



EMS COUNCIL INC.

**Rappahannock EMS Council  
Pharmacy Committee  
Thursday, September 7, 2017, @ 2:00  
REMS Council Office – Classroom A**

**Committee Members**

Joey King –Chair  
Kirk Frey –SRMC  
Erin Cox – Stafford Pharmacy  
Christina Skinner- Alternate MWHC  
Lori Knowles-Stafford Rep.  
Wayne Perry –REMS Executive Director  
Thao Nguyen – MWHC Pharmacy  
David Farmer- SRMC EMS Liaison

Carolyn Marsh –REMS Staff Support  
John Coggins – MWHC Pharmacy  
Chris Noguera- Alternate Culpeper RH  
Dennis Smith- Culpeper Pharmacy  
Gary Garrett – FREMS Rep.  
Gary Matthews – Fauquier Pharmacy Director  
Virginia West – Director Pharmacy Culpeper RH

**Agenda**

Approval of the March 2017 minutes. There were no June minutes as there was no quorum for the meeting.

**Old Business**

**Regional Medication Storages** – any additions or deletions.

**Narcan** – Update on protocol for increase of supply.

**Reassessing Supplies in the Regional Med Box-** MWHC had previously requested that the Committee consider removing supplies such as needles, syringes, mucosal devices, etc. from the boxes. In the past there have been regional device recalls that affected the Drug Kits and with these devices being made available at the area hospitals through Materials Management stocking, it was felt they should be removed as recalling an entire med box is costly, time and staff consuming.

Items listed in Sub Exhibit A2 under consideration for removal from med box include Mucosal Device, Syringes, Needles, Filter Straws and Mini Spikes. As recommended from the Committee, REMS conducted a poll of the EMS agencies regarding the proposal with little feedback. The input from those agencies who responded was shared, most advising it would not affect them.

Lori Knowles recommended that the Committee consider proposing to EMS agencies to carry a separate pouch/kit on their own to store the needles, syringes, etc. for easy access and restocking as needed. Would like to see 30 days' notice given to EMS agencies prior to removal from med boxes. If approved would suggest the devices be removed as used med kits are returned to the Pharmacies. Will seek to vote on at next meeting.

**CSR Update** — CSR's renewed on February 28, 2017. It is REMS understanding that REVA does not have a current CSR. Carolyn spoke with Dennis at Culpeper in April and he does not have a copy of the agency's CSR on file. Joey King will contact agency representative and provide an update. Lori Knowles spoke to lengthy time it took for her agency to receive their current CSR and may be a factor for others.

**Medication Accountability & Control SOG** – REMS Board endorsed the SOG with changes presented by Committee. Joey asked that he and Tina work on suggested added language to cover STAT Kits and medication checklist for next meeting.

**Restocking Agreement Update** - There are still agencies that have not signed the agreements and REMS continues to work with pending agencies. Still waiting to receive SRMC signed copy back after corrections were made, have not received to date.

Addition item the Regional Directors group is recommending that language be added to the restocking agreements regarding turning sharps container into the facilities.

**ALS Stat Kit Use** - No issues to report.

**Ancef** – The addition of Ancef to the Regional Med Box and Protocols was discussed at the last meeting and postponed further discussion or input to REMS until June 1st meeting so all hospital pharmacies would have time to review through internal processes. Committee requested in March that information to be reviewed by Medical Direction be sent to Hospital Pharmacies for their review and future input as to whether would support the new drug in kits. Since that meeting, this item went before the Guidelines and Training Committee with no action. It was then presented to the Medical Direction Committee. Dr. White took it back to Dr. Johnson to see how he would like to proceed. He had suggested that there was evidence to support early administration for any open fracture with significant benefit. Following that review, the Medical Direction Committee approved adding 2 grams of Ancef to the protocols and medication list. MWHC shared that they never received any supporting documents or information from REMS as Committee requested to engage Medical Direction before their vote. In doing their own research and reaching out to MWH Trauma Services this past week, evidence found does not support benefit for field EMS use of Ancef and the field risk associated is significant. An article from this research EPI -was shared with REMS and the chair of the Pharmacy Committee prior to the meeting. Thao asked to share that information with Medical Direction.

**EPI** -The Committee asked that the removal of the epinephrine 1mg/ml 30ml vials be put on the next meeting agenda for discussion

### **New Business**

#### **Pharmacy Reports –**

**The following information is being distributed to all REMS committees based on the new language in state contract:**

Using technology to provide accurate and timely communication within the Virginia EMS system (1.1.1)

Promote collaborative activities between local government, EMS agencies, hospitals, and increase recruitment and retention of certified EMS providers (1.1.2)

Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the OEMS, state agencies, and EMS system stakeholders in Virginia (1.1.3)

Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system (3.2.1)

Standardize performance and outcome-based service contracts with EMS Councils, and other qualified entities (3.5.1)

Research and disseminate information on best practice as it relates to community risk reduction programs targeted toward improving population health (4.3.4)

**Abbojet** – FDA extension of expiration dates.

**EPT** – In the future work distributors would be prohibited from listing the medication RATIO for Epinephrine on labels, in favor of the dose-per-volume labeling that is common to all other medications.

**Sharpes Containers** – Language needs to be added to the Restocking Agreement that agencies can turn in Sharpes container that are full.

**Protocol Committee Items** – the committee received request from the EMS community to look for non-narcotic pain management. Items suggested were cold therapy and Tylenol. Dr. White is amenable to either but would like the pharmacy committee to review the cost impact of adding some liquid Tylenol. This has not gone before the Medical Direction Committee.

- **Narcan**- they agreed to adding 10 ml's of Narcan I the med-boxes.
- **Ancef**- Protocol Committee needs approval from Pharmacy Committee in order to move forward. They need to know if the hospitals can or will stock in the med-boxes. Once the committee approves it will go back to the ProtocolCommittee for a protocol to be added.

**Next meeting will be on Thursday, December 7, 2017, at 2:00 pm at the EMS Council office, classroom A**

**Rappahannock EMS Council  
Pharmacy Committee  
Thursday, December 1, 2016  
REMS Council Office – Classroom A**

**Members Present**

John Marshall – Alternate SRMC  
Christina Skinner – Alternate MWHC  
Thao Nguyen – Alternate MWHC  
John Coggins – MWH Pharmacy

**Staff Support**

Carolyn Marsh – REMS Staff  
Wayne Perry – REMS Staff

**Members Excused**

Joey King - Chair  
Kirk Frey – SRMC Pharmacy  
Erin Cox – Stafford Pharmacy  
Chris Noguera- CRH  
Dennis Smith- Alternate CRH

**Call to Order**

The meeting was called to order at 2:15 p.m. John Marshall presided as Chair over the meeting in the excused absence of Joey King.

**Approval of Minutes**

The minutes of September 1, 2016 were approved with one change under New Business, 5. Regional Narcotic Kit – “Mary Washington Healthcare would like to support a move towards a narcotic kit divided container...” Motion by Thao Nguyen, seconded by John Coggins and carried.

**Old Business**

1. **REMS Standard Operating Guidelines Medication Accountability & Control** – Per the September meeting, document was made available on GoogleDoc for member’s annual review and recommended changes. All changes received have been made to the document and sent out to the committee. Committee members present discussed additional changes as follows:

Attachment B - Change Epinephrine quantity to a total of 8. Remove the duplicate Dopamine. Remove Amidate. Remove Saline. Correct spelling of prednisone and ketorolac.

Section D.5 Exchange – Change to read as follows: Medications shall be exchanged a maximum of 30 days prior to expirations. EMS shall make every effort to ensure medications and drug kits do not expire while in their control and storage. If pharmacy issued kits are returned past the documented expiration date, the EMS agency may be charged a fee for the replacement of the expired drugs.

Section E.9 Security – Change to read as follows: Any time that the medication/narcotic container is removed from storage on the agency vehicle, it shall be maintained and stored in accordance with Pharmacy Board Regulations. When an agency vehicle goes temporarily out of service the medication/narcotic containers shall only be stored off the vehicle in a secure location on the premises of the agency’s location of business for a period not to exceed 30 days. Beyond 30 days, the medication/narcotic containers shall be returned directly to the issuing pharmacy with appropriate record.

Final changes will be shared with the entire committee and forwarded to the REMS Board as an action item at their December Board meeting.

2. **Sodium Bicarb** – All regional hospital pharmacies have been notified of the correction to add 2 Sodium Bicarbs to the regional med box and are in place.

3. **Stat Kits** – MWH reported seeing an increase in the Regional Stat Kit usage. Committee would like to look at data on whether the full medication box usage by ALS providers has decreased. It was reported that some of the Med Exchange Forms have not been completed correctly with Stat Kit exchange. Pharmacies will continue to educate staff and EMS on proper use of form.
4. **New Medications / Protocols** – REMS Protocol Committee recommending addition of Toradol to new protocols for pain management and use of D10 250ml bags with volumetric dosing since abbojects are often on shortage. Hospital Pharmacies and Committee agree and will support once approved by the Regional Medical Direction Committee and REMS Board of Directors.
5. **Medication Shortage** – Mucosal Atomization Devices remain on national shortage following the recent recall announced. Hospital Pharmacies have none in stock and are unable to replace those being pulled from the recall. Recommended that REMS share regional notification to agencies on shortage and use of alternate medication administration routes available under protocols. In the meantime, the pharmacies present agreed to initial off on the medication list next to the MAD if checked and good. The item will be marked off the list on the med box if removed as part of the recall with none available to replace. This will assist EMS in knowing when they may use the device when encountered in the med box.
6. **Regional Med Box Inventory** – The regional inventory was conducted on November 15, 2016 with all agencies and participating hospitals reporting. The data showed a total of 153 medication boxes being maintained through SRMC, MWH, LHED and Stafford Hospitals. There were several duplicate box numbers reported which will be examined. Carolyn reminded hospitals of current numbering system: CRH – 1,000s, SRMC – 2,000s, MWHC – 3,000s. The 5,000 series of numbers reported are part of the old med box numbering system and it is recommended that as any of those are replaced with the new Flambeau 1872 box, the new numbering system should be used. 40 boxes remain to be replaced based on the inventory. The pharmacies present agreed to pursue dividing the remaining boxes needed for purchase among MWH, SH and SRMC. With only 26% of regional boxes to be replaced, proud of the efforts made to date to complete the project by year end and remain in compliance with the Board of Pharmacy.
7. **EPI Pen Update** – No report as Joey King excused from meeting. Wayne Perry shared they did bring this up for discussion at the State Medical Direction Committee and they were okay with IM injection by the EMT-B with use of auto injector or some type of prefilled medication. They were not in favor of EMT-Basics having to use med math or dosing for the administration of Epi in the field.
8. **Restocking Agreements** – REMS has received a signed Regional Ambulance Restocking Agreement from MWHC and Culpeper facilities. SRMC has presented minor recommended changes to their document which are under review by REMS and the Board. Carolyn reported there are a lot of agencies that have not returned the agency signature page indicating they will participate in the restocking agreement. The documents have been mailed, emailed and phone calls made for follow up. She will make one more attempt and then share the list of non-compliant agencies with the area hospitals for further action.  
  
Wayne Perry suggested that the hospital pharmacies submit to REMS a list of what is required to be on file such as the CSRs, Restocking Agreement, etc. This official notification will assist them as they coordinate with the EMS agencies and help when needed to be escalated to the State or other level when no compliance.
9. **CSR** – Carolyn reported there are still a few agencies that are non-compliant.

**New Business**

1. **Reassessing Supplies in the Medication Box-** Thao recommended with recent device recalls, the committee consider looking at whether needles and other devices that are currently maintained in the medication kits should be removed. At MWHC all of the needles and syringes are available to EMS in the Par Excellence system. Materials Management would need to consider addition of the MADs, filter straws and mini-spikes into the Par Excellence. Both BLS and ALS providers have access to this exchange system. It was noted we also no longer need to provide carbujet holders. Thao also shared in her review, medications which are currently most often used that require a needle or device are in the Narcotic Kit which historically has not housed needles and devices with no issue. A majority of the medications in the regional med boxes are prefilled, inhaled, etc. Jake shared that SRMC would have to add a significant amount to their current EMS supply exchange system but would consider. He had a concern with how the change could affect a provider if the crew did not restock the unit appropriately and recommended that if implemented REMS and the hospitals would need to give a lengthy announcement period and include stickers on medication boxes noting the change. Pharmacies to consider and discuss further at next meeting.
2. **Non-EMS Use of Narcan –** Wayne Perry shared the REMS Council has been made aware of a potential issue with EMS agencies providing pharmacy issued narcan to Police Department personnel as an exchange when transporting a patient they have first responded and treated. Area Pharmacies also shared that several area Police Departments have requested the ability to exchange narcan through the EMS exchange program at the hospitals. Upon regulatory review the hospitals have shared with those agencies that they are unable to restock with them as the current agreement and system is for licensed EMS agencies. New Pharmacy Board Regulations have been put in place to allow Fire Departments (non-EMS licensed) or Police Departments to purchase and house narcan will need a warehouse permit or CSR. They will need the appropriate training program in place for its use. Motion was made by Thao Nguyen, seconded by John Coggins and carried for REMS to send out a regional memo to the EMS agencies reminding them of current regulations and discussion on the matter.
3. **Opioid Addiction Crisis Declared a Public Health Emergency in Virginia –** Discussed and shared information.

The meeting concluded at 4:15 p.m. Next committee meeting will be March 2, 2017 at 2:00 pm at the REMS Council Office, Classroom A.



# Rappahannock Emergency Medical Services Council, Inc.

*Serving Caroline, Colonial Beach, Culpeper, Fauquier, Fredericksburg,  
King George, Orange, Rappahannock, Spotsylvania, and Stafford*

## MEMORANDUM

**TO:** All EMS Agencies  
**FROM:** Carolyn Marsh  
**DATE:** June 12, 2017  
**SUBJECT:** Medication Shortages

These shortages are in effect for all **MWHC** and **SRMC** facilities base on their ability to order under the national drug shortages and back orders by the manufacturers. Please distribute the list to all ALS providers. Your providers may see these drugs as previously distributed in the medication boxes currently in the field or the Med Acudose until stock is depleted or expires.

<b>Medication Shortage</b>	<b>Approved Alternative Provided</b>	<b>Effective Date</b>
Atropine 1mg/10ml injectable	On shortage. Will not be able to replace them in the Med Box or Acudose. Current stock will remain until depleted. No obvious replacement medication, providers should move to TCP as necessary.	06/01/17
Diltiazem	On shortage. Will not be able to replace them in the Med Box or Acudose. Current stock will remain until depleted. The direction is to substitute Metoprolol as the alternative medication.	04/27/17
Calcium Chloride	On shortage. Will not be able to replace them in the Med Box or Acudose. Shipment is on back order. Will be unable to replace in used Med Kits and will see depleted in EMS Med Acudose during the shortage. The direction is to substitute Calcium Gluconate as the alternative medication. ➤ Dosage would be the same as Calcium Chloride, but the indications would be limited to adult patients in cardiac arrest with known or highly suspected hyperkalemia.	04/12/17
Sodium Bicarb	On shortage. No longer available to stock EMS Med Box or Med Acudose.	02/28/17
<b>Medication Change</b>	<b>Approved Alternative Provided</b>	<b>Effective Date</b>
Amiodarone 900mg/18ml vial	Temporarily stock of 6 vials of 15006/05/17g/3ml in one labeled bag for each kit as 900mg vial unavailable.	06/05/17
Epinephrine 1:10,000 Abbojects	Epinephrine 1:10,000 Kits containing 1mg ampule of Epinephrine; 10 ml vial of Normal Saline; Filter straw and 10cc syringe will be provided as abbojects unavailable	06/01/17

**Rappahannock EMS Council  
Regional Pharmacy Committee  
January 4, 2018  
2:00 p.m.  
REMS Council Training Center**

**MEMBERS PRESENT:**      Joey King, Chairman  
    Culpeper Hospital: Chris Cook  
    SRMC: David Farmer  
    Lori Knowles, Stafford Fire & Rescue

REMS: Wayne Perry, Staff Support  
 MWHC: Thao Nguyen, Christina Rauch  
 Stafford Hospital: Erin Cox

AGENDA TOPIC	DISCUSSION	ACTION
<b>Approval of Minutes</b>	<p><i>Motion was made by Lori Knowles, seconded by David Farmer and carried to approve the minutes of March 2, 2017, June 1, 2017 and September 7, 2017 as presented.</i></p> <p>Future minutes will include a new format to highlight action items from the meetings to keep business moving forward.</p>	
<b>Committee Members</b>	<p>Committee Chair reports making phone calls to all current members with regards to active participation. Several members are no longer attending or serving in their previous roles. Working with REMS Director and President on committee membership make up to ensure a regular quorum as well as looking to start the meetings on time and keep business to one and a half hours.</p>	<p><b>Committee Chair and Director to review current membership changes and additions with REMS President</b></p>
<b>Committee Charter</b>	<p>The committee reviewed the current charter with changes made for 2018 – 2020.</p> <p>Membership Section: Add language to define membership, a quorum and voting to include: 5 Hospital/Pharmacy Representatives (for each participating area hospital), 5 Pre-Hospital Providers from region, 1 member of the REMS Protocol Committee, for a total of 11 members recommended. 5 voting members present would constitute a quorum and voting decisions would be based on the majority of the voting members present.</p> <p>Goals/Expected Outcomes Section: Remove one for one exchange program, STAT kits and Regional Drug Boxes replaced as those projects are complete. Add goals of standardizing regional drug box layout for all participating hospitals, better tracking and inventory of regional med kits, recruitment of new pre-hospital providers for membership, and monitor new regulations on Drug Control Act.</p> <p>Meeting Schedule Section: Update 2018 – 2020 proposed meeting dates as 1<sup>st</sup> Thursday of first month of each quarter from 2:00 p.m. to 3:30 p.m.</p> <p><i>Motion made by Lori Knowles, seconded by David Farmer and carried to approve the charter changes as discussed.</i></p>	<p><b>Council Staff to update and distribute 2018 – 2020 REMS Pharmacy Committee Charter</b></p>
<b>Old Business</b>	<p><b>Narcan 10 mg</b> – Committee previously agreed to provide increase in current amount of Narcan with 6mg in Regional Drug Box and 4mg in STAT Kit. Requested approved protocol changes for Narcan be sent to all Pharmacies as required to be on file by BOP. Changes will be made as kits come in for restocking beginning February 1, 2018.</p>	<p><b>Regional “Go Live” for increase in Narcan February 1, 2018.</b></p>



**Rappahannock EMS Council  
Regional Pharmacy Committee  
January 4, 2018  
2:00 p.m.  
REMS Council Training Center**

AGENDA TOPIC	DISCUSSION	ACTION
<b>Old Business</b>	<p><b>Removal of Supplies in Regional Drug Box</b> – Consensus of committee following past agency poll and discussion was to remove the supplies from the drug box and make available through other EMS dispensing at hospitals. One of the primary concerns has been the impact of a recall for such supplies (recent example: mucosal device) resulting in all regional boxes needing to be turned in, reviewed and restocked by Pharmacies. Committee had previously requested the REMS Council office to send out a notice on the change giving EMS agencies up to 30 days notice for preparation. <i>Motion made by Lori Knowles, seconded by David Farmer and carried to begin removal of supplies from drug boxes effective February 1, 2018.</i></p> <p><b>Removal of EPI 30ml Vial</b> – Consensus of committee following past discussions was to remove this medication as rarely used by EMS in the field, currently on national shortage and other epinephrine provided in kit to meet protocols. Discussion ensued regarding EMS recent use of the 30ml vial in lieu of the Epi Kits being prepared during abboject shortages. Pharmacies present did not feel this was a consideration or appropriate for continued use long term as wastes a lot of the medication and expensive. Agreed in future when there is an Epi abboject shortage hospital pharmacies would first consider stocking Epi 30ml vial if available and if not prepare Epi Kits.</p> <p>Wayne shared that Epi Push Pressure is being discussed through Protocol Committee and Medical Direction and may see recommended in future protocol changes.</p> <p><b>Ancef</b> – Consensus of committee following past review and discussions was not to provide Ancef in regional drug box. MWH, SH, SRMC all advised their pharmacies would not stock. Culpeper hospital advised no as well but would like to research more. Lori Knowles also was not in favor. Research previously provided to members and OMD Committee included high risk in field use if patient allergies not known, cost factor and in general not a medication for immediate life threat. Members expressed concern with respect to how the council committees should work together and use the professional knowledge and expertise of each when considering changes that affect the regional med box or protocols. <i>Motion made by Lori Knowles, seconded by David Farmer and carried to send a letter from hospital pharmacists to Regional Medical Director on risks and input for non-support of providing Ancef in the medication boxes.</i></p> <p><b>IV Tylenol</b> – Past input from committee on high cost and restricted use within hospitals presented to REMS OMD Committee with no changes to be made to protocol. Continue to recommend use of non-narcotic options currently available in regional med box.</p> <p>Committee recommended that a check list or flow chart be developed by REMS for multi-committee use on process for handling future requests as additions or changes to protocols and medication kits.</p>	<p>Removal of needles, syringes, mucosal device supplies from medication box effective <b>February 1, 2018</b>. Hospitals to ensure these supplies are available through other supply exchange systems for EMS. REMS to send out regional notice.</p> <p>Effective immediately hospital pharmacies will no longer stock the Epi 30ml vial. REMS to update med list under Restocking Agreement and announce to EMS agencies.</p> <p>Letter to RMD from Hospital Pharmacies on non-support of Ancef.</p>

**Rappahannock EMS Council  
Regional Pharmacy Committee  
January 4, 2018  
2:00 p.m.  
REMS Council Training Center**

AGENDA TOPIC	DISCUSSION	ACTION
	<p><b>National Drug Shortages</b> – No new shortages were announced. Committee discussed procedure for sharing drug shortages with REMS and area hospitals. Agreed to send an alert to the Council office who will then share with other REMS area hospitals. When the shortage is region wide REMS will work with Regional Medical Director on affected protocols and send out notification to EMS via memo, website, etc. If not a regional issue notice should come from affected hospital.</p> <p>Committee discussed methods for alerting EMS providers to changes or shortages in the med boxes to include highlighting changes on the box contents list for visual alert, use of stickers as well as posting in EMS rooms, etc.</p>	
<b>New Business</b>	<p><b>Regional Med Box Inventory &amp; Control</b> – Committee opened discussions on initiative to develop a more sound med box inventory and tracking system for the REMS region. Discussed the ODEMSA system which was previously looked at to include a software program they developed which is used by all the area hospitals for tracking. A grant for such software would need to be investigated. May consider for Germanna/UMW Service Project and reaching out to their IT Programs or Departments. Better tracking will be very important during recalls, reported missing kits, and tracking of upcoming expired kits. Also consider request of REMS agencies to submit an electronic based monthly inventory report that the hospitals and council can monitor on line. More discussion needed as a new goal under charter. Will place under Old Business for future meetings and further discussion.</p> <p><b>Protective Health Services &amp; DEA Control Upcoming Changes</b> – Wayne shared Congress approved amendments to the Drug Control Act which may affect EMS drug exchange in the future. The amendments now allow the DEA to rewrite their policies stating that the person/entity using the drugs is responsible and as such pharmacy issued EMS drugs kits may go away, with the EMS agency being required to purchase, house and restock their own kits under Medical Director. Unclear how the Board of Pharmacy will react to the latest amendments but will continue to follow. Should DEA and Virginia Pharmacy laws be changed will be a lengthy regulatory process that could last 1 to 2 years.</p>	<p>Place as agenda item for further discussion and action plan.</p>
<b>Adjourn</b>	The meeting adjourned at 3:40 p.m. The next regular meeting will be held on Thursday, April 5 <sup>th</sup> , 2:00 p.m. at the REMS Council Training Center.	

Minutes submitted by Christina Rauch, Committee Secretary  
1/16/2018

**Rappahannock EMS Council  
Regional Pharmacy Committee  
April 5, 2018  
2:00 p.m.  
REMS Council Training Center**

**MEMBERS PRESENT:** Joey King, Chairman  
Culpeper Hospital: Chris Noguera  
Stafford Hospital: Erin Cox  
Susan Dietrich

REMS: Wayne Perry, Staff Support  
MWH: John Coggins  
Christina Rauch, MWHC Alternate  
John Weedon, Stafford County Fire & Rescue

AGENDA TOPIC	DISCUSSION	ACTION
<b>Approval of Minutes</b>	The minutes of the January 4, 2018 meeting were approved as presented.	
<b>Committee Members</b>	Committee Chair reports working with Executive Director and President to update committee membership and roster. Still working on this action item.	Committee Chair and Director to review current membership changes and additions with REMS President.
<b>Committee Charter</b>	Reminder of Pharmacy Meeting Schedule Update 2018 – 2020 with meeting dates as 1 <sup>st</sup> Thursday of first month of each quarter from 2:00 p.m. to 3:30 p.m.  Committee Secretary will send out updated Charter from last meeting through REMS.	
<b>Old Business</b>	<b>Regional Med Box Changes Update:</b> Hospital Pharmacies present reported on meeting regional med box changes which were to go live in February 2018 to include: increase of Narcan to 10mg (6mg in med box and 4mg in STAT Kit per unit), removal of needles and supplies from med box (making available through general restock), and removal of Epi 30ml vials. Joey King will follow up with Spotsylvania Regional Medical Center as not present to make certain they have implemented the regional med box changes as well.  <b>Regional Medication Shortages:</b> MWHC reported most recent shortage announced was Ketamine and Dopamine pre-mix 250ml bags. Requested update on any alternative drugs being considered by Regional Medical Director. Committee discussed looking at options now as will be seeing more shortages from our Narcotics Kit with Pfizer national shortages beginning to affect other regions.	Committee Chair to contact SRMC to verify met deadline for regional drug box changes.  Committee requesting input from Regional Medical Director on Ketamine shortage and potential of other upcoming Narcotics.

**Rappahannock EMS Council  
Regional Pharmacy Committee  
April 5, 2018  
2:00 p.m.  
REMS Council Training Center**

AGENDA TOPIC	DISCUSSION	ACTION
	<p><b>Ancef</b> – Past consensus of committee following review and discussions was not to provide Ancef in regional drug box. MWH, SH, SRMC all advised their pharmacies would not stock. Research previously provided to members and OMD Committee included high risk in field use if patient allergies not known, cost factor and in general not a medication for immediate life threat. Action item from January 2018 meeting to send a letter from hospital pharmacists to Regional Medical Director on risks and input for non-support of providing Ancef in the regional medication boxes. Erin Cox will take lead on drafting letter on behalf of committee and forward to REMS for RMD.</p> <p><b>Regional Med Box Inventory &amp; Control</b> – Committee began discussions on initiative to develop an improved med box inventory and tracking system for the REMS region. Previously discussed the ODEMSA system which includes a software program they developed as used by all the area hospitals for tracking. A grant for such software would need to be investigated as well as other financial options. In the meantime, the Committee agreed to create a shared report through REMS and monitor initially. Recommended a simple Excel spreadsheet that EMS agencies could send monthly report on and Wayne advised he and the staff would input the data for the Committee’s review. Joey King and Tina Rauch agreed to develop a template and share with Wayne before next meeting.</p>	<p>Erin Cox will take lead to draft letter to RMD on committee and pharmacy non-support of Ancef. Deadline to REMS May 1, 2018.</p> <p>Joey King and Tina Rauch to develop draft Excel Spreadsheet for Monthly Med Box Inventory Tracking.</p>
<b>New Business</b>	<p><b>EMS Agency CSRs</b> – Regional Pharmacies are still in need of record of current agency CSRs. Despite the efforts of REMS Council and announcing at last Board of Directors meetings, very few agencies have submitted. Wayne will address again at next meeting. Hospitals may have to determine impact on those agencies who do not comply.</p> <p><b>Regional EMS Med Exchange Form</b> – MWHC recently reviewed their EMS medication exchange process and would like to make a few additions to the Regional Med Exchange form. This would include adding an “old and new med box number” section for med box and stat kits, as currently this is only documented for Narcotic Kits. Would also like to add a signature line and time notation for RNs who assist EMS with an exchange of regular med box or stat kit. Tina Rauch will send a draft update of the form to REMS for the committee to review and approve by email.</p> <p><b>Protective Health Services &amp; DEA Control Upcoming Changes</b> – Wayne shared Congress approved amendments to the Drug Control Act which may affect EMS drug exchange in the future. The amendments now allow the DEA to rewrite their policies stating that the person/entity using the drugs is responsible and as such pharmacy issued EMS drugs kits may go away, with the EMS agency being required to purchase, house and restock their own kits under Medical Director. DEA currently has 2 years for rule writing and expected draft of new regulations. Reportedly Virginia is only 1 of 3 states still providing pharmacy issued EMS med kits. Dr. Lindbeck, State OMD currently working on initiative to look at future of how Virginia will handle this.</p>	<p>Tina Rauch to develop draft changes of Regional Medication Exchange Form and send out to Committee for review and approval by email through REMS.</p>

**Rappahannock EMS Council**  
**Regional Pharmacy Committee**  
**April 5, 2018**  
**2:00 p.m.**  
**REMS Council Training Center**

AGENDA TOPIC	DISCUSSION	ACTION
	Wayne Perry also reported that the State Medical Direction Committee has amended the Virginia Scope of Practice for EMT-Basic providers to include administration of medications in dose limiting devices. No med math is required for the basic level provider. This change will involve needed training on using dose limiting devices and med administration for those drugs approved for EMT Basic level. The REMS Board of Directors have approved changes to the current protocols in line with this state amendment. Wayne reported the Council will not be seeking area hospital pharmacies to provide the dose limiting devices for the Regional Drug Box.	
<b>Adjourn</b>	The meeting adjourned at 3:20 p.m. The next regular meeting will be held on Thursday, July 5 <sup>th</sup> , 2:00 p.m. at the REMS Council Training Center.	

Minutes submitted by Christina Rauch, Committee Secretary  
4/10/2018