

# Northern Virginia Emergency Medical Services Council Meeting Minutes

EMS/Pharmacy Committee  
Thursday, June 8, 2023  
12:30 pm



VIA ZOOM

Attendees: (Alphabetical Order by first name)

Adam Lieb, Fairfax County Fire & Rescue  
Ali Sepehri – Fairfax County Police Department  
Ana Ramon, Inova Fairfax Pharmacy manager  
Andrew Duke, Alexandria Fire Department  
Beth Wren, Reston Hospital Center  
Brian Orndoff, City of Fairfax Fire Department  
Cindy Esterline, Inova Shortage Pharmacist  
Craig French, Inova Health System  
Dan Avstreich, MD, Fairfax County Fire & Rescue  
David Wielgosz, MWAA  
Debbie Wagner, Inova Loudoun Hospital  
Edit Huang, NVERS  
Gauri Shirolkar, Inova Alexandria Hospital  
Gill Abernathy, Inova Fairfax Medical Center  
J. Benji Marfori, MD, Alexandria Fire Department  
Jaclyn Lopez, Inova Mount Vernon  
Jamie Cooper, Loudoun County Fire  
John Morgan, MD, Loudoun County Fire  
Karen Dunavant, StoneSprings Hospital  
Laura Vandegrift, NVEMSC  
Meena Morgan, IFMC  
Michelle Ludeman, NVEMSC  
Nelson Mascarenhas, Fairfax County Fire & Rescue  
Ray Whatley, NVEMSC  
Rich Cluff, Fauquier Fire & Rescue  
Scott Weir, MD, Fairfax County Fire & Rescue  
Sheilla Ephraim, Sentara NVMC  
Steve Kling, Inova FMC  
Zachary Baxter – PTS

**Meeting Called to Order – 12:30 pm**

## **Medication Shortages**

- Ketamine – Cindy Esterline
  - Inova facilities are getting low on standard-issue vials for EMS

- They are restricting it to IM use only in the facilities in the future to get them into EMS kits, especially if there is a large expiration of ketamine vials at one time
  - Can they restrict Ketamine to being used by EMS Supervisors only? Can they change the concentration?
  - Dr. Scott Weir from Fairfax County Fire & Rescue stated they selectively administer it, and it's only IM on violent patients. They are not using a tiered structure now but can consider it to help distribute evenly.
  - Dr. John Morgan from Loudoun County Fire & Rescue, when we had this happen before with other drugs, the pharmacies would issue the CSKs with a label stating it was short, something saying "DRUG SHORTAGE" because if they can't supply it, they redistribute within the agency and do the best they can.
  - Cindy asked if they use a sticker or if we need a new CSK sheet.
    - Gill Abernathy advised that NVEMSC provided drug shortage labels in the past.
      - Ray advised that we can provide a template, and then they can print their own
  - Gill asked if HCA or VHC are having the same issues with ketamine shortages.
    - Beth Wren from Reston stated they are having struggles but not the same as Inova; they are struggling with supply
    - Karen Dunavant from StoneSprings advised that their buyer says that for the 100mg/ml, they have been unable to get it for a while. They only use in the EMS kits and use other concentrations in the hospital
    - Dr. Weir stated that what they have on their units now until October 2023.
      - Cindy advised they are expecting this to be a longstanding issue, at least until August or September at this point. They're using other concentrations for compounding in the ER
      - Dr. Marfori asked what others are available
        - Cindy advised 50mg/ml or 10mg/20ml bottle
      - What is the timeline for a decision?
        - Cindy stated it would be 3 weeks unless there is a large turnover of everyone turning in expiring vials simultaneously. They are trying to prioritize EMS for IM and EMS only, so it depends on what the EDs get in.
        - Dr. Weir advised it would be helpful for all agencies to inventory kits for expiration dates
        - Gill asked if we know what usage is like
          - Ana Ramon Albors stated she can look at the invoice, but it's typically not high use. They issue more midazolam or fentanyl than ketamine
      - Cindy stated that vial size is equivalent in concentration, both are 500 mg vials, but concentration and size are different
      - Ray asked if we send to the OMDs/EMS leadership and we request inventory for quantity and expiration dates, can we get back in 7-10 days?
        - Everyone agreed that this was a reasonable timeframe

- Ray asked the OMDS if there are concerns about what to do next or is moving Ketamine to supervisor vehicles ok?
  - Dr. Morgan stated they can do some triage in terms of reduced par level for the system and get by for a while before they'd get to the point of changing concentration due to dose calculation risks with changing concentrations – if needed, will do and can go that way later vs. going without.
  - Dr. Weir stated that one challenge is that if they didn't have an IM dose, the time of achieving sedation in those cases is important, and a supervisor may not be close. What is an alternative therapy if we reach a threshold where we need to change drugs altogether?
- Dr. Marfori stated that, as with other shortages, especially in COVID, there was an extension on the expiration dates. Can we do that again? We can reduce use for pain and maintain for behavioral control, but that's still a hit on the system's use; is it possible to get extensions?
  - Cindy stated that when doing inventory if you have a lot number and expiration when doing the check, they can contact the manufacturer and get FDA approval to extend. Quantity, expiration, and lot number. If not expiring soon (within 3 months), there is no need for a lot number.
  - Dr. Marfori stated that some expiration dates change with refrigeration. Does that help?
    - Cindy advised it does not
- Karen Dunavant from StoneSprings advised that there is nothing on the DEA website about extended ketamine expirations
- Ray asked how easy it is to find the lot number.
  - Cindy advised not to open the package if it's not visible on the outside
  - Dr. Weir stated that maybe they can check it at the pharmacy when they're exchanging other drugs
    - Gill advised that maybe we need to think about this because there are a lot of "if's" on this. Don't open any kits!
- Brian Orndoff from the City of Fairfax advised they are using Ketamine for IV pain management and IM behavioral. If they can change the concentration, that may be helpful. They could consider Versed as an alternative if needed per OMD
- What are other concerns?
  - Brian Orndoff asked if we should be stepping away from it for pain management at this point, or should we wait. They prefer to use that for pain management, but there are other options

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- Dr. Morgan advised that 2-3 years ago, they discussed carrying 2 different concentrations, like midazolam, for microdoses for PM. Collectively, they felt less comfortable with dosing errors. If we add another, it reduces shortages in the future.
  - Brian stated they would prefer a secondary concentration but know that raises concerns for others. They use Versed daily but realize others may disagree

### Medication Changes

- Epinephrine Vials
  - Instead of purchasing 30mg/30ml bottle they are considering 10mg/10ml.
  - Is moving to 10mg/10ml a problem? Do other hospitals stock both?
    - Reston and Sentara don't stock 10ml bottles
    - Any EMS agency that does not want to be in favor of a 30mg/30ml vial?
      - Andrew Hopkins from Loudoun County stated they carry 30ml vials. They believe they could decrease from 30mg to 10mg and be unaffected.
      - Dr. Dan stated he can't imagine why any one unit would need more than 10mg/10ml
    - Gill stated there is no rush, but they may move to this in the future
- Gill also pointed out that since it's been a while since we've all met and since we looked at the list, is there anything we need to change/add/delete?

### Open Discussion/Roundtable

- Craig French effective 7/3/2023, Ashburn, Cornwall, and Springfield freestanding EDs will no longer restock EMS CSK kits at their sites.
  - Ray asked if Lorton freestanding ED currently does exchanges. Craig French advised that they do not.
  - Jamie Cooper asked, for those that transport and do not get restocked, what is your process?
    - No agencies have a designated process
    - Chief Cooper also stated that if they take a patient to Loudoun or StoneSprings instead of a freestanding ED that could handle the patient, they hope to reduce questions on why the patient was taken there vs. other closer EDs.
      - Karen from StoneSprings stated they'll put messaging out on that to get EMS back in service as quickly as possible
- Next meeting is likely in the fall unless we need to bring the group back together on the ketamine or epinephrine issues
- Zachary Baxter from PTS advised that the FDA reference site doesn't show any expiration extensions, so it may not be worth the effort to check them all if there aren't any in place

**The meeting adjourned at 1:14 pm**

### CERTIFICATION OF PHARMACY COMMITTEE MEETING

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

**EMS/Pharmacy Committee**  
**Thursday, June 8, 2023**

I, Laura Vandegrift, Administrative Coordinator 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 Committee of the Northern Virginia EMS Council held via Zoom on June 8, 2023, 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 June 29, 2023, meeting of the Pharmacy Committee of the Northern Virginia EMS Council.

*Laura Vandegrift*

Laura Vandegrift

June 29, 2023

Date