

Northern Virginia

Regional Policies and Forms



These policies and forms apply across the spectrum of EMS agencies and the patients they encounter. Individual EMS agencies may wish to employ additional or alternative strategies.

Reviewed and Approved by the NVEMSC Board of Directors June 20, 2024

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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.

 ** DRUG SHORTAGE ** This CSK Kit is short the following: DRUG: _____ QUANTITY: _____ RPh SIG: _____
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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.

Northern Virginia EMS Council COVID-19 EMS PPE Donning & Doffing Procedures at Hospitals

BACKGROUND

Global response efforts to COVID-19 have created supply chain shortages of personal protective equipment (PPE), critical to the safety of emergency medical services (EMS) providers, hospital staff, and community members. First responder and receiver organizations share the common goal of implementing approaches that maximize the availability of PPE and reduce possible infectious disease exposure to patients, providers, and staff.

At the request of the Northern Virginia Fire Chiefs Committee, the region's Operational Medical Directors (OMD), EMS Chiefs, and representatives from area hospitals met to identify a standardized, regional approach to address concerns with bringing potentially contaminated equipment into hospitals, streamlining donning and doffing procedures for first responders, and maximizing the limited supply of PPE.

PURPOSE

The purpose of this document is to outline the regional approaches for EMS PPE donning and doffing procedures during transfer of COVID-19 patient care at Northern Virginia hospitals.

REGIONAL APPROACHES

Approach 1

- Upon arrival at a receiving facility, staff will meet the patient and EMS providers at the entrance of the building to transfer the patient. EMS providers will not enter the building, nor change PPE prior to contact with hospital staff.

Approach 2

- EMS agencies will adhere to donning and doffing procedures, as identified by area hospitals (please see Appendix A for a full list of procedures). As part of the patient transfer process, the hospitals will provide a minimum of one isolation gown per EMS unit. This will ensure EMS providers have the appropriate level of protection to properly decontaminate their units upon exiting the facility. If reentering the hospital, EMS providers will doff and dispose of all PPE used to decontaminate their unit.

Approach 3¹

- EMS providers will enter the facility, transferring the patient to hospital staff without changing PPE. Providers will immediately exit the hospital without touching any surfaces.

¹ This approach will not be utilized within any Inova care site.

NEXT STEPS

At the discretion of each hospital, the following next steps may be taken:

- Updates will be made to the Virginia Hospital Alerting & Status System (VHASS) indicating the respective hospital's approach.
- Signage will be established at the emergency department entrance indicating the respective hospital's approach.

Appendix A:

EMS Donning and Doffing Procedures at Northern Virginia Hospitals

Facility	PPE Donning and Doffing Approach
Fauquier Hospital	Approach 1
Inova Health System	Approach 2
Mary Washington Hospital & Emergency Department at Lee's Hill	Approach 3
Novant	Approach 1
Reston Hospital Center	Approach 3
Sentara Northern Virginia Medical Center	Approach 3
Stafford Hospital	Approach 3
StoneSprings Hospital Center	Approach 3
Virginia Hospital Center	Approach 2

Northern Virginia EMS Council

Unsafe Patient ED Pre-alert Policy

BACKGROUND

When delivering a patient report to a receiving facility in the presence of a potentially unsafe or violent patient the terminology used to explain the patient's condition has the potential to escalate the situation and create an even more unstable and unsafe environment for both the patient and the first responders.

PURPOSE

The purpose of this document is to outline the regional approach for delivering a verbal report from transporting EMS units to Northern Virginia hospitals so that the receiving facility can be ready for the arrival of a potentially unsafe patient without aggravating an already delicate situation for the patient and first responders on-scene or enroute to hospital.

REGIONAL GUIDELINE

North Virginia Regional Fire, EMS and hospital systems will utilize a common phrase to pre-alert EDs about a potentially violent patient and the need to have security available on their arrival.

When delivering a verbal report prior to arrival to a facility, EMS will use the phrase **"I have a patient for room 100"**.

This policy should not change any of the operational procedures that are currently in place regarding ED staff and security response. The receiving facility will take appropriate internal action to prepare for a potentially unsafe patient.

This is a terminology update for notifying a receiving ED of a potentially violent patient arrival without letting the patient hear the request from EMS. The patient may not be currently violent, however the EMS crew may feel that the patient has the potential to become violent or agitated in the ED.

Here is a sample of how the message can be relayed.

- **EMS phone/radio report:**
 - EMS Provider: I have a 37 year old male for room 100. He is complaining of x, y, z.
 - Communications Nurse: "Direct. You will be going to room 100."
 - *****CLOSED LOOP COMMUNICATION*****

Northern Virginia EMS Council

Regional Protocol Guidelines

Whole Blood Storage

BACKGROUND

The Northern Virginia EMS Council has an agreement with Inova Blood Donor Services (IBDS) to allow member EMS agencies to store whole blood in the field for immediate use by paramedics trained and authorized by their operational medical director (OMD) to administer blood.

PURPOSE

The purpose of this document is to outline the regional approach for storing and exchanging whole blood owned by Inova Blood Donor Services. It will not address specific patient care protocols for administering blood, which are agency specific and may vary.

REGIONAL GUIDELINE

Storage Procedure

1. Whole blood must be stored in a secure manner with access restricted to authorized personnel only. All blood stored by EMS agencies will be housed in an approved cooler and maintained at a storage temperature between 1° - 10° Celsius and in accordance with applicable FDA regulations.
2. Coolers will be validated by IBDS and continual temperature logs will be maintained by EMS agencies at no less than 5 minute intervals. An alarm/notification threshold will be set at less than 2 and greater than 6 degrees to allow corrective action prior to exceeding the 1-10 degree(C°) threshold. Temperature logs will meet any additional requirements set forth by IBDS and made available to IBDS upon request or during return of a blood product for exchange.
3. No food or drink should be stored in any containers near the blood cooler. Food or drink coolers should be kept in a separate compartment in the vehicle.
4. In addition to utilizing an approved system to continually monitor temperature, EMS agencies will also inspect the temperature dot on each unit of blood to ensure the temperature dot is intact and indicating appropriate temperature at the beginning of each shift and before any transfusion.
5. If the temperature monitoring system shows blood deviated from the 1-10 degree(C°) storage range for greater than 30 minutes the EMS agency will contact their Operational Medical Director and make arrangements to return the blood to INOVA Blood Donor Services for immediate exchange.
6. If the temperature dot on the unit indicates the blood is outside the proper temperature, the EMS agency will contact their Operational Medical Director and make arrangements to return the blood to INOVA Blood Donor Services for immediate exchange.
7. Whole blood products will be stored in the field for 14 days and returned to IBDS promptly on day 14 during normal business hours as directed by IBDS.

8. The Northern Virginia EMS Council will receive all invoices from IBDS for used or discarded blood and will subsequently invoice the EMS Agency involved.

Rotation/Resupply/Exchange Procedure

This section details the blood exchange process at the IBDS Loudoun facility. The same process will take place regardless of the reason for exchange.

EMS agencies will maintain an exchange process in their protocols that meets the following minimum requirements.

The three common reasons for exchange:

1. The blood unit has been deployed in the field for 14 days and needs to be rotated.
2. The blood unit was transfused in the field on a patient (and needs to be replaced).
3. The blood unit has been out of temperature range, either per the approved continual temperature monitoring device or the temperature monitoring device located on the blood product indicates the product is outside the proper temperature range.

The location of blood exchange

1. Blood will be exchanged with Inova Blood Donor Services.

Their address is:

Inova Blood Donor Services
45745 Nokes Boulevard
Sterling, VA 20165

The timing and method of used or damaged blood exchange

1. Replacement blood for a unit that was used (or damaged) may be done after hours when required. The EMS provider or Agency OMD will contact the IBDS shipping department at (571) 434-3614 to coordinate replacement.
2. After exchanges will occur using the back door of IBDS as shown here by ringing the bell on arrival.



The timing and method of unused blood rotation/exchange

1. Unused blood will be rotated/exchanged with IBDS every 14 days. An expiration date marked on the product will identify the date on which the exchange will occur. Blood will be exchanged at a predetermined time and day for each agency; in extenuating circumstances, alternative blood exchange will be arranged through coordination with the agency OMD and the IBDS leadership. Utilize the rear entrance shown above for access.

Post Administration Support

Following the administration of blood, all required information will be supplied to IBDS by the EMS agency. This would routinely include the patient demographics and any other required notifications such as suspected transfusion reaction. Additional information required by IBDS such as “lookbacks” will be provided in coordination with the receiving hospital facility and the EMS agency OMD. All incidents involving blood administration or damage/loss of blood will be reviewed by the OMD for quality assurance purposes.



Northern Virginia
Post IV Alteplase Inter-Facility Transfer Form

Version 1-2020
Updated: 9/28/2020

Transferring Hospital: _____

Receiving Hospital: _____

Family Contact Name: _____

Family Contact Number: _____

Receiving Physician: _____

Physician Contact Number: _____

All questions regarding patient care must be referred to the receiving physician.

Prior to Departure

To be completed by ED staff and transferring paramedic

- Transferring RN to complete "IV Alteplase Administration" section on page 2
- Provide transport team with 50 mL 0.9% NS if IV Alteplase continuous infusion is still running
- Verify BP < 180/105 – sending facility must stabilize prior to transferring patient
- Perform and document neurological exam to establish baseline neurological status
- If IV pump tubing is not compatible with transport pump - add extension tubing with a cartridge adaptable to transport pump (if available)
- Ensure that no providers are in patient's chart after leaving facility** to prevent chart locking and delay in treatment upon arrival to receiving facility

During Transport

- Replace IV Alteplase bottle with 50 mL 0.9% NS when infusion is complete and before pump alarms "air in line" or "no flow above"
- Infuse normal saline at the same rate that IV Alteplase was infusing
- Continuous cardiac monitoring
 - Notify receiving hospital physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
 - Maintain O2 sat >96%, apply oxygen as needed
- Maintain NPO including medications
- Perform and document vital signs and MEND Exam every 15 minutes**
- Avoid venipuncture or other invasive procedures unless absolutely necessary

Blood Pressure Management

- Maintain SBP < 180 and DBP < 105
 - Labetalol 10 mg IV push every 15 minutes (to a max of 3 doses) until SBP < 180 and DBP < 105. Hold for HR < 60 BPM
 - IV Nicardipine (0.1 mg/mL) infusion (*provided by hospital*) Increase dose by 2.5mg/hr every 5 mins (to max of 15mg/hr) until SBP < 180 and DBP < 105
 - If max dose of medication reached and BP remains above goal, stop IV Alteplase and call receiving physician for further instructions

Complication Management

- Monitor for acute changes in neurological condition or severe headache, acute hypertension, nausea, or vomiting
 - Stop IV Alteplase infusion
 - Notify receiving hospital physician
 - Continue to perform and document vital signs and neurological exam every 15 mins
- Monitor for signs of allergic reaction – mouth/throat swelling, difficulty breathing
 - Stop IV Alteplase infusion
 - Monitor airway and treat allergic reaction according to agency protocol
 - Notify receiving hospital physician
- Monitor for signs of bleeding or hematomas at infusion/puncture sites or in urine or emesis

Additional Instructions

NOTE: Leave copy of ePCR, EKG strips, and serial vital signs/neuro checks with RN at receiving hospital

Transferring Hospital - Patient Label
Affix Label Here



Regional Controlled Substance Kit Exchange Form

Northern Virginia Emergency Medical Services Council



Effective 11/2020

Initial	CSK Number:	Date Issued:	Issuing Facility:	Filled By:
				RPh:

	Medication	Amount Ordered	Amount Given	Amount Wasted	Waste Witness Printed Name	Waste Witness Signature
Medication Inventory	1. Fentanyl 100 micrograms/2ml					
	2. Fentanyl 100 micrograms/2ml					
	3. Ketamine 500 milligrams/5ml					
	4. Midazolam 5 milligrams/5ml					
	5. Midazolam 5 milligrams/5ml					
	6. Midazolam 10 milligrams/2ml					
	7. Midazolam 10 milligrams/2ml					
	8. Morphine 10 milligrams/1ml					

EMS CSK Replacement	Medications were Administered: Name of Provider Administering: (print) _____ Administering Provider's Unit #: _____ Medications Administered To: Patient Name: _____ Patient DOB : _____ Hospital MR#: _____ Incident#: _____	Reason for Replacement: <i>(Excess medication and empty vials should not be taken to the pharmacy for replacement/disposal)</i> <input type="checkbox"/> Patient care <input type="checkbox"/> Breakage <input type="checkbox"/> Expiration <input type="checkbox"/> Other _____	Date Replaced: _____ EMS Unit #: _____ EMS Agency: _____
	EMS Attendant in Charge (ALS): <i>Signature</i> _____ Printed Name (legible) _____		Receiving Hospital Name: _____ EMS Co-Sign (BLS or ALS): <i>Signature</i> _____ Printed Name (legible) _____

Hospital	Accepting MD, PA-C or NP Signature _____ Printed Name (legible) _____	CSK Returned, Received and Verified By: <i>RPh/RN/CPhT Signature</i> _____ Printed Name (legible) _____	Date: _____
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For more information contact Northern Virginia EMS Council at (877) 261-3550 or northern@vaems.org



Regional EMS Drug Dispensing Record
Northern Virginia Emergency Medical Services Council



This form shall be used to obtain medications from all Northern Virginia Emergency Departments or Pharmacies

- Providers must be in uniform and show department or agency identification for issue
- Pharmacy sends the completed form to the EMS agency for reconciliation and/or billing

Revised 01/2021

Hospital Name:		Date Issued:	
Reason for issue: <input type="checkbox"/> Patient care <input type="checkbox"/> Breakage* <input type="checkbox"/> Expiration* <input type="checkbox"/> Other _____	Patient Name: (Last, First, Middle):		
	DOB:		Affix hospital medical record sticker here <i>(if available)</i>
	Medical Record #:		
* Providers replacing expired or damaged drugs must present those directly to the pharmacy during normal business hours*			
Quantity	Item	Quantity	Item
	Acetaminophen 325mg/10.15mL for PO use		Ipratropium bromide 0.5mg/2.5mL bullet
	Acetaminophen 500mg tablet for PO use		Ketorolac 30mg/1mL vial
	Activated Charcoal 50 grams/240 mL		Labetolol 100 mg/20mL vial
	Adenosine 6mg/2mL vial		Lidocaine 2%100mg/5mL PFS
	Albuterol 2.5mg/3mL bullet		Lidocaine Premix 2gram/500mL
	Albuterol 2.5mg/0.5mL bullet		Magnesium Sulfate 1g/2mL vial
	Amiodarone 150mg/3mL vial		Magnesium Sulfate 4g/100mL vial
	Aspirin 81mg tablet, chewable		Magnesium Sulfate 5g/10mL vial
	Atropine 1mg/10mL PFS		Methylprednisolone 125mg/2mL vial
	Calcium Chloride 1g/10mL PFS		Metoprolol 5mg/5mL vial
	Calcium Gluconate 10% 5g/50mL		Misoprostol (Cytotec) 200mg IR Tablet
	Celecoxib 200mg tablets for PO use		Naloxone 2mg/2mL PFS or vial
	Dexamethasone 10mg/1mL vial		Nitroglycerin bottle 0.4 mg tablets
	Dextrose 10% (D10W) 250mL bag		Nitroglycerin infusion 50mg/250mL
	Dextrose 50% 25g/50mL PFS		Nitroglycerin paste 2% unit dose 1"
	Diltiazem 25mg/5mL vial		Nitroglycerin 0.4 mg spray
	Diltiazem 125mg/25mL vial		Norepinephrine 4mg/4mL vial
	Diphenhydramine 50mg/1mL vial		Ondansetron 4mg ODT
	Diphenhydramine liquid 25mg/10mL		Ondansetron 4mg/2mL vial
	Dopamine pre-mixed 400mg/250mL		Promethazine 25mg/1mL amp or vial
	DuoNeb 3mL solution for inhalation		Racemic Epi 11.25mg/0.5mL
	Epinephrine (1:10,000) 1mg/10mL PFS		Rocuronium bromide 50mg/5mL
	Epinephrine (1:1000) 1mg/1mL amp or vial		Sodium Bicarb 4.2% 10mL PFS
	Epinephrine (1:1000) 30mg/30mL vial		Sodium Bicarb 8.4% 50mL PFS
	Etomidate 40mg/20mL vial		Sodium Chloride 23.4% 30ml vial
	Famotidine 10mg/1mL 2 mL vial		Succinylcholine 20mg/mL 20mL vial
	Furosemide 100mg/10mL vial		Terbutaline 1mg/1mL
	Glucagon 1mg kit or vial		Tetracaine 0.5 % ophthalmic solution
	Haloperidol 5mg/1mL vial		Tranexamic acid 1000mg/10mL
	Ibuprofen 200mg tablets for PO use		Vecuronium 10mg powder
	Ibuprofen 100mg/5mL for PO use		TOTAL ITEMS ISSUED
Unit ID:	EMS Agency:	EMS Incident Number:	
EMS Attendant in Charge (Print)		EMS Attendant in Charge (Signature)	
RN/NP/PA/MD (If applicable) (Print)		RN/NP/PA/MD (Signature)	
Hospital Pharmacy Tech or Pharmacist (Print)		Hospital Pharmacy Tech or Pharmacist (Signature)	