

Northern Virginia EMS Council

Regional Protocol Guidelines

EMS — Pharmacy Policy

Members of the Northern Virginia EMS Council, Inc. (NVEMSC) EMS/Pharmacy Committee oversee this policy working as a cohesive team. The goal is to provide a means of maintaining essential emergency medical supplies, including Drug Kits on licensed EMS vehicles, through a drug kit exchange system with hospital emergency departments and hospital pharmacies. All NVEMSC policies, procedure and guidelines in this plan have received final approval from the NVEMSC Board of Directors.

SCOPE:

This policy pertains to all participating licensed EMS vehicles operated by agencies within the Northern Virginia Region, Planning District 8, and all participating acute care hospitals within the Northern Virginia EMS Council (NVEMSC) region.

PURPOSE:

To provide a means of maintaining essential emergency medications, including Controlled Substance Kits (CSK) on licensed EMS vehicles, through a drug exchange system, as well as a CSK exchange with hospital emergency departments and hospital pharmacies in Planning District 8.

POLICY ELEMENTS:

1. This is a shared EMS/Pharmacy policy to help guide the pharmacies and EMS agencies to best practices to help facilitate quality patient care within our region and promote efficient drug stocking, exchange, and accountability.
2. Participating Hospitals in the NVEMSC region agree to exchange with participating EMS agencies on a drug and CSK basis. These items are for use by certified EMS agency providers on patients treated at the scene and/or transported to hospitals as a result of emergency calls.
3. Because this policy applies only to patient care rendered for emergency calls, it is specifically noted that no differentiation is made between not-for-profit and for-profit EMS agencies. This policy is strictly intended to promote and maintain standardized emergent patient care throughout the NVEMSC region, consistent with the agency's prehospital patient care protocols, and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

4. EMS personnel agree to use the Regional EMS Drug Dispensing Sheet and the CSK Exchange Form to document and facilitate the exchange of medications as requested. EMS personnel further agree to use an Electronic Patient Care Report, to document the use of medications.
5. 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. In such cases, participating hospitals agree to exchange in the same manner as when a patient is transported by the EMS agency, but only when the participating EMS agencies provide the exchanging hospitals with appropriate patient identifier information.
6. Meetings of the EMS/Pharmacy committee will be held semi-annually and on an as needed basis to evaluate the exchange system. The committee will be comprised of hospital emergency department nurse managers, hospital pharmacists, EMS agency managers and NVEMSC staff. This standing EMS/Pharmacy Committee, representative of the NVEMSC region, also will be responsible for developing standardized forms and records, as well as updating this policy, to meet the needs of the program.
7. Recommended revisions and updates to the Exchange Program will be reviewed by the standing EMS/Pharmacy Committee and its recommendations forwarded to the NVEMSC Board of Directors. Changes will be implemented as indicated and as approved by program participants.

CSK Exchange Program

8. The contents of the controlled substance kits will be determined by a joint effort between the Regional Operational Medical Direction, EMS Chiefs, and EMS Pharmacy Committees and outlined in the Regional CSK Exchange Form.
9. The agencies will audit use of drugs contained in the CSK on a quarterly basis and submit a report to hospital pharmacies within 30 days after the end of each quarter. The Northern Virginia EMS Council will create and distribute this report to the pharmacist in charge of each hospital, as well as the EMS program administrators of the EMS agencies beginning with Q1 of 2018.
10. The hospital pharmacies will prepare and distribute the CSKs for use paying particular attention to the following:
 - Each medication type is packaged individually within the CSK bag
 - All medications and expiration dates are visible through the outer CSK bag
 - Remove air from the bag before sealing
 - All contents agree with the exterior label to include the **expiration date to the end of the previous month if expiring on the 1st of the month or the exact date as written on the label**. For example, 1Jun2018 can be expressed on the label as 1 June 2018, 6/1/2018, 6/1/18, May 31, 2018, May 2018 or 5/18. When the date is labeled as the month and year only, the expiration is the end of the labeled month. For example, 5/18 expires on the last day of May 2018, which is one day before June 1, 2018.

11. During exchange, the pharmacy and EMS representative will inspect the contents of the new CSK bag together and agree on the following prior to issue to the EMS unit:
- The integrity of the CSK pouch (proper sealing technique, no evidence of tampering or damage).
 - Ensure appropriate medication type, concentration, and quantity of the vials placed inside the CSK pouch.
 - Ensure integrity, within reasonable effort, of the drug container stored within the semi-transparent CSK pouch (no visible evidence of tampering, such as damage, previous use, or missing caps, broken seals, etc.).
 - Ensure all contents of the CSK have not exceeded their expiration dates and the expiration dates are recorded properly on the outer label.
12. If there is a critical shortage in a medication, the pharmacy will note the shortage using a regional shortage sticker (printed in a vibrant color), outlined below, affixed to the white label on the outside of the CSK bag. The pharmacies agree to communicate shortages to the EMS leaders in their area directly or through the EMS council to all EMS leaders in the region as needed.

 <p>** DRUG SHORTAGE **</p> <p>This CSK Kit is short the following:</p> <p>DRUG: _____</p> <p>QUANTITY: _____</p> <p>RPh SIG: _____</p>

Diversion

13. EMS personnel agree to perform accountability checks at least monthly or more often depending on individual department policy.

Accountability checks will include the following:

- The CSK pouch must be present and match the last entry in the agency's logging database.
- The CSK pouch must be inspected to ensure the integrity of the pouch (seal is adhered properly, no evidence of tampering, no evidence of inappropriate access or physical damage).

The contents of the CSK must be inspected and have the following accounted for:

- The contents match the listed medication types, concentrations, and quantities listed on the CSK pouch and are in adherence to Operating Procedure 650.03.
- The integrity of each vial, ampule, and/or Carpuject vial (no evidence of tampering or breeched containers, such as missing caps, and no evidence of physical damage)
- Expiration dates recorded on the CSK pouch shall be checked to ensure that all contents are within date.
 - i. In the case of multiple expiration dates, the date of the medication that expires first shall be used.

- ii. CSKs that expire within the calendar month should be exchanged on the 15th of that month. This exchange shall be noted in the agency's logging database.

14. If a CSK discrepancy is found the following shall occur:

Agency responsibilities:

- The agency will perform an internal investigation to rule out tampering or inappropriate use according to their local protocols and policies.
- If tampering or inappropriate use cannot be ruled out the agency will report the diversion to their operational medical director and the pharmacist in charge of the issuing hospital.
- The agency will provide the pharmacy with the current copy of their diversion policy and continue an internal investigation, notifying the pharmacy when each of their internal steps occurs.
- Notify the operational medical director and the pharmacist in charge of any regulatory agency involvement as it occurs
- Communicate with the operational medical director and pharmacist in charge until the case is closed or resolved.

Pharmacy responsibilities:

- Notify the agency's operational medical director and EMS agency manager
- Federal notifications
- Board of Pharmacy notifications
- Perform an internal investigation to rule out pharmacy involvement
- Provide the EMS agency with their current diversion policy, notifying the agency when each of their internal steps occur
- Notify the operational medical director and the agency involved of any regulatory involvement as it occurs
- Communicate with the operational medical director and agency involved until the case is closed or resolved.

Regional Drug Exchange

- 15. The EMS agencies agree to use the Regional Drug Exchange Form for all drug exchanges.
- 16. The pharmacies agree to stock the drugs listed on the form
- 17. The pharmacies agree to notify the Northern Virginia EMS Council of any drug shortages related to items on the Regional EMS Drug Dispensing Sheet or the Regional CSK Exchange Form.
- 18. The Northern Virginia EMS Council will provide agencies with drug shortage notifications.