Northern Virginia Emergency Medical Services Council
Meeting Minutes

EMS/Pharmacy Committee
Tuesday, February 26, 2019
10:00 am

City of Fairfax Fire Station 403
4081 University Drive
Fairfax, Virginia 22030

Attendees: (Alphabetical Order by last name) * indicates by phone

- Gill Abernathy – Pharmacy Manager, Inova Health System
- Karen Dunavant – Director of Pharmacy, HCA StoneSprings Hospital
- Craig Evans – Executive Director, Northern Virginia EMS Council
- Brian Hricik – EMS Battalion Chief, Alexandria Fire Department
- Anne Marsh – EMS Battalion Chief, Arlington County Fire Department
- Catherine Moore* – Nurse Manager, Novant Health UVA Haymarket Medical Center
- Brian Orndoff – EMS Program Manager, City of Fairfax Fire Department
- Daniel Rinehart – Loudoun County Fire & Rescue
- Scott Weir, MD* – Operational Medical Director, Fairfax County Fire & Rescue
- Beth Wren - HCA Reston Hospital Center

Meeting Called to Order – 10:05 am

The minutes from the October 1, 2018, meeting were sent out by email for review. There were no questions, corrections or discussion. The minutes were unanimously approved.

Federal and State Updates

- Karen Dunavant from HCA StoneSprings advised that an HCA hospital in Virginia was asked for a signed copy of an EMS agency's protocols for medications dispensed during a recent inspection. There was discussion on how to handle this type of situation in our area since we have 10 EMS agencies in the region and protocols are reviewed and updated as frequently as every quarter. The consensus of the group was to state that EMS agency protocols are available upon request and submit a request to Craig at the Council via email or phone and he will obtain then and get them to you. It should not take more than a few days to receive them.

EMS Pharmacy Policy

- Brian Orndoff asked about Policy Element 5 related to "This drug and CSK exchange program also applies to community assist and helicopter assist calls where a participating EMS agency may expend pharmaceuticals on emergency calls that do not result in a patient transport by that agency" and whether any ED physician can sign off on the medication exchange or if it has to be the agency's OMD.
  - Gill Abernathy advised that any physician in the appropriate position to sign off on the drug exchange would be sufficient, for example the ED physician where your drugs are being exchanged. While that may require the provider to review the call with that physician if they

are unaware of the situation, requiring a provider to reach their agency's OMD 24/7 is problematic and could delay receiving a signature and finalizing the run report.

- This would also apply to helicopter transport to a burn center or specialty hospital outside of the region

Regional Forms Review

There were no changes or problems identified for any of the regional forms. There was a discussion on medications on the forms as follows:

- Karen Dunavant from StoneSprings advised that diltiazem is extremely difficult to get in any form at this point as is labetalol. These will both be in short supply until at least Quarter 3. The diltiazem that they do have available now is only in the refrigerated version, not a shelf stable option.
  - CFFD has refrigeration capabilities on their medic units and they keep this until the expiration date
  - Alexandria FD does not have refrigeration so they keep this version but dispose of it after 30 days.
- Gill Abernathy advised there has been a discussion of the removal of promethazine from the formulary because of the extravasation issues with that drug but there have been no changes yet.
  - CFFD still has it in their protocols but they also carry Zofran
  - Dr. Weir advised that Fairfax County does not use promethazine
  - Craig advised that he will try to pull numbers on how many times promethazine has been used in the last year to be able to better determine if this should be considered for removal and discuss with the Operational Medical Directors at their meeting on May 7, 2019, on their thoughts.
- Brian Orndoff advised they are having issues with too little ketamine on their units particularly with RSI or behavioral emergencies. They will often add an engine on those calls so they have the availability of two drug boxes.
  - Gill Abernathy advised that due to the significant shortages it's very difficult to carry larger quantities right now but in the future, it could be a consideration
    - Dr. Weir advised they use ketamine and he has not heard of any shortage or limits to drugs based on their usage, although it is not their first line drug
    - Dan Rinehart from Loudoun County Fire & Rescue advised they carry two drug boxes on each unit to prevent shortages but some of that is also due to transport times in areas of the county
    - Craig will pull call information on this drug as well and try to determine how often the amounts carried are too little for a particular call
    - The group agreed to revisit the subject at the next meeting
- Craig advised that at the previous meeting the group discussed the two concentrations of midazolam being carried.
  - The EMS Chiefs discussed this at their recent meeting and the majority was agreeable to carry only the 10mg/2mL concentration because it's often given to adults as 5mg or 1mL and is not difficult to draw up.
  - The OMDs discussed it as well and would be agreeable to a single concentration being carried as this reduces the chances for medication errors.

    - Brian Hricik advised that the City of Alexandria FD does not use it because it's not in their protocols. They use Ativan instead of midazolam.
    - Brian Orndoff advised that they do use midazolam and prefer to have it in two different concentrations for different uses because if they carried only one, they'd have to significantly dilute it which leads to a similar amount of drug errors as carrying two concentrations would. They primarily use Ketamine for sedation and use midazolam for seizures and anxiety. In some overdoses, they'll use midazolam instead of Ketamine.
    - Dr. Weir advises they use both dosages and the higher concentration for nasal and intramuscular injection is better. If they utilize that volume to administer IV, the risk associated with the concentration error is offset by the reduction in medication math errors associated with the lower concentration so they'd prefer the lower concentration for the IV route.
    - Dan Rinehart advised they use it most often with pediatrics and seizure patients.
    - Anne Marsh from Arlington advised they use it still and the most common complaint from providers on it is drawing up the very small amounts for pediatrics.
    - Craig will research calls when midazolam was used and what those concentrations are and will revisit at the next meeting
    - Gill and Karen advised that there is also a 2mg/2mL concentration available because that's what the hospitals use most often
        - Most EMS agency representative prefer the 5mg/2mL
- Craig asked if there were any issues or changes needed with morphine sulfate
    - There were no changes or issues identified
    - Dr. Weir advised they may change it or remove it from their protocols in the future
- Karen Dunavant advised that not all Physician Assistant's and Nurse Practitioners can sign a CSK exchange form as they don't all have controlled substance authority. They should advise the providers of this and refer them to someone who can sign for them.

Drug Shortages

- Karen Dunavant from StoneSprings advised that bicarb supplies keep going up and down and they realize that vials with 60mL syringes aren't ideal but often that's all they have.
- Gill Abernathy advised that Ketamine is still a big one in any concentration. Fentanyl seems to be pretty good right now and morphine in smaller concentrations has been an issue but not the drug as a whole

Open Discussion/Roundtable

- Brian Orndoff asked for clarification of the CSK Form as presented at the meeting which shows 10mg/2mL times 4 vials of Versed because the previous form stated 5mg/2mL times 2 and 10mg/2mL times 2. Craig advised that was an error on his part and it will remain 30mg total with two of each concentration listed.
- Gill Abernathy advised that if we have a meeting in 6 months and there is a specific request to bump up one medication from one to two vials, concentrations, etc., put that on the agenda or

reach out to the pharmacists in advance and they can look at their stock and supply capabilities and be able to provide a definitive answer at the meeting.

Meeting was adjourned at 11:08 am

CERTIFICATION OF PHARMACY COMMITTEE MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Ste. 102
Gainesville, VA 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the minutes of a meeting of the Pharmacy Committees of the Northern Virginia EMS Council held at the City of Fairfax Fire Department, 4081 University Drive, Fairfax, VA 22030 on February 26, 2019, and that the meeting was duly called and held in all respects in accordance with the laws of the state of Virginia and bylaws of the corporation and that a quorum was present. The minutes were officially approved at the October 22, 2019, meeting of the Pharmacy Committee of the Northern Virginia EMS Council.

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Craig A. Evans Date
Executive Director
Northern Virginia EMS Council