adhesive tape, rolls of 1" and 2" (4).
 - h. Trauma scissors (1).
 - i. Emesis basin containers or equivalents (2).
 - j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (1).
 - k. Oral glucose (1).
6. Obstetrical kit (one). It must contain the following:
- a. Pairs of sterile surgical gloves (2).
 - b. Scissors or other cutting instrument (1).
 - c. Umbilical cord ties (10" long) or disposable cord clamps (4).
 - d. Sanitary pads (1).
 - e. Cloth or disposable hand towels (2).
 - f. Soft-tipped bulb syringe (1).
7. Personal protection equipment.
- a. Waterless antiseptic hand wash (1).
 - b. Exam gloves, non sterile, pairs in sizes small through extra large (5 each).
 - c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (2).
 - d. Face shield or eyewear (2).
 - e. Infectious waste trash bags (2).
8. Linen and bedding.
- a. Towels, cloth (2).
 - b. Blankets (2).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

9. Splints and immobilization devices.

Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2 each). If adjustable type collars are used, then a minimum of three are sufficient.

10. Safety equipment.

- a. "D" cell battery or larger flashlight (1).
- b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket (1).
- c. Safety apparel (2).
- d. Sharps container (1).

11. Tools and hazard warning devices.

- a. Adjustable wrench, 10" (1).
- b. Screwdriver, regular #1 size blade (1).
- c. Screwdriver, Phillips #1 size blade (1).
- d. Spring loaded center punch (1).
- e. Hazard warning devices such as a reflective cone, triangle, or approved equivalent (3 each).
- f. Current USDOT approved Emergency Response Guidebook (1).

B. A ground ambulance shall carry the following:

1. Basic life support equipment.

- a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).
- b. Pocket mask or disposable airway barrier device with one-way valve (2).
- c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).
- d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1 each).
 - f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).
2. Oxygen apparatus.
- a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).
 - b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flow meters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).
 - c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).
 - d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).
3. Suction apparatus.
- a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).
 - b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).
 - c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).
4. Patient assessment equipment.
- a. Stethoscope in adult size (2).
 - b. Stethoscope in pediatric size (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- c. Sphygmomanometer in child, adult, and large adult sizes (1 each).
 - d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).
 - e. 25 OEMS approved triage tags.
 - f. Penlight (1).
 - g. Medical protocols (1).
5. Dressing and supplies.
- a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).
 - b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four).
 - c. 4" x 4" gauze pads, sterile and individually wrapped (24).
 - d. Occlusive dressings, sterile 3" x 8" or larger (4).
 - e. Roller or conforming gauze of assorted widths (12).
 - f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).
 - g. Medical adhesive tape, rolls of 1" and 2" (4).
 - h. Trauma scissors (1).
 - i. Alcohol preps (12).
 - j. Emesis basin containers or equivalents (2).
 - k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).
 - l. Oral glucose (2).
6. Obstetrical kit (2). It must contain the following:
- a. Pairs of sterile surgical gloves (2).
 - b. Scissors or other cutting instrument (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- c. Umbilical cord ties (10" long) or disposable cord clamps (4).
 - d. Sanitary pads (1).
 - e. Cloth or disposable hand towels (2).
 - f. Soft-tipped bulb syringe (1).
7. Personal protection equipment.
- a. Waterless antiseptic hand wash (1).
 - b. Exam gloves, non sterile, pairs in sizes small through extra large (10 each).
 - c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).
 - d. Face shield or eyewear (4).
 - e. Infectious waste trash bags (4).
8. Linen and bedding.
- a. Towels, cloth (2).
 - b. Pillows (2).
 - c. Pillow cases (2).
 - d. Sheets (4).
 - e. Blankets (2).
 - f. Male urinal (1).
 - g. Bedpan with toilet paper (1).
9. Splints and immobilization devices.
- a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (3 each). If adjustable type collars are used, then a minimum of three are sufficient.
 - b. Traction splint with ankle hitch and stand in adult and pediatric size (1 each) or an equivalent traction splint device capable of adult and pediatric application.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- c. Padded board splints or equivalent for splinting fractures of the upper extremities (2).
 - d. Padded board splints or equivalent for splinting fractures of the lower extremities (2).
 - e. Long spine boards 16" x 72" minimum size with at least four appropriate restraint straps, cravats, or equivalent restraint devices for each spine board (2).
 - f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization devices (1).
 - g. Pediatric immobilization device (1).
 - h. Cervical immobilization devices (i.e., set of foam blocks, towels or other approved materials) (2).
10. Safety equipment.
- a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps, and the manufacturer-approved vehicle mounting device (1).
 - b. "D" cell battery or larger flashlight (2).
 - c. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One must be accessible to the patient compartment (2).
 - d. Safety apparel (2).
 - e. Sharps container, mounted or commercially secured (1).
 - f. "No Smoking" sign located in the patient compartment (1).
11. Tools and hazard warning devices.
- a. Adjustable wrench, 10" (1).
 - b. Screwdriver, regular #1 size blade (1).
 - c. Screwdriver, Phillips #1 size blade (1).
 - d. Spring loaded center punch (1).
 - e. Hazard warning device (i.e., reflective cone, triangle, or approved equivalent) (3 total).
 - f. Current USDOT approved Emergency Response Guidebook (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

C. A neonatal ambulance shall carry the following:

1. Basic life support equipment.

- a. Pocket mask or disposable airway barrier device with one-way valve (2).
- b. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (2 each).
- c. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).
- d. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult size (1).
- e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in child size with transparent masks in child size (1).
- f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).

2. Oxygen apparatus.

- a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).
- b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flow meters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).
- c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).
- d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).

3. Suction apparatus.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- a. Battery-powered portable suction apparatus. A manually powered device does not meet this requirement (1).
 - b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).
 - c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each).
4. Patient assessment equipment.
- a. Stethoscope in adult size (1).
 - b. Stethoscope in pediatric size (1).
 - c. Stethoscopes in infant and neonate sizes (2 each).
 - d. Sphygmomanometer in child, adult, and large adult sizes (1 each).
 - e. Sphygmomanometer in infant size (2).
5. Dressing and supplies.
- a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).
 - b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).
 - c. 4" x 4" gauze pads, sterile and individually wrapped (24).
 - d. Occlusive dressings, sterile 3" x 8" or larger (4).
 - e. Roller or conforming gauze of assorted widths (12).
 - f. Medical adhesive tape, rolls of 1" and 2" (4).
 - g. Trauma scissors (1).
 - h. Alcohol preps (12).
 - i. Emesis basin containers or equivalents (2).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).
- 6. Obstetrical kit (2). It must contain the following:
 - a. Pairs of sterile surgical gloves (2).
 - b. Scissors or other cutting instrument (1).
 - c. Umbilical cord ties (10" long) or disposable cord clamps (4).
 - d. Sanitary pads (1).
 - e. Cloth or disposable hand towels (2).
 - f. Soft-tipped bulb syringe (1).
- 7. Personal protection equipment.
 - a. Waterless antiseptic hand wash (1).
 - b. Exam gloves, non sterile, pairs in sizes small through extra large (10 each).
 - c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).
 - d. Face shield or eyewear (4).
 - e. Infectious waste trash bags (4).
- 8. Linen and bedding.
 - a. Towels, cloth (2).
 - b. Sheets (4).
 - c. Blankets (2).
- 9. Splints and immobilization devices.
 - a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2 each). If adjustable type collars are used, then a minimum of three are sufficient.
 - b. Pediatric immobilization device (1).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

10. Safety equipment.

- a. "D" cell battery or larger flashlight (2).
- b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One must be accessible to the patient compartment (2).
- c. Safety apparel (2).
- d. Sharps container, mounted or commercially secured (1).
- e. "No Smoking" sign located in the patient compartment (1).

11. Tools and hazard warning devices.

- a. Adjustable wrench, 10" (1).
- b. Screwdriver, regular #1 size blade (1).
- c. Screwdriver, Phillips #1 size blade (1).
- d. Spring loaded center punch (1).
- e. Hazard warning devices (reflective cone, triangle or approved equivalent) (3 each).
- f. Current USDOT approved Emergency Response Guidebook (1).

D. Advanced life support equipment package.

1. EMT-Enhanced package.

- a. Drug kit with all controlled drugs authorized for use by the EMS agency's EMT-Enhanced personnel and other appropriately certified advanced level personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).
- b. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).

2. Advanced-EMT/Intermediate/Paramedic package.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- a. Electrocardiogram (ECG) monitor and manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).
 - b. ECG monitoring electrodes in adult and pediatric sizes as required by device used. (2 sets each).
 - c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 sets each).
 - d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).
 - e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).
 - f. Pediatric assessment guides.
3. Neonatal ambulance.
- a. ECG monitor and manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).
 - b. ECG monitoring electrodes in infant size as required by device used (2 sets).
 - c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 sets each).
 - d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).
 - e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery devices and supplies as specified by the agency OMD (1).
4. Advanced airway equipment (EMT-Enhanced, Advanced EMT, Intermediate/Paramedic package).



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

- a. Secondary airway device (e.g., combitube type or supra-glottic devices) or laryngeal mask airway (LMA) (one).
- b. Intubation kit to include all of the following items as indicated:
 - (1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (1 set each).
 - (2) Magill forceps in adult and pediatric sizes (1 each).
 - (3) Single use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, and 2.5m or equivalent sizes (2 each).
 - (4) Rigid adult stylettes (2).
 - (5) 10 cc disposable syringes (2).
 - (6) 5 ml of water soluble surgical lubricant (1).
 - (7) Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).
5. Advanced airway neonatal equipment. Intubation kit to include all of the following items as indicated:
 - a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).
 - b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0, and 2.5mm or equivalent sizes (2 each).
 - c. 10 cc disposable syringes (2).
 - d. 5 ml of water soluble surgical lubricant (1).
 - e. Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).

Statutory Authority

§§ [32.1-12](#) and [32.1-111.4](#) of the Code of Virginia.

The above is a very abbreviated summary of the policy.



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

For the complete policy please review the policy on the following web page:

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section860/>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

VA OEMS Regulations

Recertification Requirements:

12VAC5-31-1401. General recertification requirements.

A. An EMS provider requesting recertification must complete the continuing education hour requirements, as identified in [12VAC5-31-1403](#), for the level at which the EMS provider is requesting to be recertified. The Office of EMS must receive documentation of the EMS provider's completion of continuing education within the issued certification period for the provider to maintain a current certification.

B. An EMS provider under legal recognition pursuant to [12VAC5-31-1393](#) must recertify by passing a Virginia written and practical EMS certification examination.

Statutory Authority

§§ [32.1-12](#), [32.1-111.4](#), and [32.1-111.5](#) of the Code of Virginia.

The above is a very abbreviated summary of the policy.

For the complete policy please review the policy at the following web page:

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section1401/>



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

SERVING THE CITIZENS, EMS AGENCIES, ACUTE CARE HOSPITALS AND LOCAL GOVERNMENTS IN VIRGINIA PLANNING DISTRICTS 13,14,15 AND 19

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