ODEMSA
Regional Drug Kit & Ambulance Restocking Policies

Heidi M. Hooker, Executive Director

2016

Old Dominion EMS Alliance, Inc.
1421 Johnston-Willis Dr., Richmond VA 23235

Members of the Old Dominion EMS Alliance (ODEMSA) Pharmacy Committee oversee this plan 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 one-for-one drug kit exchange system with hospital emergency departments and hospital pharmacies. All ODEMSA policies, procedures, and guidelines in this plan have received final approval from the ODEMSA Board of Directors.

Revised/Approved: June 2016

Regional Drug Kit & Ambulance Restocking Policies
(Includes Restocking Agreements)

Table of Contents

Regional Ambulance Restocking Policy by Hospitals

SCOPE:

This policy pertains to all participating licensed ambulances and all licensed EMS vehicles operated by those agencies, and all participating acute care hospitals within the Old Dominion EMS Alliance (ODEMSA) region.

PURPOSE:

To provide a means of maintaining essential emergency medical supplies, including Drug Kits on licensed EMS vehicles, through a one-for-one drug kit exchange system with hospital emergency departments and hospital pharmacies in Planning Districts 13, 14, 15 and 19.

POLICY ELEMENTS:

1. Participating Hospitals in the ODEMSA region agree to exchange with participating EMS agencies, on a one-for-one Drug Kit basis, certain EMS Supplies as listed on the Regional EMS Standard Supply Exchange Form (p.25) and Pharmaceuticals as listed in the ODEMSA Drug Kit Contents (p.23). 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 as defined in the signed Ambulance Restocking Agreements for Hospitals and EMS Agencies.

   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 ODEMSA region, consistent with the ODEMSA or Agency's Prehospital Patient Care Protocols, and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

2. Ambulance personnel agree to use the Regional EMS Standard Supply Exchange Form or other appropriate Emergency Department Supply Replacement Form to document and facilitate the one-for-one exchange of supplies (not including Drug Kit medications) as requested. Ambulance personnel further agree to use the Virginia Prehospital Patient Care Report, or its equivalent, to document the exchange of medications in the Drug Kit. Other locally required inventory control forms also are permitted.

3. It is further specifically noted that this one-for-one Drug Kit Exchange Program applies to "community assist" and "helicopter assist" calls where a participating EMS agency may expend exchangeable supplies and/or 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.

4. Problem-solving sessions and evaluation of the exchange system will be conducted periodically by a committee to be comprised of hospital emergency department nurse managers, hospital pharmacists, EMS agency managers and ODEMSA staff. This standing Pharmacy Committee, representative of the ODEMSA region, also will be responsible for developing standardized forms and records to meet the needs of this program.

5. Compliance with the policies relating to ambulance restocking and the ambulance restocking agreements will be monitored by ODEMSA in cooperation with the participating hospitals and participating EMS agencies. The standing Pharmacy Committee, the ODEMSA staff and the ODEMSA Board of Directors will review reports of non-compliance, and will take appropriate corrective action.

6. Recommended revisions and updates to the Exchange Program will be reviewed by the standing Pharmacy Committee and its recommendations forwarded to the ODEMSA Board of Directors. Changes will be implemented as indicated and as approved by program participants.

Regional Drug Kit Policies

INTRODUCTION:

The Drug Kit of the Old Dominion EMS Alliance (ODEMSA) is a critical component of the Central Virginia Emergency Medical Services (EMS) System for the treatment of sick or injured persons. The basis of restocking these Drug Kits is contained in the Regional Drug Kit and Ambulance Restocking Policies and related Restocking Agreement by EMS Agencies and Hospitals signed by participating prehospital agencies and acute care hospitals. The Ambulance Restocking Policy and Sample Agreements are included in this document (p.17, 20).

PURPOSE AND SCOPE:

The purpose of this document is to delineate the policies and procedures for the management of ODEMSA's Drug Kit system, to establish mechanisms of control and accountability, and to establish a means of orienting new prehospital care providers and Operational Medical Directors (OMD's) in the ODEMSA region.

The ODEMSA Drug Kit system reflects methods in use in other Regional EMS Councils in Virginia. It is meant to coincide with, and work within, rules and regulations promulgated by the Virginia Board of Pharmacy and the Virginia Department of Health's Office of EMS. It operates in coordination with provisions of the Regional Drug Kit & Ambulance Restocking Policies and Restocking Agreements, which have been approved by all acute care hospitals, all free standing emergency departments, and all eligible EMS agencies in the ODEMSA region, and which are appended to this document.

All acute care hospitals and free standing emergency departments in the ODEMSA region are signatories to the Regional Restocking Policies and Agreement. Only those licensed EMS agencies within Planning Districts 13, 14, 15 and 19 that have signed that agreement are entitled to participate in the Drug Kit Exchange and, therefore, come under these policies. A dated list of signatories is attached to this document.

OVERSIGHT AND OWNERSHIP:

Oversight of the Drug Kit & Ambulance Restocking Policies will rest with the Pharmacy Committee, a standing committee of ODEMSA, and the ODEMSA Board of Directors through the ODEMSA staff. The Pharmacy Committee, representing hospital and prehospital components, will be nominated by those components and approved by the ODEMSA Board. The Pharmacy Committee will meet regularly and have separate policies and procedures. The medications contained in the Drug Kit are the property of the hospitals' pharmacies and are controlled by state regulations. The drug kits are the property of ODEMSA.

POLICY GOALS:

The goals and objectives of these policies are:

A. To provide a safe and effective method for the distribution of medications by EMS providers in cooperation with hospital pharmacies.

B. To enhance communications and cooperation between hospital pharmacies and emergency department staffs and EMS providers.

C. To maintain a system that allows a safe, rapid, effective and accountable exchange of used Drug Kits for restocked Drug Kits on a one-for-one drug kit basis.

D. To maintain a system of evaluation and education so that the Central Virginia EMS system is consistent with current local, state and national standards of care and protocols, and in compliance with state and federal regulations.

THE SYSTEM AND DRUG KIT DESCRIBED:

The ODEMSA Drug Kit system involves a one-for-one drug kit exchange between acute care hospitals in the ODEMSA region and EMS agencies licensed by the Virginia Department of Health, and are provided for in the Regional Drug Kit & Ambulance Restocking Policies and Agreement.

The drug kit contains medications designated by physicians for the treatment of emergent patients under the prehospital patient care protocols as most recently revised by the ODEMSA region and/or the agency's OMD. The content of the Drug Kit, which is included in the prehospital patient care protocols, is determined by the ODEMSA Medical Control Committee in coordination with hospital pharmacy directors through the ODEMSA Pharmacy Committee.

The Drug Kit is carried on licensed EMS vehicles with ALS capability in the ODEMSA region as outlined in the Rules and Regulations of the Board of Health governing EMS, 12VAC5-31-520, and consistent with the regulations and requirements of the Virginia Board of Pharmacy.

The standardized drug kit approved by the Medical Control Committee for use in this region is a Flambeau PM1872 case, orange in color. It is marked with a white ODEMSA ID card with a numbered bar code that is secured to the middle front lid. The Drug Kit also contains a clear plastic sleeve secured on the top right corner, which contains a blue and white ODEMSA Drug Exchange Card and at least one grey and white ODEMSA Drug Discrepancy Card. In addition, the Drug Kit will contain a clear plastic sleeve secured on the top left corner, which when appropriate, will contain a Medication Alert card. The Medication Alert card will be utilized in times of drug shortages or other related medication events. The card will contain specific information appropriate to the drug shortage(s) or event(s). The kit, when filled by the hospitals' pharmacies, will be sealed with a numbered seal with the letters "ODEMSA" engraved. A colored sheet showing the contents and locations of the medications will be placed on the inside of the orange Flambeau PM 1872 drug kit.

All controlled substances will be secured in a separate approved padded, waterproof drug kit (e.g. yellow S3 T-3000 Dry Protective Water Proof) which has been tethered to the inside of the orange Flambeau kit. Controlled substances are any Schedule II through V medications. Secured to the top, center of the controlled substance drug kit, will be a white, bar-coded ODEMSA ID card, which will have a corresponding number linking it to the orange Flambeau kit. The number will be distinguished from the orange Flambeau kit by placing a "N" in front of the matching number (e.g. the orange Flambeau kit will be numbered "1001" and the yellow T-3000 case inside will be numbered "N1001"). Each controlled substance drug kit will be secured, or tethered, to the right stanchion of the orange Flambeau drug kit. The controlled substance drug kit, when filled by the hospitals' pharmacies, will be sealed with a distinctive numbered seal with the letters "ODEMSA" engraved. Each Drug Kit will be secured with a separate distinctive seal. These seals will be different in color and type and uniquely numbered.

PLEASE NOTE:

- **While Drug Kits are the property of ODEMSA, the contents of the kits are owned by participating hospital pharmacies in the region.**
- **Unless otherwise specified, medication expirations dates will be based on the final day of the month indicated.**
- **Medications are administered in the field by certified prehospital care providers under the license of the agency's OMD according to the approved patient care protocols and/or under the direction of On-Line Medical Control.**
- **Used Drug Kits will be exchanged only with the appropriate forms containing patient information and with authorized signatures. Exchanges will be in compliance with the Drug Kit and Ambulance Restocking Policies and Restocking Agreements as signed by hospitals and EMS agencies.**

DRUG KIT ACQUISITION:

Only EMS agencies licensed at the Advanced Life Support level and which have signed the ODEMSA Regional Drug Kit & Ambulance Restocking Agreement or, in the case of for-profit agencies, have a separate agreement of compliance with ODEMSA, will be qualified to apply for and receive a new Drug Kit from ODEMSA.

Applications for a drug kit will consist of a request letter from the EMS agency signed by the agency's President or Chief Officer and the agency's OMD. The letter will briefly state the reason for acquiring the drug kit. Agencies will be responsible for paying a set-up fee charged by ODEMSA to prepare a drug kit for service, and for paying any fee imposed to replace a damaged or destroyed drug kit.

If an agency prefers to carry two (2) Drug Kits per licensed EMS vehicle, it must submit a separate letter signed by the agency's President or Chief Officer and OMD, stating the reason(s) necessary for the second Drug Kit. The request for an additional drug kit will be considered by the ODEMSA Pharmacy Committee. The Pharmacy Committee will review all

requests at its regular meetings. If approved, the requesting agency will be responsible for paying a set-up fee charged by ODEMSA to prepare a second kit for service, and for paying any fee imposed to replace a damaged or destroyed second kit.

It is the responsibility of the applying agency to make arrangements with a pharmacy to have the drug kit filled in accordance with the Drug Kit Contents of the prehospital patient care protocols as designated by ODEMSA or the agency's OMD.

Only kits provided by ODEMSA and endorsed by the ODEMSA Pharmacy Committee, and meeting said standards above, will be filled by the hospital pharmacy and used by prehospital agencies and providers.

DRUG KIT RETURNS:

In the event that a licensed EMS agency loses its ALS license, ceases operations or moves outside the ODEMSA region, the agency will notify ODEMSA in writing within 30 days. It will then return any and all Drug Kits that were in its possession to the hospital pharmacy that last restocked the kit(s).

The pharmacy will confirm to ODEMSA in writing that the drug kit(s) has been returned. When so notified, ODEMSA then will issue to the agency a receipt for the drug kit(s).

The receiving pharmacy will add the drug kit(s) to its reserves and place it back into general circulation within the restocking program.

DRUG KIT ACCOUNTABILITY:

Drug Kits are filled by hospital pharmacies and sealed until used by a prehospital provider. The Pharmacy is responsible for the filled kit until it is exchanged with a prehospital provider for a used kit.

The EMS agency is responsible for the storage and security of the kit outside the hospital, as regulated in the Code of Virginia, 12VAC5-31-520 and established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage. In addition to maintaining compliance with storage of the Drug Kit, the EMS agency will be responsible for completing a Quarterly Drug Kit Inventory process. (p. 15)

Once the Drug Kit is opened, the prehospital provider is strongly encouraged to retain the broken seal by placing it inside the Drug Kit. The prehospital provider is responsible for the contents of the kit and its condition until it is returned and accepted for exchange at an appropriate hospital.

NOTE: Only clean drug kits that are safe to handle will be accepted for exchange.

The seal used for Drug Kits is supplied only to the hospital pharmacies by ODEMSA and is a standardized type that can provide security for the contents. Seals are individually numbered and marked with the letters "ODEMSA" to signify the Old Dominion EMS Alliance. Each Pharmacy is responsible for designating specific individuals to order seals from

ODEMSA and to keep that list current with ODEMSA. When ODEMSA seals are not available, a pharmacy may use a hospital seal that it deems appropriate for the purpose until such time as the ODEMSA seals are available, provided they contact ODEMSA immediately.

The means of accounting for the contents of the Drug Kit is the Commonwealth of Virginia electronic Prehospital Patient Care Report (PPCR), *or its equivalent.* All medications administered to patients must be recorded on the PPCR, or its equivalent, which is a legal document and a medical record.

Drug Kits will be exchanged only when accompanied by appropriate signed documentation *including patient information*. All exchanges will be in compliance with the provisions of the ODEMSA Regional Drug Kit & Ambulance Restocking Policies, with Restocking Agreements as signed by participating hospitals and EMS agencies. Information and documentation should include:

- IV procedures
- documentation of the used drug kit
- documentation of the new drug kit issued
- the Medical Control physician's signature (when controlled drugs are ordered)
- the signature of a pharmacist or other licensed professional to indicate that all controlled drugs have been accounted for by EMS personnel and the receiving hospital.

The drug section of the PPCR, or its equivalent, is used to document the administration of drugs specified in local protocols, including dose, route and times.

The following procedure is to be followed insofar as it does not otherwise conflict with established policies and procedures of the receiving hospital's pharmacy department or Virginia Board of Pharmacy regulations:

A. The prehospital provider, using the PPCR or its equivalent, is responsible for accounting for all medications in the Drug Kit, including narcotics, whether or not they were used.

B. The prehospital provider will count narcotics in the drug kit in the presence of a licensed professional (i.e. pharmacist, nurse, physician).

C. Any controlled substance medication wasted, shall be wasted in the ED, and witnessed and documented by the provider and a single licensed healthcare provider on the team receiving the patient, and recorded in an appropriate location on the PPCR or its equivalent.

   A licensed professional must be one of the following: Registered Nurse, Nurse Practitioner, Physicians' Assistant, Physician, or Pharmacist. Failure to follow this procedure should be reported as a drug diversion to the Office of EMS and ODEMSA by anyone aware of the breach.

D. The amount of medication administered must be recorded by the prehospital care provider in the appropriate location on the PPCR or its equivalent.

E. Instances when there has been a significant discrepancy in accounting for medications (e.g. involving two or more Drug Kits or involving Schedule II through V medications) will be reported as soon as possible to ODEMSA. ODEMSA, in turn, will promptly notify the Virginia Board of Pharmacy, the Virginia Office of EMS, the last-filling hospital and, if appropriate, local and/or state law enforcement officials.

F. ODEMSA will ensure that all discrepancy reports it receives are audited not less than every six months and that a written report is made available to the Pharmacy Committee.

HOSPITAL PHARMACY RESPONSIBILITIES:

Each participating hospital pharmacy in the ODEMSA region agrees to the following:

A. To purchase, store, control and dispense pharmaceuticals and related materials contained in the Drug Kits and in quantity sufficient to meet the needs of the drug kit program.

B. To ensure that all drug and materials contained or replaced in the Drug Kits are generically equivalent to those approved by the Medical Control Committee.

C. To ensure in-hospital compliance with all Virginia Board of Pharmacy rules and regulations regarding prehospital Drug Kits.

D. To ensure that only a Pharmacist, or authorized personnel under the direction of a Pharmacist, restocks or exchanges the Drug Kits.

E. To ensure that all packaging of medication and supplies is identical to that approved.

F. To ensure that all pharmaceuticals and supplies are within expiration dates, that the earliest expiration date is beyond thirty days as practical, and that the blue and white Drug Exchange Card has been filled out.

G. To ensure that a sufficient quantity of Drug Kits are available for exchange on a 24-hour basis.

H. To ensure that each drug kit is restocked according to the Drug Kit Contents list, as most recently revised and that each kit contains a copy of that list as supplied to the Hospital Pharmacy by ODEMSA.

I. To ensure that any discrepancy has been reported on an ODEMSA Drug Kit Drug Discrepancy Card and forwarded to ODEMSA and the Agency OMD in a timely manner.

J. To ensure that all Drug Kits have been locked with a designated, numbered, ODEMSA security seal.

K. To ensure that when a system-wide shortage of a medication occurs, or when Drug Kits have short dated drugs, the Drug Kits' exteriors will be so-marked with the appropriate Medication Alert Card as provided by ODEMSA. The appropriate Pharmacy designee should notify ODEMSA as soon as possible for re-stocking of the Medication Alert Cards.

PREHOSPITAL AGENCY/PROVIDER RESPONSIBILITIES:

Each participating licensed prehospital agency and/or provider in the ODEMSA region agrees to the following:

A. When acquiring a new Drug Kit, to make prior appropriate arrangements with a hospital pharmacy to have the kit filled in accordance with the Drug Kit Contents of the designated prehospital patient care protocols.

B. To store and secure Drug Kits and related supplies in licensed EMS vehicles with ALS capability according to Virginia EMS Regulations (effective 1/15/2003), i.e. Section 12 VAC 5-31-520, and the Virginia Board of Pharmacy.

C. To otherwise comply with all Virginia Board of Pharmacy rules and regulations regarding Drug Kits.

D. When more than one Drug Kit is carried on an EMS vehicle, to rotate the kits in use to minimize long-term drug expiration.

E. To allow only Virginia certified and authorized prehospital providers or licensed and authorized medical personnel to handle or administer medications contained in Drug Kits specific to their scope of practice. Licensed medical personnel include hospital pharmacists, registered nurses and physicians.

F. To ensure that prehospital providers, at the beginning of a duty shift, will check Drug Kits in the possession of their respective agencies for drug expiration dates, for a security seal on the outside of the drug kit and to ensure the number on the seal matches the number recorded on the Drug Exchange Card.

G. To ensure that any drug kit with a broken/miss-matched seal or expired medications is reported to the appropriate EMS Pharmacy Control Officer (PCO), as designated by the agency, and taken to a participating hospital pharmacy to be inspected and, if appropriate, re-sealed or restocked.

H. To ensure that the administering prehospital provider fills out and files a PPCR, or its equivalent, when the contents of a drug kit are used during an emergency call.

I. Upon inspection of the drug kit, if an ODEMSA seal is discovered broken it must be returned to the pharmacy. If possible, once the drug kit is opened, the provider must make every effort to present the ODEMSA seal during the drug kit exchange.

J. To notify the Virginia Office of EMS/VDH when any Drug Kit's controlled substance(s) or regulated medical devices appear to have been diverted, in

compliance with Virginia EMS Regulations, 12 VAC 5-31-520. Such notification will involve use of the Virginia Office of EMS Drug Diversion Report Form (EMS-6023F as attached to this document), a copy of which will be sent to ODEMSA. (p. 26)

K. To ensure that any Drug Kit used on a call is cleaned and free of any dirt, blood or other fluids or biohazards, and is otherwise safe to handle before it is returned to the hospital pharmacy for replacement.

L. To ensure that the Prehospital provider disposes in appropriate containers, all trash, including supplies, from the use of the drug kit during a call.

M. To participate from time to time as needed in an inventory report to ODEMSA of Drug Kits in the agency's possession.

ODEMSA's RESPONSIBILITIES:

The Old Dominion EMS Alliance agrees to the following:

A. To properly prepare and mark Drug Kits for entry into the system.

B. To maintain, repair or replace Drug Kits in a timely fashion as needed and requested by hospital pharmacies.

C. To provide seals, forms and other documentation as needed and requested by hospital pharmacies.

D. To forward Discrepancy Forms to the last-filling hospital, and agency when appropriate, in a timely manner after such reports are filed by hospitals or individuals.

E. To coordinate the reporting process when there has been a significant discrepancy – as defined by the Committee – in accounting for drugs, e.g. involving two or more kits or Schedule II through V drugs (See Drug Kit Accountability above).

F. To ensure that drug audits and drug kit inventory results and other appropriate reports are available to the Pharmacy Committee.

G. To respond to complaints or problems from hospital or prehospital agencies and provide needed immediate assistance to mitigate until such time as the Pharmacy Committee can take appropriate action.

H. To communicate with the Virginia Office of EMS to ensure that office has received the original of any state Drug Diversion Report Form reported to ODEMSA.

I. To coordinate between the Pharmacy Committee and other standing committees -- i.e. Medical Control or Professional Development - as to proposed changes in the Drug Kit Contents.

J. To staff meetings of the ODEMSA Pharmacy Committee and ensure that meeting

notices and meeting minutes are distributed in a timely fashion.

COMPLIANCE AND MODIFICATION:

Compliance with these policies will be monitored by ODEMSA and reported regularly to the ODEMSA Pharmacy Committee, a standing committee of ODEMSA. That committee will decide on monitoring policies and on appropriate corrective action in the event of non-compliance.

The Pharmacy Committee will review recommended revisions and updates to these Regional Drug Kit & Ambulance Restocking Policies. Recommendations approved by the Pharmacy Committee will be forwarded to the Medical Control Committee or other appropriate Committee for endorsement, and ultimately to the ODEMSA Board of Directors for its action.

Reviewed by Virginia Board of Pharmacy 3/2002
Reviewed and Revised by ODEMSA Pharmacy Committee 06/2016

IV Fluid Exchange Program

Controlled Substances Registration Certificate

The Old Dominion EMS Alliance (ODEMSA) maintains and renews annually a ***Virginia Board of Pharmacy Controlled Substances Registration Certificate*** on behalf of state-licensed Emergency Medical Services (EMS) agencies within the ODEMSA region. It allows those agencies to maintain IV solutions outside of the sealed Drug Kits that are stocked by hospital pharmacies and carried on licensed EMS vehicles.

Substances included in this Certificate are:

A. IV Fluids: D5W and Normal Saline
B. Injectable Solutions: Normal Saline in vials for saline locks.

Only state-licensed EMS agencies that are a part of ODEMSA's Drug Kit and Ambulance Restocking Policy and Restocking Agreement are allowed to participate under this Certificate. Each of the acute care hospitals, and freestanding emergency departments in the ODEMSA region have signed the Restocking Agreement with ODEMSA. A copy of the Agreement and the Regional Drug Kit and Ambulance Restocking Policies is available from ODEMSA. A copy of the Certificate is attached to this document. (p. 28)

Applicable Protocols

The IV fluids will be used according to the patient care protocols and only by EMS providers who are certified by the Virginia Department of Health, Virginia Office of EMS, at the levels authorized to administer such IV fluids.

ODEMSA will ensure that each participating agency has an initial stock of IV fluids appropriate to the designated prehospital patient care protocols. These fluids may be carried outside of sealed Drug Kits within a licensed EMS vehicle consistent with applicable rules and regulations. When these fluids carried in an ambulance are used in the treatment of sick and/or injured persons, participating hospitals will replace those fluids on a one-for-one exchange.

Quarterly Drug Kit Inventory & Audit Process

Purpose

To account for ODEMSA issued Drug Kits on a quarterly basis.

Procedure

At the beginning of each calendar quarter (January, April, July, and October) all ODEMSA Drug Kits will be accounted for at the EMS Agency and Hospital Pharmacy level by conducting a physical inventory[1]. This will be completed by the 10th day of the month, and submitted to the ODEMSA Office Manager, preferably in an electronic format.

Each licensed EMS agency/pharmacy in the ODEMSA region will designate an EMS Pharmacy Control Officer (PCO) to coordinate this inventory. This person will be registered with the ODEMSA Pharmacy Committee. Any changes in personnel will need to be immediately communicated to the committee through ODEMSA.

The following steps will ensure this quarterly inventory is accomplished:

- Count and visually inspect each drug kit assigned to your agency. Inspection includes validation of the following:
    a. Seal number matches the last documented number on the blue and white card.
    b. Drug Kit is in date.
    c. No significant damage to the kit, plastic sleeves, handles or lock clasp.
    d. Drug Kit numbers are legible.
- Each agency will ensure they have the appropriate number of kits as assigned by ODEMSA. A rule of thumb is one kit per EMS licensed vehicle with ALS capability[2]. Additional kits will be stored in hospital pharmacies, or designated secure locations within the facility[3].
- Log the above information on the ODEMSA inventory form. Note any discrepancies and remove the kit from service if needed.
- If discrepancies or damaged kits are noted, contact ODEMSA immediately for further instruction[4].

Audit Process

An audit of agency Drug Kits and inventory processes may be performed at any time at the discretion of the Pharmacy Committee, or their designee. Notice will be given to agencies two (2) business days in advance of any audit.

Reasonable accommodations will be made regarding times for agencies that may not have adequate staff immediately available. When notified of the audit, agencies will be provided with the name and contact information of the person(s) conducting the audit.

If at any time during this process an EMS Agency has questions, please contact the ODEMSA office at 804-560-3300.

---

[1] Calendar quarters are defined as:
Q-1 January, February, and March
Q-2 April, May, and June
Q-3 July, August, and September
Q-4 October, November, and December

[2] If an agency feels one drug kit per EMS vehicle is not enough, a request for additional drug kits may be made by their designated EMS Pharmacy Control Officer (PCO), to the ODEMSA Pharmacy Committee. There will be a fee associated with additional kits, if approved. The fee is established by the ODEMSA Board of Directors.

[3] The Pharmacy Director or designee is responsible for maintaining an adequate supply of drug kits to meet demand.

[4] Examples of damaged kits would include: missing blue and white cards, missing or illegible number plates, broken lock bracket, numbers not matching, any signs of tampering and/or missing kits. If in doubt, contact ODEMSA immediately for further instruction.

Attachment A –

Drug Kit & Ambulance Restocking Agreement EMS Agency (SAMPLE)

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of high quality care for all citizens; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter "Regional EMS Councils") are charged with the "development and implementation of an efficient and effective regional EMS delivery system" and,

WHEREAS, each Regional EMS Council includes, ***inter alia***, representatives of participating local governments and hospitals, and physicians, nurses, pharmacists, emergency medical technicians and other allied health care professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

"**Participating**," when referring to a hospital, shall mean any Hospital that is party to the DRUG KIT/AMBULANCE RESTOCKING AGREEMENT – HOSPITAL; or, when referring to an EMS agency, shall mean an EMS Agency that is party to the DRUG KIT/AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY.

"**Emergency call**" shall mean any call for assistance initiated by the general public requesting response by a licensed EMS agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a hospital or other medical facility, unless the patient deteriorates into an acute care situation necessitating use of the drug kit.

WHEREAS, for many years, Virginia's Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies, upon delivery of a patient to a medical facility, have restocked their ambulances or other licensed EMS vehicles by exchanging used supplies and opened Drug Kits for new supplies and sealed Drug Kits provided by the medical facility's licensed pharmacy; and

WHEREAS, the Old Dominion EMS Alliance, Inc. (hereinafter "ODEMSA"), representing licensed EMS agencies in Planning Districts 13, 14, 15 and 19, and the undersigned licensed EMS agency (hereinafter "the participating EMS agency") desire to participate in the continued development and maintenance of a coordinated emergency medical services system that provides the highest quality of prehospital emergent care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. ODEMSA and the licensed participating EMS agency hereby acknowledge their participation in the development of a protocol for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles operating within the ODEMSA region and agree to conduct themselves

in accordance with restocking policies established by ODEMSA (a copy of current restocking policy is attached to this agreement).

2. ODEMSA agrees to maintain the agreements and monitor compliance with the restocking policies by the participating EMS agency and participating Hospitals within ODEMSA's jurisdiction, to mediate differences or variances, and when appropriate, to report non- compliance to the Virginia Office of Emergency Medical Services.

3. The participating Hospitals agree to provide to the participating EMS agency, supplies and pharmaceuticals on a one-for-one drug kit basis as specified within the restocking policies, only when such provision of supplies and pharmaceuticals results from the response to an emergency call or expiration of supplies.

4. The participating EMS agency agrees that if they choose to bill for service, they will charge only for an approved rate or equivalent rate created by government regulation. The participating EMS agency will not bill for the provision of individual medications.

5. The participating EMS agency agrees to follow all applicable Office of EMS and Board of Pharmacy regulations involving the storage, use and exchange of the drug kit. The Hospitals agree to use reasonable care in the preparation and storage of the supplies and pharmaceuticals.

6. Participation by the Hospitals in the Restocking Policies is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospitals.

7. As to the pharmaceuticals themselves, the participating EMS agency acknowledges that the Hospitals participate in the restocking policies by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.

8. The participating EMS agency shall cooperate with the participating Hospitals in providing the Hospitals with information reasonably necessary to account for supplies and pharmaceuticals. The participating Hospitals shall cooperate with the participating EMS agency by providing an appropriate Emergency Department Supply Replacement Form.

9. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, ODEMSA and the participating EMS agency shall make available upon written request from the Secretary of Health and Human Services, or upon request from the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of ODEMSA and the participating EMS Agency that are necessary to certify the nature and extent of costs.

10. If ODEMSA or the participating EMS agency enter into any subcontract with a related organization as may be permitted by the Agreement, ODEMSA or the participating EMS Agency, as the case may be, shall require in such subcontract that the subcontractor also AGREE TO THESE SAME REQUIREMENTS. (42 CFR 420.302).

11. ODEMSA and the participating EMS agency, and participating Hospitals, agree to monitor the restocking Policies, to address, and if appropriate, report variance or non-compliance, and to periodically consider revisions thereto, for the purpose of promoting continuing improvement in the delivery of emergency medical services, thereby decreasing morbidity, disability and mortality.

12. The ODEMSA Board of Directors, in consultation with the representatives of the participating Hospitals and EMS agencies (e.g. a committee composed of OMD's, Hospital Pharmacists and Emergency Department Nurse Managers, and EMS Agency Leaders), from time to time may revise the restocking policies. ODEMSA agrees to provide advance written notice of any such changes to the participating EMS agency and the participating Hospitals.

13. Either party may terminate this Agreement upon one hundred and eighty (180) days written notice to the other party and notice to the Virginia Office of Emergency Medical Services and ODEMSA. In addition, the participating EMS agency can participate in this Agreement only to the extent that funds are appropriated for the services described herein.

14. This Agreement, including the policies relating to ambulance restocking by Hospitals sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matter covered by this Agreement. Any changes to this Agreement must be made in writing and signed by the parties.

Entered into this _____ day of _____, by and between:

_____Signed

_____Print Name

Executive Director, Old Dominion EMS Alliance, Inc. (ODEMSA)

_____Signed

_____Print Name/Title

_____Print EMS Agency

Attorney Approved 8-2013

Attachment B –

Drug Kit & Ambulance Restocking Agreement Hospital (SAMPLE)

WHEREAS, pursuant to Section 32.1-111.3 of the Code of Virginia, it is the express public policy of the Commonwealth of Virginia to have a statewide, comprehensive, coordinated emergency medical care system in order to increase the accessibility and uniformity of high quality care for all citizens; and

WHEREAS, pursuant to Section 32.1-111.11 of the Code of Virginia, regional emergency medical services councils (hereinafter "Regional EMS Councils") are charged with the "development and implementation of an efficient and effective regional EMS delivery system" and,

WHEREAS, each Regional EMS Council includes, ***inter alia***, representatives of participating local governments and hospitals, and physicians, nurses, pharmacists, emergency medical technicians and other allied health care professionals; and

WHEREAS, for purposes of this agreement, the following definitions are accepted:

"**Participating**," when referring to a hospital, shall mean any Hospital that is party to the DRUG KIT/AMBULANCE RESTOCKING AGREEMENT – HOSPITAL; or, when referring to an EMS agency, shall mean an EMS Agency that is party to the DRUG KIT/AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY.

"**Emergency call**" shall mean any call for assistance initiated by the general public requesting response by a licensed EMS Agency, made by any means of communication, and shall specifically not include calls for pre-arranged routine transportation initiated by a hospital or other medical facility, unless the patient deteriorates from an acute care situation necessitating use of the drug kit, and.

WHEREAS, for many years, Virginia's Regional EMS Councils have supported cooperative arrangements by which licensed EMS agencies, upon delivery of a patient to a medical facility, have restocked their ambulances or other licensed EMS vehicles by exchanging used supplies and opened Drug Kits for new supplies and sealed Drug Kits provided by the medical facility's licensed pharmacy; and

WHEREAS, the Old Dominion EMS Alliance, Inc. (hereinafter "ODEMSA"), representing licensed EMS agencies in Planning Districts 13, 14, 15 and 19, and the undersigned Hospital (hereinafter "the Hospital") desire to participate in the continued development and maintenance of a coordinated emergency medical services system that provides the highest quality of prehospital emergent care;

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein, the undersigned agree as follows:

1. ODEMSA and the licensed participating Hospital hereby acknowledge their

participation in the development of a protocol for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles operating within the ODEMSA region and agree to conduct themselves in accordance with restocking policies established by ODEMSA (a copy of current restocking policies is attached to this agreement).

2. ODEMSA agrees to maintain the agreements and monitor compliance with the restocking policies by the participating Hospital and participating EMS Agencies within ODEMSA's jurisdiction, to mediate differences or variances, and when appropriate, to report non-compliance to the Virginia Office of Emergency Medical Services.

3. The participating Hospitals agree to provide to the participating EMS agency, supplies and pharmaceuticals on a one-for-one drug kit basis as specified within the restocking policies, only when such provision of supplies and pharmaceuticals results from the response to an emergency call or expiration of supplies.

4. The participating EMS agency to use reasonable care to prevent the participating Hospitals from incurring liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the participating Hospitals.

5. Participation by the Hospitals in the Restocking Policies is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospitals.

6. The Hospitals participate in the restocking policies by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED. The Hospitals agree to use reasonable care in the preparation and storage of those supplies and pharmaceuticals.

7. The participating EMS agency shall cooperate with the participating Hospitals in providing the Hospitals with information reasonably necessary to account for supplies and pharmaceuticals. The participating Hospitals shall cooperate with the participating EMS agency by providing an appropriate Emergency Department Supply Replacement Form.

8. Until the expiration of five (5) years after the furnishing of any services pursuant to this Agreement and to the extent, if any, required by applicable law or regulation, ODEMSA and the participating EMS agency shall make available upon written request to the Secretary of Health and Human Services, or upon request to the Comptroller General, or any of their duly authorized representatives, this Agreement and books, documents, and records of ODEMSA and the participating EMS Agency that are necessary to certify the nature and extent of costs. If ODEMSA or the participating EMS Agency enter into any subcontract with a related organization as may be permitted by the Agreement, ODEMSA or the participating EMS Agency, as the case may be, shall require in such subcontract that the subcontractor also AGREE TO THESE SAME REQUIREMENTS. (42 CFR 420.302).

9. ODEMSA and the participating Hospital, and participating EMS Agencies, agree to

monitor the restocking Policies, to address, and if appropriate, report variance or non-compliance, and to periodically consider revisions thereto, for the purpose of promoting continuing improvement in the delivery of emergency medical services, thereby decreasing morbidity, disability and mortality.

10. The ODEMSA Board of Directors, in consultation with the representatives of the participating Hospitals and EMS agencies (e.g. a committee comprised of OMD's, Hospital Pharmacists and Emergency Department Nurse Managers, and EMS Agency Leaders), from time to time may revise the restocking policies. ODEMSA agrees to provide advance written notice of any such changes to the participating Hospital and the participating EMS Agencies.

11. Either party may terminate this Agreement upon one hundred and twenty (120) days written notice to the other party and notice to the Virginia Office of Emergency Medical Services and ODEMSA.

12. This Agreement, including the policies relating to ambulance restocking by Hospitals sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matter covered by this Agreement. Any changes to this Agreement must be made in writing and signed by the parties.

Entered into this _____ day of _____, by and between:

_____Signed

_____Print Name
Executive Director, Old Dominion EMS Alliance, Inc. (ODEMSA)

_____Signed

_____Print Name/Title

_____Print Hospital Name

Attachment C - Prehospital Patient Care Protocols Drug Kit Contents

PRIMARY (1ST TIER) MEDICATIONS

Effective: June 2016

Primary Medications 1st Tier	Concentration	How Supplied	Form	Qty
Adenosine (Adenocard)	3 mg/ml	6 mg/2 ml	Inj	5
Albuterol Nebs	0.83 mg/ml	2.5 mg/3 ml	Inh	4
Amiodarone	50 mg/ml	150 mg/3 ml	Inj	4
Atropine Sulfate	0.1 mg/ml	1 mg/10 ml	Inj	2
Calcium Chloride 10%	100 mg/ml	1 gm/10 ml	Inj	1
Dexamethasone	10 mg/ml	10 mg/1 ml	Inj	1
Dextrose 10% 250ml bag	100mg/ml	25gm/250 ml	Inj	2
Diphenhydramine (Benadryl)	50 mg/ml	50 mg/1 ml	Inj	1
Epinephrine 1 mg/ml	1 mg/ml	1 mg/1 ml	Inj	2
Epinephrine 1 mg/ml	1 mg/ml	30 mg/30 ml	Inj	1
Epinephrine 0.1 mg/ml	0.1 mg/ml	1 mg/10 ml	Inj	5
Fentanyl	50 mcg/ml	100 mcg/ 2 ml	Inj	2
Furosemide (Lasix)	10 mg/ml	100 mg/10 ml	Inj	2
Glucagon	1 mg/ml	1 mg/1 ml	Inj	1
Ipratropium Nebs (Atrovent)	0.2 mg/ml	0.5 mg/2.5 ml	Inh	4
Magnesium Sulfate	500 mg/ml	1 gm/2 ml	Inj	2
Metoprolol (Lopressor)	1 mg/ml	5 mg/5 ml	Inj	2
Midazolam (Versed)	5 mg/ml	5 mg/ml	Inj	2
Naloxone (Narcan)	1 mg/ml	2 mg/2 ml	Inj	2
Nitroglycerin SL Tablets	0.4 mg/tablet	25 tablets	Tab	1
Nitropaste UD Packet	1 gm/inch	1 gm	Paste	4
Norepinephrine (Levophed)	1 mg/ml	4 mg/4 mL	Inj	2
Ondansetron (Zofran)	2 mg/ml	4 mg/2 ml	Inj	1
Sodium Bicarbonate	1 mEq/ml	50 mEq/ 50 ml	Inj	1
Ziprasidone (Geodon)	20 mg/ml	20 mg	Inj	1

MISC ITEMS	AMOUNT	QTY
Normal Saline	50 ml	1
D5W	100 ml	1
Sterile H_20 (use with Geodon)	10 ml	1
Filter Needles		5

ACCESSORIES	QTY
Tubex Holder	1
IV Fluid Labels	3

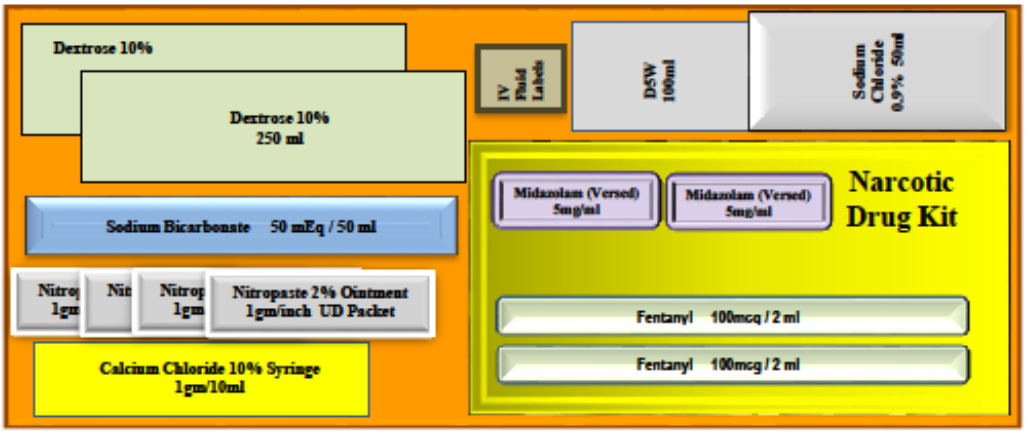
Attachment D - Prehospital Patient Care Protocols Drug Kit Schematic

Effective June 2016

TOP TRAY

MIDDLE TRAY

BOTTOM TRAY



[Type text]
RPH Name: _____ Hospital Name: _____ Date: _____

Attachment E – For Optional Use

Regional Standard EMS Supply Exchange Form

STANDARD LIST OF RESTOCKED ITEMS

Instructions – Complete form in duplicate. Original to hospital, copy to EMS agency. This form is not required if only linens are exchanged.

Item Category	Circle each item exchanged, then indicate Quantity to right →					Qty
Normal Saline	1000 or 500cc bag	250 or 100cc bag	10 cc vial	10cc prefilled syringe		
IV Administration Devices	Saline lock	10gtt/20gtt macro	60 gtt micro set	3-way stopcock	Extension Set	
IV Prep Supplies-tape, start kits, alcohol preps, etc.)	(Indicate 1 quantity per IV started)					
IV Catheters	14 or 16 gauge	18 gauge	20 gauge	22 gauge	24 gauge	
Intraosseus Needle	indicate size(s) →	_____	(Indicate 1 quantity per IV started)			
Syringes	20 or 10 cc	5 cc	3cc	1cc (or other →)	_____	
Disposable BVM	Adult	Pediatric	Infant			
Non Rebreather Mask	Adult	Pediatric	Infant			
Venturi Mask or Other	Adult	Pediatric	Infant			
Nasal Cannula	Adult	Pediatric	Infant			
Aerosol Mask	Adult	Pediatric	Infant			
Handheld Nebulizer						
Oral Airway	0 or 1	2	3	4	5	
Nasal Airway	24 FR (8.0mm)	26 FR (8.7mm)	28 FR (9.3mm)	30 FR (10.0mm)	32 FR (10.7mm)	
Lubricating Jelly	Individual Packets					
ET Tubes (Cuffed)	9.0	8.5	8.0	7.5	7.0	
	6.5	6.0				
ET Tubes (Uncuffed)	5.5	5.0	4.5	4.0	3.5	
	3.0	2.5	2.0			
Malleable Stylettes	Adult	Pediatric	Infant			
Supraglottic Airway Device	Indicate Type →	_____		Indicate Size →	_____	
EKG Electrode Pads	Adult	Pediatric				
Suction Supplies	Tonsil Tip	Tubing	Canister			
Suction Catheters	6 FR	8 FR	10 FR	14 FR	18 FR	
Miscellaneous Items	Bedpan / Urinal	Emesis Basin	'Chuck Bucket'	Razor	Bandages / Kling	
Linens	Sheet	Blanket	Pillow Case	Pillow	Towel	
Other, not listed	_____					

Date: _____ Call # or Incident #: _____

EMS Provider Name: _____

EMS Agency: _____ Hospital: _____

Patient ID: _____

Place registration label here, if available, otherwise put patient's name

Attachment F - EMS Drug Diversion Report Form

VIRGINIA OFFICE OF EMS
1041 Technology Park Drive
Glen Allen, Virginia 23059-4500

EMS Agency Drug Diversion Report Form

Date of Report: _____ Date Incident occurred or discovered: _____

Person completing this report: _____ Phone: (w) _____

Address: _____ State: _____ Zip: _____ Phone: (h) _____

Email: _____

Name of EMS agency involved: _____ Agency Number: _____

Signature of person completing report: _____ Date: _____

Meds missing from: Supply Storage Area _____ Vehicle _____ Signs of physical damage: Y N

Meds in Locked Cabinet or Box: Y N Is this the first diversion incident for this agency? Y N

Date discovered: _____ Time discovered: _____ Last date meds were checked: _____

Address the Diversion occurred: _____

Person that discovered the Diversion: _____ Phone: _____

Address: _____ State: ____ Zip: _____ Phone: _____

Has local law enforcement been contacted? Y or N Name of Law Enforcement Agency: _____

List the Meds and volume of each involved in this diversion:

Person making the discovery of the Med Diversion must file a written statement with specific details about what they found and observed at that time and, attach that statement to this report. These documents must be forwarded to:

Virginia Office of EMS
1041 Technology Park Drive
Glen Allen, Virginia 23059-4500 Statement attached: Y N
1-800-523-6019 (VA only) 804-371-3409 (facsimile)

Date report received by OEMS: _____ Received by: _____
Investigation required: Y or N Person Assigned: _____

EMS-6023F
Revised: January 6, 2011

Attachment G - Drug Kit Problem Report

PLEASE PRINT

Date of Report:		**Discovery Date:**	
Person Completing Report:			**Phone:**
Hospital:		**Email:**	
Drug Kit #:	**ODEMSA Seal #:**		**Controlled Seal #**
PPCR or Incident #:		**EMS Agency:**	
EMS Provider(s):			
Nature of Problem(s): (explain in detail, circle where appropriate)			
Controlled Substance Name(s):		**Other Drug(s):**	
Missing Contents: All Partial Diluted		**Missing Contents: All Partial Diluted**	
Improperly Wasted	**Improper Documentation**	**Improperly Wasted**	**Improper Documentation**
Dirty/Contaminated Drug Kit or Contents(describe):			
Other Problem(s):			
Comments/Findings:			
Action Taken:			
Drug Discrepancy Report Mailed/Faxed to:	**Office of EMS**	**ODEMSA**	

Please email to rdillon@vaems.org, or fax to 804-560-0909, or mail to ODEMSA.

Reviewed and Revised 1/2013
Changed ODEMSA contact email 12/2014

Attachment H - **Virginia Board of Pharmacy Controlled Substances Registration Certificate**

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., *Director*

Caroline D. Juran
Executive Director
(804) 367-4456

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

Controlled Substances Registration

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

Heidi M. Hooker
1463 Johnston Willis Dr.
Richmond VA 23235-4730

Controlled Substances Schedules
6

Expires
02/28/2017

Number
0220000523

For Information About This License, visit our website: www.dhp.virginia.gov
To File a Complaint About a Licensee, Call: 1-800-533-1560

Attachment I - Recommending Additions to & Deletions from the Regional Drug Kit

This process has been adopted by the Old Dominion EMS Alliance Pharmacy and Medical Direction committees to facilitate changes in the regional Drug Kit, maintain an effective selection of medications in that kit, and to minimize stress on the Central Virginia EMS system.

The deadline to submit a completed recommendation form is March 31 or Sept. 30 of any year. Any changes usually will be implemented on January 1 or July 1 of any year. In an emergency, another closer implementation date may be considered.

Recommendations can be made by any of the following:

- Operational Medical Director
- Emergency Department Physician
- Hospital Pharmacy Director or Designee.
- EMS Provider with endorsement by OMD

When submitted to ODEMSA, the recommendation and documentation will be considered as soon as possible by the Pharmacy Committee. Copies will be provided to the Professional Development Committee. Once approved by the Pharmacy Committee, the document will be forwarded with the committee's comments to the Medical Control Committee where it will be taken under consideration at the next quarterly meeting. Copies will be provided to the Professional Development Committee. Once approved by the Medical Control Committee, the document will be forwarded with the committee's comments to the Board of Directors where it will be taken under consideration at the next quarterly meeting.

If endorsed by both the Pharmacy and Medical Control Committees and the ODEMSA Board of Directors, the recommended change will be put into effect at the nearest implementation date: January 1 or July 1, but not less than 90 days after approval unless there is a demonstrated or declared emergency.

In the event of a dispute, two members of the Pharmacy Committee, two members of the Medical Control Committee and two members of the Professional Development Committee will form a task force to decide the issue in consultation with the person(s) making the recommendation. That decision will be final. Any recommended change will be put into effect at the nearest implementation date: January 1 or July 1.

Reviewed and Revised 1/2013

Attachment J - Form for Recommendation for Additions to & Deletions from the Regional Drug Kit

Instructions: *Please complete the form below and return to ODEMSA at the address above. Note that the deadline for consideration is March 31 or Sept. 30 of any year. The implementation date will be January 1 or July 1 of any year, whichever is closest, once the change has been approved. In an emergency, another closer implementation date may be considered. If you need additional space, attach to this form the documentation and additional explanation pages, using the letters below as a guide.*

PLEASE PRINT

Name:	**Date:**
Email Address:	**Phone:**
Agency/Hospital:	**Licensure or Certification Level:**
Signature of Supporting OMD (if EMS Provider):	
Print Name of Supporting OMD (if EMS Provider):	
State Problem:	
Existing Medications/Resources to Treat Problem:	
Limitations of Existing Meds/Resources:	
Recommendations:	
Basic Cost per Drug Kit:	
For Office Use Only	
Pharmacy Committee Endorsement:	**Date:**
Medical Control Committee Endorsement:	**Date:**
Board of Directors Endorsement:	**Date:**
Task Force Endorsement (if applicable):	**Date:**
Date Implemented:	

ATTACH SUPPORTING DATA OR ADDITIONAL PAGES AS NEEDED.

ATTACH RECOMMENDED EDUCATION, TRAINING AND/OR PROTOCOL MATERIALS.

REVIEWED AND REVISED-WITH UPDATED AGENCY AGREEMENT 8/2013
APPROVED BY ODEMSA PHARMACY COMMITTEE 04/2015
REVIEWED BY BOD 06/2015