

WESTMORELAND EMS- CSR TUTORIAL



OBJECTIVES

- Pharmacy requirements
- Infrastructure requirements
- Storage requirements
- Alarm systems
- Dispensing systems
- Paperwork requirements

BACKGROUND

- Westmoreland EMS began the exploration of CSR attainment in 2020, before the COVID-19 pandemic, in response to anticipated changes in pharmaceutical regulation.
- Significant time and planning were invested in developing infrastructure/policy for the alterations.
- Westmoreland EMS is committed to information sharing to aid other localities in successfully attaining a CSR by providing specific examples. Please note that each agency may be different due to its unique structure.
- Note: the intent of this presentation is for informational purposes only. Before moving forward, please vet all specifics related to individual localities' pharmacy infrastructure directly to the Board of Pharmacy.

CSR SPECIFICS

- Identification of who is in charge or “Responsible Party”- Level to which the agency wishes to practice. For example, a paramedic’s scope encompasses an array of pre-hospital medications, whereas an EMT’s scope is more restricted.
- Supervising practitioner- a licensed physician who oversees the pharmacy. The agency OMD would most often fill this role.
- Other responsible parties- individuals other than the “responsible party” that have access to medications.

INFRASTRUCTURE REQUIREMENTS



PHARMACY SELECTION (HOUSING)

- Westmoreland EMS chose this location due to the following: central location, direct access to accept shipments of medications, and available IT resources for monitoring/security.
- Single access point- one means of ingress/egress.
- Large enough to incorporate future expansion.
- Housed within a structure with multiple security points other than those required by Board of Pharmacy requirements.

MONITORING SYSTEMS-CAMERAS

- Two cameras were placed- one outside the pharmacy door and one inside the pharmacy itself.
- Entry into the pharmacy is captured from different vantage points.
- The placement of the camera inside the pharmacy accounted for the focus on the area where medication kits will be stocked.
- Cameras are continuously running with infrared capability. The footage is stored on a cloud-based system.
- Access to cameras is available to those listed on the CSR application.



MONITORING SYSTEMS-ALARM

- Motion detection- Contact points on the door to identify when ajar. A motion sensor is in the ceiling to prevent entry from overhead.
- Alarm requirements—The alarm system must have a primary and secondary means of communication. Examples: POTS line and cellular backup. The control panel also has a battery backup. The device must report to a third-party vendor.
- Identification of tertiary means of backup. Ex: Is the structure on a standby generator?
- Multiple vendors offer this service; the choice is left to the agency.



MEDICATION STORAGE-BASIC

- Lockable cabinet- commonly found in big box hardware stores.
- Affixed to the wall for security.
- Commonly stores: lower schedule medications.



MEDICATION STORAGE-MODERATE

- Electronic vault-power over Ethernet w/ batter backup.
- Requires an individual PIN for entry.
- Tracks openings and closings by day/date/time/pin entered.
- It can also be utilized with RFID cards.
- Used for Schedule II medications.



MEDICATION STORAGE-ADVANCED

- Commonly found in hospital pharmacies.
- Requires multi-step authentication.
- It can be cost-prohibitive based on budget allocations for the project.
- Considered “top tier” due to the accuracy of inventory.
- Used for Schedule II medications.



EXPIRED MEDICATIONS

- Required to store separately from available medications to be cycled into the field.
- Many options are available, from basic to advanced.
- Contractual agreements are required for reverse distributors: an entity that disposes of medications that have expired—available listing of approved vendors on the DEA website.



MEDICATION KITS

- Medication boxes are modeled after kits currently in use to minimize familiarization training.
- Two different boxes: General use and Narcotic (Schedule II).
- Boxes are affordable and readily available by nationally renowned suppliers.



POLICIES/PROCEDURES



APPROVED DRUG LIST

- The Board of Pharmacy requires a master medication list.
- Any medication that is desired to be utilized must be listed.
- The master list must have the approval of the supervising practitioner.
- Prudent to prepare for the current and future needs of the organization.

TRAINING PROGRAM

- An approved training program has to be developed for authorized users of the pharmacy. Training includes: proper manner of documentation, storage, stocking/restocking, waste, etc.
- A training program for the department is essential so end users know the processes for documentation and physical exchanges of medication kits.

INTAKE

- Medications are received at the central pharmacy.
- Two-person verification is required (internal) of all incoming medications. Items will be compared to the packing/shipment inventory.
- Each lot number will be recorded, and a vial number will be assigned. This is due to the tracking from intake to use/disposal.
- An inventory will be taken upon receipt from the vendor and added to a central inventory.

MEDICATION KIT STOCKING

- Two-person stocking procedure (internal).
- Medication kits will contain a log of all medications, lot numbers, vial numbers, etc.
- Medication from the central pharmacy will be recorded as distributed on the master log and listed on the medication kit inventory sheet within the drug box.
- All kits will be sealed with medical grade seals, initialed, and dated by those stocking.
- All medication kits will contain an exterior card containing the expiration date of the first expiring drug.

FIELD USE REQUIREMENTS

- Each ambulance will contain a different color seal (red) that is labeled numerically.
- Upon administering a medication, the provider completes the medication administration card in each stocked kit, obtains all necessary signatures, places all paperwork inside the box, and seals the kit with the appropriate seal.

EXCHANGE PROCESS

- During normal business hours (M-F 0800-1700), the ambulances can exchange boxes at the central pharmacy at EMS administration.
- After-hours exchanges can transpire with the EMS supervisor or logistics officer.
- All boxes are immediately returned to the central pharmacy secondary to use.
- To handle multiple calls for service and limit time out of service, each ambulance will be stocked with (2) general medication kits and (2) narcotics kits.

MEDICATION KIT RETURN TO PHARMACY

- Two-person re-stock process.
- The medication administration kit is evaluated for the specific medication used as well as lot/vial numbers.
- The medications used are inventoried on the master logs with the corresponding incident number and provider administration. This process ensures intake-to-use or “cradle-to-grave” requirements.
- The same process is utilized as the initial stocking process (see intake slide).

FORMS/QUESTIONS

- All forms utilized by Westmoreland EMS are available upon request. Please contact ems@Westmoreland-county.org
- Site visits are available upon request: Please contact the above listed email for scheduling.