



**Rappahannock EMS Council
Pharmacy Meeting**

Thursday, August 7, 2014 at 2:30 pm at REMS Council

Members Present

Joey King -Chairperson
Waverly Ally – Provider Representative
John Marshall – SRMC
Chris Simmons – CRH
Dennis Smith – Culpeper RM
Christina Skinner – MWH EMS Liaison

Staff Support

Carolyn Marsh- - Staff Support

Excused

Kirk Frey – SRMC
Margret Rowe- Fauquier Hospital

Guest

Joe Sposa –Spotsy. FREMS
Carlos Valadez -MWH

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:30 pm.

Approval of Minutes

June 5, 2014 minutes were approved; motion by Chris Simmons to approve the minutes, second Denise Smith, motion carries.

New Business

Need to establish a guideline for exchange of medications when items get broken. It is not a diversion and should not be treated as a diversion. Agency experienced a problem trying to exchange medications that were broken they could not do the exchange in the ED and were sent to pharmacy. There seemed to be some confusion on how this should be handled. Carlos will address on his end to ensure staff understand how to handle these types of situations.

Old Business

EMT-B Kits: Lengthy discussion. Committee recommends that they be stored in a manner that meets the Virginia BOP regulations. Hospitals agree to use a security bag for BLS kits that is a different color than the current narcotic bags. Recommend that at each hospital an RN exchange in the EMS Med Acudose or ADS as will not give BLS providers log in access to the EMS medication machines. An EMS Med Exchange Form would need to be completed when exchanging a BLS kit with an RN. There was a question on how the current CMS ruling and billing for revenue recovery agencies would be handled if a BLS provider is giving a medication. Need to address issue of BLS Medication Box (billing concern, current Medicare Standard states it is an ALS Procedure), Joey will check into this and report back at the October meeting.

Zofran: Lengthy discussion and concerns expressed regarding current contraindications that are not outlined in the REMS protocol, to include prolonged QT and requirement for patient to be monitored. Carlos also shared a long list of medications patients may be taking at home that would also be a contraindication to giving Zofran. Hospitals would prefer to only provide Zofran in one form (either vial or ODT) and see an update to the protocol. Committee recommends giving all information discussed to Dr. White, RMD, for final decision.

There is a current Cardizem shortage. Contact was made with Dr. White to see if she wanted to recommend a medication to replace Cardizem, no replacement medication was recommended.

MWHC placed tray covers in the top of the EMS Med Boxes to prohibit possible diversion from lifting up corners of box lid. SRMC will also look into this and all were reminded to please keep the plastic tray with the box when refilling.

MWHC will require a copy of all EMS agency CSRs for schedule VI IV solutions and supplies in order to allow EMS providers to continue to pull from ADS machine. REMS will send out a notice to all agencies regarding this regulation for IV supplies and solutions and coordinate getting a copy of the CSRs and provide copies of the CSRs to the hospitals.

Discussion on the need to look at renumbering all regional medication boxes as previously discussed. Committee will follow up at the October meeting. Carolyn reminded everyone that we had established a numbering system in prior meetings.(Future Agenda Item)

Spotsylvania Fire & Emergency Management shared they were exploring the possibility of going back to a pharmacy issued medication box versus doing a one for one drug exchange program. This would also include Spotsylvania Volunteer Rescue Squad.

Adjournment

Meeting adjourned at 4:20 pm.

Next Meeting

The next meeting is scheduled on Thursday, October 2, 2014 at 2:30 pm at the Culpeper Regional Hospital.



**Rappahannock EMS Council
Pharmacy Meeting**

Thursday, October 2, 2014 at 2:00 pm at Culpeper Regional Hospital

Members Present

Joey King -Chairperson
Waverly Ally – Provider Representative
John Marshall – SRMC
Chris Simmons – CRH
Linda Koch- MWH Pharmacy Director
Christina Skinner – MWH EMS Liaison

Staff Support

Carolyn Marsh- - Staff Support

Excused

Kirk Frey
Margret Rowe
Dennis Smith

Guest

Joe Sposa –Spotsy. FREMS

Greg Lietz –Spotsy. FREM
Jay Cullinan–Spotsy. FREM

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:00 pm.

Approval of Minutes

August 7, 2014 minutes were approved; motion by Chris Simmons to approve the minutes, second Jake Marshall, motion carries.

New Business

Med-Boxes Spotsylvania County will not have to go through the intake process to switch back to med-boxes. Spotsylvania FREM will purchase the boxes for the switch over and SRMC and MWHC will split the stocking process. Chief Sposa did advise that this was the bringing phase of going back to a med-box system for their county. Jake Marshall advised he was not aware that the county was in the process of phasing the med-box back into the entire system and would have to communicate with Mr. Frey at SRMC.

Old Business

BLS Kit Billing - Joey King updated the committee on the billing component of going to BLS kits and billing as an ALS procedure. He spoke with Mr. David Werril and attorney that specialized in Medical and HIPAA cases. The use of any item in the BLS Kits would be billed correctly at ALS level per medication guidelines. However this is a new concept and there are no federal standard but could be construed as fraud if administered by BLS provider and bill as ALS procedure.

The committee was not advised of any new medication shortages.

Zofran – Joey King spoke with Dr. White and she advised to keep the oral dose and maintain the current recommended dose and not use the vitals.

CSR- Carolyn provided an update on the CSR's she currently has copies of permits for Fauquier County (covers all agencies in Fauquier), Stafford covers all agencies as they are a Dera), Spotsylvania FREM (covers only the career staff), Culpeper County (only covers career staff). Spotsylvania Volunteer Rescue, King George County and Caroline County are all working on their registration application. She did advise that she may need the assistance of the Pharmacy Department in getting the message out there to the agencies. All agencies have been notified of the need to have a CSR, I have received very few responses. She will continue to work toward getting the agencies compliant.

Med-Box pricing –

One for One Medication Exchange- At this time it appears the one for one medical exchange will pass and is now on the Governor desk for signature. Joey will update the committee as things progress.

Adjournment

Meeting adjourned at 4:15 pm.

Next Meeting

The next meeting is scheduled on Thursday, December 4, 2014 at **2:00 pm** the REMS Council Officer, in classroom A.



EMS COUNCIL INC.

**Rappahannock EMS Council
Pharmacy Meeting
Thursday, December 4, 2014 at 2:00 pm
REMS Council Office**

Members Present

Joey King -Chairperson
Waverly Alley – Provider Representative
John Marshall – SRMC -
Chris Simmons – CRH
Linda Koch- MWH Pharmacy Director
Christina Skinner – MWH EMS Liaison
Margret Rowe – Fauquier
Thao Nguyen – MWHC
Wayne Perry- REMS

Staff Support

Carolyn Marsh- - Staff Support

Excused

Kirk Frey - SRMC
Carlos Valdez-MWHC

Guest

Greg Lietz –Spotsy. FREM
Jason Pugh - CRH

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:00 pm.

Approval of Minutes

October 2, 2014 minutes were approved; motion by Waverly Ally to approve the minutes, second Chris Simmons, minutes were approved by a majority vote.

New Business

Introduction of new members to the committee, Carlos Valdez – Interim Clinical Director MWHC Pharmacy, Thao Nguyen- Pharmacy Operation Supervisor MWHC, and Jason Pugh - Transportation Coordinator/EMS Liaison. The committee members were reminded that each facility may have multiple members but there is one vote per facility.

Replacement of damaged med-boxes was discussed by the committee. In the past, REMS would purchase the replacement boxes. Due to budget constraints it is no longer possible for them to continue that process. The question was asked if the replacement was necessary due to abuse or normal wear and tear. A motion was made by Tina Skinner, second by Waverly Ally as follows:

Any agency requesting new med-boxes would be responsible for the purchase of the approved med-boxes through Boundtree. All agencies will be accountable for replacing damaged med-boxes due to gross negligence through the approved vendor. Each hospital will contribute up to \$100.00 annually to the REMS Council to be retained for the replacement of med-boxes due to normal wear and tear. If those funds were not used during any fiscal year, the funds would roll over to the next year for the same use.

Motion was approved by majority vote. The item will be forwarded to the REMS Council Board members as an action item.

It has been requested that the committee petition the Board of Pharmacy to allow Epi pens to be carried in jump bags and not under lock and key. Discussion moved to the EMT-B medication kits. Since Epi pens are in the approved medication kit if we could move forward with getting these kits in service this would resolve the problem. It was determined we would use clear security bags. The goal is to locate a bag that is different than the ones used for the narc packs. In addition it was requested that Carolyn survey the regional agencies to determine how many agencies would participate and advise the committee at the February meeting of the locations and totals.

Wayne Perry requested the committee compare the protocol formulary to the current medication stock (box and Pyxis) and then have a discussion about what is missing and why it is missing. The Authorized Medication Table was distributed to all the committee members for review. The hospital representatives present advised that all the approved medications were in the med-box or narc pack unless it was on the medication shortage list.

Waverly Ally reported Spotsylvania FREM will be moving forward with RSI kits. They are coordinating this through SRMC. They will be purchasing Pelican cases to carry meds. The agency will have three Pelican cases, one for EMS3, one for EMS1 and one for RC1. Each case will carry enough medications to perform two intubations. Each kit will contain the following medications:

- Two vials each of either Rocuronium or Vecuronium, depending on availability. Both will be in the protocol due to possible shortages.
- 80 mg of Etomidate
- Narc bag consisting of 200mcg fentanyl and 20 mg of Versed. (or two narc bags with 100mcg fentanyl and 10 mg of Versed each.)

A copy of the protocol signed by their OMD will be provided to the pharmacies.

Tina Skinner advised the committee that the EMS Medication Exchange & Narcotic Dispense Form has been revised due to the recent elimination of the requirement to obtain medical practitioner signatures on prehospital patient care reports. She will forward a copy of the form to Carolyn for distribution to the other pharmacies.

Old Business

Spotsylvania FREM met with SRMC and will continue to move forward on their med-box program effective January 2015. They also made a request to add Zofran back into the narc pack as a way to not have to crack a box simply to give Zofran when they are giving narcs. Pharmacy representatives that were present felt since there are 2 in the med-box one could remain in the med-box and one can be placed in the narc pack.

Currently the medications that are reflected on the medication shortage list are:

Medication Shortage	Approved Alternative Provided	Effective Date
Diltiazem HCL	None	7/28/2014
Fentanyl	None	1/1/2013
Lorazepam	None	1/1/2013
Ketamine	None	1/1/2013
Diazepam (Valium)	None. During shortage EMS may use Versed as outlined in the Regional Protocols	1/27/2012

The medications listed below are being distributed but are in alternate packages or doses:

Medication	Current Packaging / Dosage Available for EMS
Narcan (1 - 4mg/10 ml vial)	Effective 5/6/2013: 1- Narcan 0.4 mg/1ml vial will be provided per kit
Etomidate (1- 40mg vial)	Effective 5/6/2013: 2 - 20mg/10ml vials will be provided per kit.
Zofran (4mg vials)	Two 4mg Zofran ODT tablets provided
Versed 5mg/5ml (pre-filled syringe)	Currently provided in 5mg/5ml vials

One area of concern was Ketamine and the unit concentration listed on Exhibit D. This will be discussed in a future meeting. At this time it is not a problem since the medication is on the medication shortage list.

Carolyn updated the committee on the CSR responses from the agencies. CSR's were forwarded to the hospitals for the following agencies:

- Culpeper County – Career Staff

- Fauquier County - covers all agencies
- Orange County
- Spotsylvania County – covers all agencies
- Stafford County – covers all agencies

CSR applications have been completed by King George, Caroline and Salem, agency inspections for King George and Caroline are next week. Help is needed in getting agencies in Culpeper and Caroline to respond to the CSR requirement.

Adjournment

Meeting adjourned at 3:45 pm.

Next Meeting

The next meeting is scheduled on Thursday, February 5, 2015 at **2:00 pm** at Culpeper Regional Hospital, location to be announced.

Authorized Medication Table

Medication – generic name (trade)	FR	EMT-B	EMT-E	EMT- I	EMT-P	CCP/AP
Acetylsalic Acid (Aspirin)	X	S	S	S	S	S
Adenosine (Adenocard)	X	X	X	S	S	S
Amidate (Etomidate)	X	X	X	S	S	S
Amiodarone (Cordarone)	X	X	X	S	S	S
Atropine Sulfate (Atropine)	X	X	X	S	S	S
Calcium Chloride (Calcium)	X	X	X	S	S	S
Dextrose 50%, 25%, 10% (D50,D25,D10)	X	X	S	S	S	S
Diazepam (Valium)	X	X	X	S	S	S
Diltiazem Hydrochloride (Cardizem)	X	X	X	S	S	S
Diphenhydramine (Benadryl)	X	X	S	S	S	S
Dopamine (Dobutrex)	X	X	X	S	S	S
Epinephrine (IM)	X	S	S	S	S	S
Epinephrine (IV/IO/SQ)	X	X	S	S	S	S
Fentanyl Citrate (Sublimaze)	X	X	X	S	S	S
Furosemide (Lasix)	X	X	X	S	S	S
Glucagon (GlucaGen)	X	X	S	S	S	S
Ipratropium (Atrovent)	X	S	S	S	S	S
Ketamine (Ketalar)	X	X	X	X	X	S
Lidocaine (Xylocaine)	X	X	X	S	S	S
Lorazepam (Ativan)	X	X	X	S	S	S
Magnesium Sulfate (Magnesium)	X	X	X	S	S	S
Methylprednisolone (Solu-Medrol)	X	X	X	S	S	S
Midazolam Hydrochloride (Versed)	X	X	X	S	S	S
Morphine Sulfate (Morphine)	X	X	X	S	S	S
Naloxone (Narcan)	X	X	S	S	S	S
Nitroglycerin (Nitrostat) (SL)	X	S	S	S	S	S
Nitroglycerin (Tridil) (IV)	X	X	X	X	S	S
Ondansetron (Zofran)	X	X	S	S	S	S
Oxygen	S	S	S	S	S	S
Pralidoxime (Protopam Chloride)	S	S	S	S	S	S
Proventil / Ventolin (Albuterol)	X	S	S	S	S	S
Sodium Bicarbonate	X	X	X	S	S	S
Vasopressin (Pitressin)	X	X	X	S	S	S
Wysolone (Prednisolone)	X	X	X	S	S	S

ORDER DEFINITIONS

S = Standing – may be administered based on EMS Certification as defined in scope of practice
 X – Medication NOT PERMITTED to be administered at that certification level

EXHIBIT D

RAPPAHANNOCK EMERGENCY MEDICAL SERVICES COUNCIL, INC.				
Standard Medication List				
Medication Box:				
Generic Name	Trade Name	# of Units	Unit Concentration	Packaging
Adenosine	ADENOCARD	3	6 mg/2 mL	Vial
Albuterol	VENTOLIN	4	2.5 mg/3 mL	Bullet
Amiodarone	CORDARONE	4	150mg/3mL	Vial
Aspirin	---	4	81 mg each	Tablet
Atropine Sulfate		2	1 mg/10 mL	Pre-filled Syringe
Calcium Chloride	---	2	1 gram/10 mL	Pre-filled Syringe
Dextrose 25% (PEDS)		1	2.5 grams/10 mL	Pre-filled Syringe
Dextrose 50%	---	2	25 grams/50 mL	Pre-filled Syringe
Diltiazem HCL	CARDIZEM	1	100mg	ADV Vial
Diphenhydramine HCL	BENADRYL	2	50 mg/1 mL	Carpject
Dopamine	DOBUTREX	1	400 mg/250 mL	Ready-to-Use Bag
Epinephrine 1:10,000	ADRENALIN	5	1 mg/10 mL	Pre-filled Syringe
Epinephrine 1:1,000	ADRENALIN	1	30 mg/30 mL	Multi-Dose Vial (For Drip)
Epinephrine 1:1,000	ADRENALIN	2	1 mg/1 mL	Ampule
Etomidate	AMIDATE	1	40 mg	Vial
Furosemide	LASIX	1	100 mg/10 mL	Pre-filled Syringe
Glucagon	GLUCAGEN	1	1 mg/1 mL	Vial
Ipratropium	ATROVENT	1	0.02% 2.5ml	Bullet
Lidocaine	XYLOCAINE	3	100 mg/5 mL	Pre-filled Syringe
Lidocaine	XYLOCAINE	1	2 grams/500 mL	Ready-to-Use Bag
Magnesium Sulfate	---	1	5 grams/10 mL	Pre-filled Syringe
Methylprednisolone	SOLU-MEDROL	1	125mg	Vial
Naloxone	NARCAN	1	4 mg/10 mL	Vial
Nitroglycerin (SL)	NITROSTAT	1	0.4 mg/tablet	Tablet/Bottle
Ondansetron	ZOFRAN	2	4 mg	ODT Tablet
Prednisone	WYSOLONE	3	20mg	Tablet
Sodium Bicarbonate		2	50 mEq/50 mL	Pre-filled Syringe
Vasopressin	PITRESSIN	2	20 Unit/1mL	Vial
Narcotics Medication Box:				
Generic Name	Trade Name	# of Units	Unit Concentration	Packaging
Diazepam	VALIUM	2	10 mg/2 mL	Pre-filled Syringe
Fentanyl	SUBLIMAZE	2	100mcg/2ml	Pre-filled Syringe
Ketamine	KETALAR	1	500mg/10ml	Vial
Lorazepam	ATIVAN	2	2mg/1ml	Pre-filled Syringe
Midazolam HCL	VERSED	2	5 mg/5 mL	Pre-filled Syringe
Morphine Sulfate	---	2	10 mg/1 mL	Pre-filled Syringe
Syringes	1 mL/1			
	3 mL/2			
	5 mL/1			
	30 mL/1			
Needles-disposable	21G/2			
	25G/2			
Carpject	3			
Filter Straws	3			
Mucosal Atomization Device	2			
Mini Spike	4			

Committee Reviewed 06/10/14
 Board Approved 6/18/14



Mary Washington Healthcare

To: EMS Agencies
From: Tina Skinner, EMS Coordinator
Date: July 28, 2014
Subject: Current EMS Medication Shortages – **UPDATED MWHC LIST**

These shortages are in effect for all MWHC facilities based on our ability to order under national drug shortages, and backorders by the manufacturers under the current contracts we hold. Please distribute the updated list below to your ALS providers. Your providers may see these drugs as previously distributed in hospital medication boxes currently in the field or the Med Acudose until that stock is depleted or expired.

Medication Shortage	Approved Alternative Provided	Effective Date
Diltiazem HCL	None	7/28/2014
Fentanyl	None	1/1/2013
Lorazepam	None	1/1/2013
Ketamine	None	1/1/2013
Diazepam (Valium)	None. During shortage EMS may use Versed as outlined in the Regional Protocols	1/27/2012

The list of regional EMS medications below are currently being provided by MWHC in an alternate package or dose as available under the national drug shortages. The Rappahannock EMS Council Regional Medical Director is currently evaluating our ability to move back to the original package and dose as available for narcan, etomidate and zofran. Additional information will be forthcoming.

Medication	Current Packaging / Dosage Available for EMS
Narcan (1 - 4mg/10 ml vial)	Effective 5/6/2013: 1- Narcan 0.4 mg/1ml vial will be provided per kit
Etomidate (1- 40mg vial)	Effective 5/6/2013: 2 - 20mg/10ml vials will be provided per kit.
Zofran (4mg vials)	Two 4mg Zofran ODT tablets provided
Versed 5mg/5ml (pre-filled syringe)	Currently provided in 5mg/5ml vials

Should you have any questions regarding MWHC available EMS medications do not hesitate to contact me at 540-741-1192 or by email at Christina.Skinner@mwhc.com.

Mary Washington Healthcare
EMS Medication Exchange & Narcotic Dispense Form

Patient Name: _____
 Patient Address: _____
 Patient Date of Birth: _____
 EMS Report # _____
 Date: _____ Full Agency Name: _____
 Agency # _____ EMS Unit # _____

List Medications Used:	Amt. Given:	Amt. Wasted:

EMS: Please check here if Online Medical Control Medication Orders were received. If checked, a physician signature is required in accordance with Virginia EMS Regulation 12VAC5-31-1140.
 Physician Signature: _____

Hospital/Pharmacy Use Only Date: _____

Used / Expired Narcotic Kit # _____
 Unopened Controlled Substances Returned: (Note amount present)
 Morphine _____ Fentanyl _____
 Midazolam _____ Ketamine _____
 Diazepam _____ Lorazepam _____
 Other (Medication/Amount Present: _____)

New Narcotic Kit # _____
 I have witnessed all waste as documented above and examined the new narcotic kit to verify that all medications are present, intact, and in date as documented on the kit issued:

Signature _____ Signature _____
 EMS Provider Name / Title _____ RN / Pharmacy Name / Title _____

Mary Washington Healthcare
EMS Medication Exchange & Narcotic Dispense Form

Patient Name: _____
 Patient Address: _____
 Patient Date of Birth: _____
 EMS Report # _____
 Date: _____ Full Agency Name: _____
 Agency # _____ EMS Unit # _____

List Medications Used:	Amt. Given:	Amt. Wasted:

EMS: Please check here if Online Medical Control Medication Orders were received. If checked, a physician signature is required in accordance with Virginia EMS Regulation 12VAC5-31-1140.
 Physician Signature: _____






Hospital/Pharmacy Use Only Date: _____

Used / Expired Narcotic Kit # _____
 Unopened Controlled Substances Returned: (Note amount present)
 Morphine _____ Fentanyl _____
 Midazolam _____ Ketamine _____
 Diazepam _____ Lorazepam _____
 Other (Medication/Amount Present: _____)

New Narcotic Kit # _____
 I have witnessed all waste as documented above and examined the new narcotic kit to verify that all medications are present, intact, and in date as documented on the kit issued:

Signature _____ Signature _____
 EMS Provider Name / Title _____ RN / Pharmacy Name / Title _____

Pharmacy Committee Meeting
December 4, 2014

Name	Title	Signature	Email Address
Alley, Waverly	Spotsy. County F&R		walley@spotsylvania.va.us
Frey, Kirk -SRMC	Interim Pharmacy Director	Absent	Kirk.frey@hcahealthcare.com
King, Joe -Chair	Officer with LifeCare	Present	lking@lifecare94.com
Koch, Linda -MWHC	MWHC Pharmacy Director		Linda.koch@mwhc.com
Marsh, Carolyn- REMS Staff	Reg. Systems Coord.		carolymmarsh@vaems.org
Simmons, Chris - CRH	CRH EMS Coord.	Present	csimmons@culpeperhospital.com
Smith, Dennis -CRH Alt.	CRH Director of Pharmacy	Present	dsmith@culpeperhospital.com
Marshall, John - SRMC - Alt.	SRMC EMS Coord.	Calling In	Jake.Marshall@hcahealthcare.com
Skinner, Christina - MWH Alt.	MWHC EMS Coord.	Calling In	christina.skinner@mwhc.com
Rowe, Margret	Fauquier Director of Pharmacy	Calling In	rowemr@faquierhealth.org
Carlos Valdez	MWHC Interim Clinical Director	Absent	carlos.valadez@mwhc.com
Thao Nguyen	MWHC Pharmacy Operation Supv.		thao.nguyen@mwhc.com
Perry, Wayne	Executive Director REMS	Calling In	wperry@vaems.org
Guest			
Jason Pugh			jpugh@culpeperhospital.com
Peter Smith			



**Rappahannock EMS Council
Pharmacy Meeting
Thursday, February 5, 2015 at 2:00 pm
Culpeper Regional Hospital**

Members Present

Joey King -Chairperson
Carlos Valdez-MWHC
John Marshall – SRMC -
Chris Simmons – CRH
Thao Nguyen- MWH Pharmacy
Christina Skinner – MWH EMS Liaison
Thao Nguyen – MWHC

Staff Support

Margot Moser- - Staff Support

Excused

Kirk Frey - SRMC
Jason Pugh – CRH
Wayne Perry- REMS
Margret Rowe -Fauquier
Dennis Smith - Culpeper
Mary Womack – MWHC Pharmacy
Carolyn Marsh – REMS

Guest

Greg Lietz –Spotsy. FREM
Joe Sposa – Spotsy. FREM
Peter Smith- Doctor

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:00 pm.

Approval of Minutes

December 4, 2014 minutes were approved by a majority vote.

New Business

The Restocking Agreement was reviewed and the recommended changes to the document were highlighted. Committee endorsed moving forward and sending to the REMS Council Board for endorsement at the February 18, 2015 meeting.

Pharmacy Committee Charter was reviewed, the only change recommended was the meeting time. Document approved with the recommended change.

The Medication/Narcotic SOG was on the agenda for review. Since Carolyn was not at the meeting to explain the needed changes the committee members tabled the review to the April 2, 2015 meeting.

One concern brought forward was the replacement of med-box seal. In the event the seal was broken would the agency be able to inventory and re-seal the box or would they need to go to the pharmacy? The provider would need to go to the pharmacy for inventory and re-sealing the med-box. Committee will investigate a better seal. Jake is going to provide information on the seal used in ODEMSA that is a more durable seal.

Old Business

There have been no changes to the medication shortage list. The group felt the distribution of the list needs to be online. The list is updated as changes occur on the REMS Council web-site.

BLS Kit's medication bags were discussed, Waverly was tasked with updating the committee. He was not present but did provide information on the type of bag to be used. In looking for bags or containers for the BLS kits, he felt that using the bags already in use for the Narcotic packs would work best. The smallest size they make is 6" x 9", which is the same size the pharmacies are currently ordering for the narcotics. This would possibly reduce the overall cost of the kits as the hospitals would only need to increase their on hand stock. The only concerns with this would be someone mistakenly confusing or switching the two and how the Epi-Pen would be made a part of the kit. I didn't see any color options to possibly help with this

issue. Maybe the pharmacist would be able to find a way to distinguish between the two bags. We need for the hospitals to advise how we are going to implement this program.

CSR -report was provided to the committee as an informational piece. Most CSR permits will expire on February 28, 2015 and we will need to start the tracking process over.

BLS Kit Survey - was distributed to the committee. The majority of localities/agencies did respond. Fauquier and Rappahannock County were not included in the survey once it was identified that Fauquier Hospital was already issuing BLS kits to the agencies in their service area.

The med-box exchange is going well for Spotsylvania County; no issues to report.

State Board of Pharmacy update on storing EPI-Pens in unsecured compartments - Mr. King spoke with Mike Berg in the Office of Emergency Medical Services regarding the current rules on EPI pens. Mr. Berg referred to Mr. King to 12VAC5-31-1040:

12VAC5-31-1040.

Operational medical director authorization to practice

A. EMS personnel as defined in § 54.1-3408 of the Code of Virginia may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license. Privileges to practice must be on the agency's official stationery or indicated in the agency records which are signed and dated by the OMD.

B. Agencies shall establish a written policy that identifies the selection, response criteria, utilization, and approval process for (i) EMS personnel to carry and administer an epinephrine auto injector or medically accepted equivalent for emergency cases of anaphylactic shock, and (ii) the possession and administration of oxygen carried on personally owned vehicles (POV). The policy shall also include:

1. Annual approval and authorization by EMS agency and OMD.
2. Drug storage criteria to include:
 - a. Compliance with all applicable temperature requirements specified by the Virginia Board of Pharmacy.
 - b. Requirements that describe how the cylinder or device is to be secured in a manner to prevent any free movement within the occupant or storage compartment of the vehicle.
 - c. Evidence of approval by personal vehicle insurance carrier must be on file with EMS agency for all EMS personnel authorized to carry oxygen on personally owned vehicles.
3. The personal vehicle utilized to carry oxygen may be subject to inspection by the Office of EMS.

Agencies may carry EPI pens unsecured in jump bags as long as they have matter a written policy in place signed by the locality's OMD. Greg Leitz as tasked with writing a plan that could be used by all agencies. Plan is due to the committee for presentation at the April 2nd meeting.

There was further discussion on the BLS Kits: what to call the kits, when could they be implemented and what other councils use the kits. Carolyn will do a survey of other council areas to determine who is using a BLS Kit and what they call the kit. The report is due to the committee in one week.

Spotsylvania County's goal is to put an adult and junior EPI pen on every vehicle. They will make sure training is provided to all providers and that they know the difference between the adult and junior pens. Pricing was discussed and MWHC advised their cost is \$300 per unit. Spotsylvania can purchase two for \$50.00 through BoundTree.

The remaining drugs for the kits (Nitro, Albuterol, aspirin) would have to be secured. There was discussion on the Scope of Service and what medications an EMT-B provider could administer. The list included:

Acetaminophen	Anticholinergic
Anti-Inflammatories	Glucose
Inhalers	Cholinesterase Reactivator
Antibiotics	Antiplatelet Agents
Hemostatic Agents	Vasodilatory Agents
Epinephrine	Antidiarrheals
Antiemetics	H2 Blockers
Beta Agonists	

There is consideration of having the kit available to ALS and BLS providers. If used by the ALS provide it may reduce the number of med-box exchanges for the pharmacies and reduce cost. Each agency would determine what locking system would be used to secure the medications.

The pharmacy representatives present were asked to come back to the April meeting with their plans for implementation of the Kits. The goal is to determine a deadline date for get the kits out in the field.

Adjournment

Meeting adjourned at 4:00 pm.

Next Meeting

The next meeting is scheduled on Thursday, April 2, 2015, 2015 at **2:00 pm** at the REMS Council office, Classroom A.



**Rappahannock EMS Council
Pharmacy Meeting
Thursday, April 2, 2015 at 2:00 pm
REMS Council Office, Classroom A**

Members Present

Joey King -Chairperson
Carlos Valdez-MWHC
John Marshall – SRMC
Chris Simmons – CRH
Thao Nguyen- MWH Pharmacy
Christina Skinner – MWH EMS Liaison
Thao Nguyen – MWHC
Margret Rowe - Fauquier
Dennis Smith - Culpeper

Staff Support

Carolyn Marsh- - Staff Support

Excused

Kirk Frey - SRMC
Jason Pugh – CRH
Mary Womack – MWHC Pharmacy

Guest

Joe Sposa – Spotsy. FREM

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:00 pm.

Approval of Minutes

February 5, 2015, minutes were approved by a majority vote, motion by Jake Marshall and second by Waverly Ally

New Business

Tranexamic Acid – Jake advised the committee that he had been to a couple of conferences and received some material on Tranexamic Acid. Tranexamic acid is an antifibrinolytic. It works by preventing blood clots from breaking down too quickly. This helps to reduce excessive bleeding. Currently Orange County has a protocol for the use of TXA. It is also part of the Tactical Combat causality care for military and civilian. He would like to know if the pharmacy would support the use of Tranexamic Acid prior to going to the Guidelines and Training and requesting a protocol be written. MWHC would like to investigate the cost of the medication before making a commitment. Jake advised that for a 1 gram vial SRMC's cost would be \$20.00. Joey is going to take it to Dr. White and will advise us on her directive at the meeting in June.

Consideration for standardized drug box seals – The pharmacies are seeing more med-boxes with damage to the latch to the type of seal that is currently being used at MWHC and SRMC. It was proposed that we switch to a seal being used in the ODEMSA Region which is thicker and has to be cut. This will reduce the number of med-boxes coming into the pharmacy with broken seals as well. The cost for the proposed seal is 10 cents more than the cost of the current seal being used. The group agrees that the regional color would be blue with a start date of July 1, 2015. It is recommend that a memo be sent out to all agencies.

RSI Program pharmaceutical support – Jake wanted to know if the pharmacies supported a regional RSI program. Currently Spotsylvania County and Orange County have RSI programs in place. RSI is covered in the hospital restocking agreements and there is a current protocol in place. If any agency was interested in RSI participation the hospitals would need a list of approved providers. One concern expressed by MWHC was how many kits would potentially be needed. Since these are large boxes, storage is an issue for them. If the volume increases maybe they would need to investigate a different storage container.

SRMC Mitigation Plan for high volume tackle box exchange – The facility has purchased 10 additional med-boxes to put into the system. These boxes are stocked and ready to go into the EMS Pyxis when needed. They have ordered another Pyxis tower that should arrive in the next six weeks. MWHC advised they had purchased another Pyxis tower as well and it is in service and stocked.

Standardization of tackle box layout with diagram –Jake presented ODEMSA’s med-box diagram showing where all the medications are located in the box. If a medication is not available or in different packaging they will cross through the medication. If it is in a different concentration, they will list the concentration. Everything is laid out in the diagram and standardized. This is a great asset to the pharmacies when inventorying the box and it allows for quick turnaround in getting the box back in service. SRMC is very interested in using this system and Kirk Frey is interested in developing the program. Culpeper advised that they use a similar system where they label the bottom of the tray that identifies the medication. Kirk will send out the data to the committee members for endorsement. Thao will get with Kirk on her recommendations. They will also communicate on how the bottom tray can be locked. The goal is to have one at the June meeting for review.

New med-box provided to the hospitals- The committee would like to move forward with the new med-box. Spotsylvania FREM has already purchased 50 new boxes for the system. There are a total of 110 med-boxes in the system. This leaves 60 to be purchased through Bound Tree at a cost of \$32.00 per box. Joey has requested the total number of boxes per agency; once he gets that information, he will reach out to agencies and see if they are willing to purchase new med-boxes for ever ambulance in the agency. Joey will report back to the committee in June.

Culpeper Restock – Spotsylvania County transports to Culpeper, but if they exchange their med-box at UVA Culpeper, it will have medications that MWHC and SRMC do not carry as well as the narcotic packs in the box. One solution would be for Spotsylvania to provide them with one of their boxes for them to hold. Logistically this is problematic: where will they store the box and who is in charge of the box? Currently the crews go to the pharmacy and they restock the box. The problem is after hours there is no way to restock the box and the crews have to go back to MWHC to restock the box. This extends the crews out of service time.

Old Business

Stat Kit Update - Total of 109 Kits, 63 for ambulances, 28 for response vehicles, and 18 for fire apparatus.

Medication/Narcotic SOG review- – All committee members were provided with a copy of the Medication SOG. This is an OEMS contract deliverable. The committee members will review the document and advise Carolyn of any recommended changes prior to the June meeting.

Restocking Agreement- SRMC has approved the Restocking Agreement for their facility and signed the document. Carolyn has sent the revised signature sheets to the appropriate agencies. MWHC is in the review process. Fauquier Hospital sent Carolyn their recommend document with changes. Based on the changes to the document and different medications they stock this is not a true regional restocking agreement. Ms. Rowe was advised they could sign the agreement between Fauquier Hospital and Fauquier County Fire & Rescue. They follow Northern Virginia protocols, not REMS protocol.

Update on One for One medication exchange- At this time the one for one medication exchange has stalled in one of the committees. Joey will try to get an update and provide that information to Wayne for the Board meeting.

DEA concerns for Virginia Med-box exchange – The DEA is looking a little more closely at the Virginia system due to a major drug diversion in Lynchburg. The BOP came in for a review of the diversion along with the DEA. The DEA stated there was concern with the EMS medication system in Virginia and referred to the Drug Control Act of 1970 (1 prescriber, 1 patient, 1 medication, and 1 order). They advised that the way we are conducting business with Standing Orders and not having specific directions for patients does not comply with the drug control act. DEA has a committee that is currently reviewing and coming up with a regulation for the EMS providers. The regulation will be much more stringent.

EPI Pen SOG – Greg Leitz was unable to attend the meeting. The EPI pen SOG is 98% complete. However, there is a problem with the original quote on pricing for the EPI pen, instead of \$20.00 it is \$500 for 2 pens. In addition you cannot buy the product and store it without a warehousing permit. A bill was approved for schools to be able to store and administer EPI, but it did not include EMS. Localities can submitted a protocol for approval to store the EPI pens in jump bags instead of it being stored in a locked compartment.

Stat Box medication exchange, report from hospitals on how they will handle the exchange –

CSR update – Carolyn gave the committee members an update on the agency CSR’s. Most were compliant and all permits renewed in February 2015. She is in the process of collecting copies of the new permits. As they are received she is forwarding a copy of the document to the hospitals.

Medication on Exhibit 2A- Wayne had requested information on the approved medications on Exhibit 2A that are not being stocked in the med-boxes and when do we anticipate they will be. Tina's overview:

Sub Exhibit A.2 Recommended Changes:

Already discussed and/or put in place by REMS Regional Pharmacy Committee

- Amiodarone 1 – 900mg/18ml vial
- Zofran (1 in Med Box and 1 in Narc Bag) IV instead of ODT is ok if preferred
- Change Naloxone to 1 - 2mg/2ml prefilled syringe

Recommendations from MWHC Pharmacy and Med Safety Committee

- Remove Etomidate from the Med Box and Acudose. Only provide and make available in Pharmacy Issued RSI Kit for sedation/intubation and add to Exhibit A.2 list a RSI Kit Section
- Only one benzodiazepam in the Narcotic Kit. Recommend Midazolam (Request immediate review of protocols for benzos by Regional Medical Director. Is there a need for 3 benzodiazepams?)
- Remove Ketamine from Narcotic Kit with RSI Kit available

It was brought up that Etomidate is used by paramedics for medically assisted intubations. MWHC thought process was since it would be in the RSI kit there was no need to have it in the med-boxes. Currently only Spotsylvania County has RSI kits and there is the potential for that supervisor to be tied up on another call and the RSI kit would not be available. Thao did not realize the need and has no issue with leaving it in both places. The conclusion was to refer the medications changes to the Medical Direction Committee for their input and get back with MWHC on the concerns.

Adjournment

Meeting adjourned at 4:15 pm.

Next Meeting

The next meeting is scheduled on Thursday, June 4, 2015 at **2:00 pm** at Culpeper Hospital, meeting room to be announced.



**Rappahannock EMS Council
Pharmacy Meeting
Thursday, June 4, 2015 at 2:00 pm
Culpeper Hospital – Staff Conference Room**

Members Present

Joey King -Chairperson
Margret Rowe - Fauquier
John Marshall – SRMC
Thao Nguyen- MWH Pharmacy
Christina Skinner – MWH EMS Liaison

Staff Support

Carolyn Marsh- - Staff Support

Excused

Kirk Frey - SRMC
Jason Pugh – CRH
Mary Womack – MWHC Pharmacy
Carlos Valdez-MWHC
Dennis Smith - Culpeper
Waverly Ally – Spotsy. FREM

Guest

Call to Order

Meeting was called to order by Joey King, the committee chairperson, at 2:00 pm.

Approval of Minutes

April 2, 2015, minutes were approved by a majority vote.

New Business

Drug Quality and Security Act of 2013- Document was sent out with committee packet. The consensus of the group was to review and be prepared for discussion at the August 6th meeting. Carolyn will resend with the August meeting material.

Vasopressin- Jake advised that SRMC will no longer stock vasopressin in the med-boxes. The cost has increased drastically. MWHC has an inventory of the medication but will follow SRMC and discontinue restocking, as long as the Medical Direction committee is okay for removal.

Versed – There was discussion on the region allowing for a more concentrated versed vial to be carried in narcotics bags. Currently the 1mg/1cc concentration does not allow for effective load dosing for intranasal administration. SRMC Pharmacy can and will order if the region wants. MWH pharmacist is checking and will report back to the committee.

Management of Behavioral Health Patients - Jake wrote a draft protocol for management of behavioral health patients and specifically for restraints both physical and chemical. He notified the committee that we may be looking at adding new drugs to the EMS formulary to support this new protocol, EMS, and patient safety.

Old Business

Stat Box medication exchange, report from hospitals on how they will handle the exchange –MWHC cannot move forward with the project at this time due to issues with space to store the stat kits. SRMC is ready and no issues reported with moving forward with the project. There was discussion on the type of bag that would be used. The option of a different color bag was explored and there are no small bags available in different colors. The only color bags available are clothing evidence bags and they are huge. The committee direction is to use a different color label to identify the stat kit from the narcotic bags. MWHC needs to finalize some things and will report back to the committee at the August meeting.

Tranexamic Acid- Information was provided to the Medical Direction for review. MWHC uses it in the ED and follows up with the trauma team. They did question why it was needed in the field. The trauma team would have to be onboard with the protocol in order for it to be beneficial since after the initial dose it needs to be followed up with a second dose 8 hours later.

No action taken, committee will revisit it at the next meeting after the Medical Direction committee members have time to review and evaluate.

Medication/Narcotic SOG review –The committee members reviewed the Medication Narcotic SOG and at this time are not recommending any changes to the document. Once the Board of Pharmacy makes a decision on the one for one exchange the group will review the document and recommend changes.

One for One Exchange – There will be a Board of Pharmacy meeting June 17th, 2015 at 10:00 am at the City of Fairfax Fire Station 403, 4081 University Drive, Fairfax, Virginia to discuss impending changes to Virginia Board of Pharmacy Regulations regarding one for one drug exchange between Northern Virginia hospitals and EMS Agencies.

Proposed regulatory changes permitting one for one exchange have progressed through the Governor’s office and will be published in the Virginia Register on June 1, with a public comment period lasting until July 1. The regulation changes contain requirements for pharmacies to develop drug exchange policies.

Standardization of med-box – As we move forward with new med-boxes in the system the goal is to establish a standard layout for the medications. MWHC would like to add a safety seal to the interior of the box. The proposal is to secure the middle and bottom tray with a seal. The frequently used medications would be on the top tray. This would save time in the restocking process, if the interior seal was not broken staff would only inventory and replace items from the top tray. Tray display below:



As a reminder announcements need to be made about the change in the med-box seal that goes into effect July 1, 2015 as it will have to be cut and can no longer be snapped off. Since everyone did not have the availability to see the box, Carolyn will email out to facilities for review.

Current Med-box layout:

Rappahanock EMS Medication Box					
Box		Expires (≥ 60 days)		Tech Lock	RPh & Date
	Qty	Medication	Expires	Add	
Top Tray	1	Atropine 1 mg/10 mL Syr			
	5	Epinephrine 1 mg/10 mL Syr			
	1	Dextrose 2.5 gm/10 mL Ped Syr			
	1	Glucagon 1 mg inj with diluent			
	1	Ipratropium 2.5 mL NEB			
	4	Albuterol 2.5 mg/3 mL NEB			
	1	Nitroglycerin 0.4 mg SL tab Btl			
	1	Ondansetron 4 mg/2ml vial			
	3	Prednisone 20 mg tab			
	4	Aspirin 81 mg Chew Tabs			
	1	Naloxone 2mg/2ml Syr			
	2	Etomidate 20mg/10 mL Vial			
	2	Diphenhydramine 50 mg/mL Inj			
	2	Epinephrine 1 mg/1 mL Inj			
	1	Methylprednisol 125 mg/2 mL Inj			
	Bottom Box	5	Adenosine 6 mg/2 mL Inj		
1		Diltiazem 100 mg ADV Vial			
2		Vasopressin 20 unit/1 mL Inj	N/A	N/A	
1		Epinephrine 1 mg/ml 30 mL Inj			
1		Amiodarone 900 mg/18 mL (protect from light)			
1		Magnesium Sulf 5 gm/10 mL Inj			
3		Lidocaine 100 mg/5 mL Syr			
1		Calcium Chl 1 gm/10 mL Syr			
2		Dextrose 50% 25 gm/50 mL Syr			
1		Furosemide 100mg/10 mL Syr			
1		Dopamine RTU 400 mg/250 mL			
1		Sodium Bicarbonate 50 mEq/50 mL			
1		Lidocaine RTU 2 gm/500 mL			
1		Syringe Luer-Lok tip 1-mL			
2		Syringe 3-mL			
1		Syringe 5-mL, & Syringe 30-mL			
3		Carpule holders & Filter Straws			
4	Mini epine drip pin	B/O	B/O		
4	2-21g and 2-25g safety glide				
1	Mucosal Atomization Device				

Restocking Agreement- Update on One for One medication exchange- MWHC had suggestions for some language changes to the document. Discussion took place and the committee referred to the Protocol committee Amiodarone 1 – 900mg/18ml vial, Zofran in med-box and 1 in Narc bag IV instead of ODT and change Naloxone to 1 2mg/2ml prefilled syringe. Recommendation to remove Etomidate from the med-box and acudose. Only provide and make available in the pharmacy issued RSI kit. Hospital representatives want to attend the Regional Medical Direction committee to request review of Benzodiazepam and the protocol and reduce quantity from three to one. The Regional Medical Direction committee meets on July 20th at the REMS Council Office at 5:30 pm.

Med-Box Replacement report-Joey reported that Colonial Beach and Caroline county are willing to purchase new med-boxes to replace the current med-boxes on their apparatus. Colonial Beach has already purchased the med-boxes. The agencies will bring the current med-box to the pharmacy to be replaced with the new one. Tina Skinner requested that the agency contact her to schedule the box replacement. We are still waiting to hear from King George, Quantico and Fort A. P. Hill.

Adjournment

Meeting adjourned at 3:30 pm.

Next Meeting

The next meeting is scheduled on Thursday, August 6, 2015 at **2:00 pm** Rappahanock EMS Council Office, Classroom A.