



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

Pharmacy Committee

July 16, 2015, 08:30am to 10:30am

Co-Chairs: Ben Hester, VCU and Robin Sayles, JRMC

Vice Chair: Ian Orensky, SMH

Members Present: Ben Hester, Ian Orensky, Cheryl Nelson, Al Thompson, John Sayers, Brad Taylor, Wayne Harbour, Valeta Daniels

Conference Line: Robin Sayles, Jonathan LaFrenaye, Susanna Dodd, Patsy Clary, Caroline Briggs, Mark Bernas, Susie Hopkins, Allen Yee, Mike Harmon

ODEMSA Staff: Rachel Dillon

Minutes Scribed by: Rachel Dillon

Materials provided: Meeting agenda, previous meeting minutes, updated contents and schematics sheets, updated medication alternatives, committee summaries

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Ben Hester called the meeting to order at 08:34am. It was determined that we had a quorum. The April minutes were reviewed, and a correction was noted on page 2. The minutes were approved with corrections.	Motion by: Al Thompson Seconded by: Wayne Harbour Vote: April 2015 minutes approved with corrections
Reports: Bon Secours	Ian Orensky – No report, but does mention “Kit Check,” an RFID which some facilities use to track code tray medications. While the tag would identify all the medications in the boxes, along with expiration dates, the group acknowledges that the cost may be too high to implement it in the drug kits. Susanna Dodd – No report.	



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HCA	<p>Robin Sayles – The Board of Pharmacy is doing inspections and is paying close attention to the security of EMS drug kits. The BOP may start attaching a fine to any boxes that are not secured. John Sayers asks if this may spill over into EMS. Robin adds that if you hold a pharmacy license, you will probably be included. The group then discussed regulation 18 VAC 110-20-500, which covers the EMS drug kit storage. The requirement to keep the EMS call sheet to account for the medications, regardless of the medications administered, is also highlighted. Ben emphasizes that while there only needs to be a signature for the administration of controlled substances, no ODEMSA medication kit may be accepted for exchange without a call sheet or MIVT. The clarification is also made that only the narcotics need to be reconciled in front of the EMS provider; the rest of the kit is to be reconciled later.</p> <p>Brad Taylor – Jeff Oliver is the new pharmacy director at Chippenham.</p>	
VCU	<p>Ben Hester – No report.</p>	
RAA	<p>Wayne Harbour – It's busy, it's hot, and apparently there's a bike race in September.</p>	
Chesterfield Fire and EMS	<p>John Sayers – Our OEMS inspection is today. Next Tuesday, July 21, 2015, there is a Central Virginia Heroin Summit at the Eanes-Pittman building.</p>	
ODEMSA	<p>Rachel Dillon – Our annual EMS awards picnic will be next Saturday, July 25, 2015, at 11:00am at the Metro Richmond Zoo. There is a link to the registration on our website; zoo tickets are half off if you say you're with ODEMSA.</p> <p>There has been one major drug diversion with a border agency, but a suspect has been arrested and will be in court next month. Most other issues have been traced back to a failure to restock the controlled substances appropriately, so please slow down when checking the boxes.</p> <p>I haven't seen as many reports of broken fentanyl ampules lately. We filled an empty box with meds equivalent to a real box's weight and put epi ampules in the narcotic box. After dropping it and throwing it across the parking lot, we were often able to break the</p>	



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	<p>ampules. When we padded the ampules with Pyxis foam, there was only one instance where the ampule broke. It's still a potential diversion, but the foam greatly decreases the chance of it breaking.</p> <p>Ben emphasizes the need to use Fentanyl vials over the ampules whenever possible.</p>	
<p>Old Business:</p>	<p>Drug shortages – Nothing major, but can be difficult to get the epi 1:10,000 prefilled syringes depending on your supplier.</p> <p>Patsy asks if there is supposed to be intracardiac epi in the kits. Ben reminds the group that they look similar, but do NOT put these in the kits.</p> <p>Medication changes from Medical Control – The 2015 protocols have been approved by MDC and the BOD. These are the medication changes that will occur in the ODEMSA drug kits:</p> <ul style="list-style-type: none"> - The normal number of magnesium vials is two (2). - Norepinephrine is officially first line vasopressor over dopamine. - Vasopressin is not being replaced in the kits due to cost. - The Prednisone is being replaced by one (1) 1mL vial of dexamethasone 10mg/mL. - All D50 and D25 is being replaced by two (2) 250cc bags of Dextrose 10%. <p>Rachel clarifies that the effective date on the updated contents sheet is wrong. Providers still need time to learn the new protocols and get trained on the new medications. Group agrees on a tentative start date for the new medications on September 1st to allow pharmacies to order any supplies needed (Rachel will confirm with Heidi and relay this to the group). Rachel will also create a “New meds checklist” that will fit into the alert box so that providers know if they have an old box or a new box. The roll out will be a rolling exchange.</p> <p>The medication alternatives sheet is corrected to have Tier 2 alternative for the 10mg/mL dexamethasone be a 5mL vial of 4mg/1mL dexamethasone. The group unanimously approves the medication alternatives sheet, the contents list, and the drug kit schematic.</p>	<p>Motion by: Brad Taylor Seconded by: Ian Orensky Vote: Medication alternatives, contents, and schematics sheets approved</p>



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New Business:

Track and Trace – Ben explains Track and Trace: a process put forth from the Drug Supply Chain and Security Act put in place by the FDA. It has been pushed back to a November start date. It essentially creates a pedigree for every medication, making sure that the medicine was manufactured appropriately, tracked to a wholesaler, and then tracked to any facility. It also tracks any potential tampering. The group discusses whether this would affect the drug kits, and decides it probably will not. Robin suggests putting verbiage in the restocking agreement of awareness of the track and trace program.

Delayed Drug Kit Exchanges – Robin mentions that there are some agencies that will delay a box exchange because they do not want to wait around to exchange a box. These boxes sometimes do not get exchanged at the same facility to which a patient was transported, and the boxes are not necessarily secured. Due to the previously mentioned regulation on securing drug kits, the group discusses the possibility of introducing a third and uniquely colored seal, to secure the kit while waiting to exchange it. The group agrees that the excuse of “the hospital is too busy” is not appropriate, but understood that it is possible that a box may be opened, a medication administered, and there is a refusal or cease resuscitation. For agencies that have extended transport times, introducing a third seal may be appropriate. Ben suggests including verbiage in the restocking agreement like “there should not be undue delay in exchanging the opened medication kit.”

Business from the floor – Rachel briefly explains a BOP regulation change where any pharmacy that exchanges an EMS drug kit needs to have access to an agency’s protocols signed by the agency’s OMD. After speaking with Mike Berg at OEMS, he suggested having individual letters signed by each OMD listing their agencies, and providing each pharmacy with an electronic copy of the protocols. Any agency that uses their own protocols would need to provide a copy of their protocols to the pharmacies. Due to the sudden start of this regulation change (today), not all the signed OMD letters have been received. The group decides to have Dr. Yee sign one letter as the regional OMD to cover the regulation until the remaining letters are obtained. Rachel will then send out packets to the pharmacy directors containing the letters. There are still some questions on how to distribute the non-ODEMSA protocols, but Rachel will work with



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	those specific agencies. There is no further business from the floor.	
Next Meeting	October 15, 2015 at 08:30am	
Adjourn	The meeting adjourned at 10:11am.	