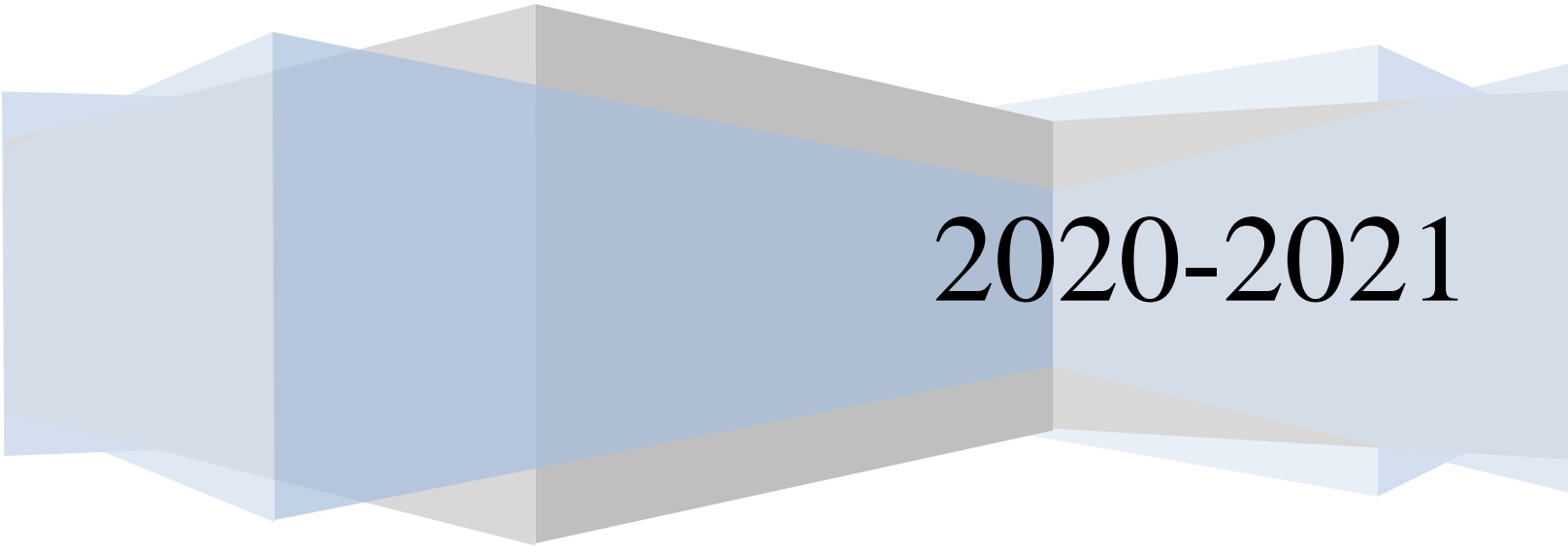


BLUE RIDGE EMS COUNCIL

REGIONAL DRUG BOX & AMBULANCE RESTOCKING PROGRAM

BREMS



2020-2021

Blue Ridge Emergency Medical Services Council, Inc.

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Blue Ridge Emergency Medical Services Council, Inc.

Regional Ambulance Restocking Policy by Hospitals

SCOPE: This policy pertains to all participating licensed EMS agencies and all licensed EMS vehicles operated by these agencies, and all participating hospitals within the Blue Ridge EMS Region.

PURPOSE: To provide a means of maintaining essential emergency medical supplies on regional EMS ambulances through a one-for-one exchange system with area hospital emergency departments and hospital pharmacies.

POLICY ELEMENTS:

1. Hospitals will exchange, on a one-for-one basis, certain supplies and pharmaceuticals used by participating licensed EMS agencies when such exchange results from response to an emergency call.
 - a. Supplies are listed on the attached “*Standard List of Restocked Items.*”
 - b. Pharmaceuticals are listed in the Blue Ridge EMS Council “*Standard Drug Box Inventory*” and are published in the Council’s “*Operational Protocols,*” current edition.

Because this policy applies only to the provision of care for emergency calls, and for patients requiring emergent care, it is specifically noted that no differentiation is made between participating non-for-profit and for-profit EMS agencies. This policy is strictly intended to promote and maintain standardized emergency patient care throughout the region, consistent with regional “*Operational Protocols,*” and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

It is further specifically noted that this one-for-one exchange policy applies to “Community Assist” and “Helicopter Assist” calls where an agency might expend exchangeable supplies and/or pharmaceuticals on emergency calls not resulting in patient transport by that agency. In such cases, the hospitals have agreed to exchange in the same manner as when a patient is delivered by the agency, and the agency agrees to provide appropriate patient identifier information.

2. EMS personnel will utilize a the *BREMS Accudose Supply Tower Requisition Form* in order to document and facilitate the exchange of supplies. Ambulance personnel will utilize the *Prehospital Patient Care Report* (or its equivalent) in order to document the exchange of drugs. Other locally required inventory control forms are also permitted. In keeping with recordkeeping requirements of the Centers for Medicare and Medicaid Services regulation, the hospitals and EMS agencies shall maintain these exchange records for a period of at least five (5) years.
3. Only the hospitals, and not the EMS agencies, will bill for any of the replenished items.
4. Problem solving and evaluation of the exchange system by hospital E.D. managers, local agency

EMS leadership, Blue Ridge EMS Council staff, and the Council's Allied Resources Committee will be conducted periodically. Non-compliance reports will be reviewed by EMS Council staff and the Allied Resources Committee, and appropriate corrective action will be taken.

5. Compliance with the policies relating to ambulance restocking and the ambulance restocking agreements will be monitored by BREMS in cooperation with the participating hospitals and participating EMS agencies. BREMS, The OMD Committee, and the BREMS Board of Directors will review reports of non-compliance, and will take appropriate corrective action.
6. Program revisions and updates by E.D. managers, agency EMS leadership, Operational Medical Directors, and the Pharmacy Committee will be implemented as indicated and as approved by participants.
7. Request for an additional drug box by an EMS agency must come from the EMS agency/locality leadership in writing to BREMS. BREMS will forward the request to the receiving hospital and help coordinate the new drug box pick up. Request for additional AP bags must be handled in the same manner.

Blue Ridge Emergency Medical Services Council, Inc.

Drug Box /Soft Supply Exchange Policy

All BREMS agencies can exchange drug boxes at the emergency department. Drug boxes contain only drugs.

- Soft supplies can be exchanged through the system outlined below for our local hospitals. Patients transferred to the hospital by EMS are charged for soft supplies, therefore all soft supplies must be picked up and accounted for during the patient transfer time. Agencies may not come back later and pick up supplies used on a previous patient.

Centra's Lynchburg General Hospital ED

Drug boxes can only be accessed by obtaining assistance from the LGH Charge nurse or their designee. There is a key at the charge nurse desk they use to access the EMS Equipment Room. If the drug box has a broken seal, the drug box must be taken to the Pharmacy. All IV fluids and soft supplies like *C-Collars*, *ET tubes* and *Oxygen masks* will be kept in the BREMS Acudose Supply Tower. The IV exchange items will be handled by EMS personnel individually using agency codes provided by the hospital.

Centra's Bedford County Memorial ED

Agencies needing to exchange a drug box will ask the ER nurse or ED technician for the exchange. If the drug box has a broken seal, the drug box must be taken to the Pharmacy. The fluids and other IV supplies will be exchanged with the ED nurse from the floor stock.

Centra's Southside Farmville Hospital

Agencies bringing a drug box will exchange in the ED with the ED receiving nurse. If the drug box has a broken seal, the drug box must be taken to the Pharmacy. Fluids and other soft supplies will be exchanged with the ED nurse from the floor stock by request one for one used on the patient.

Centra's Gretna Facility

Agencies bringing a drug box will exchange in the ED with the ED receiving nurse. If the drug box has a broken seal, the drug box must be taken to the Pharmacy. Fluids and other soft supplies will be exchanged with the ED nurse from the floor stock by request one for one used on the patient.

Ambulance Storage Instructions

All exchanged drug boxes will be stored in a locked cabinet on the ambulance. If an ambulance goes out of service for an extended amount of time, the drug box must be brought back to the pharmacy and BREMS must be notified. When an ambulance is in a location that does not allow for proper temperature control for the drug box for an extended amount of time (i.e., Mechanic shop), the drug box must be stored in a locked and temperature control environment. If the drug box is left on the ambulance and has to be exchanged due to temperature control issues, the hospital reserves the right to invoice the agency for the contents of the drug box.

Exchange at all other hospitals need to be directed by the Emergency Department.

Blue Ridge Emergency Medical Services Council, Inc.

Drug Box Exchange Process

1. It is preferred drug boxes be exchanged by completion of the call, and must be exchanged by the end of the provider's shift period.
2. Drug boxes must be exchanged at the hospital the patient is transferred too as long as the hospital is part of the BREMS drug box exchange program. If the drug box is exchanged at a different hospital from where the patient was taken, written explanation of this must be placed in the PPCR narrative and BREMS must be notified.
3. Provider gives completed patient copy of the PPCR to receiving nurse. Obtain a patient ID sticker from the ED registrar and apply to every page of the completed PPCR. (If you have an ECG printout, you must also apply a Patient ID Sticker to the ECG printout).
4. Providers complete the Pharmacy Administration record (provided in the drug box) and must place a patient sticker on this form.
 - All areas of the Pharmacy Administration record must be completed; including all patient identifiers, the Incident number, old drug box number, new drug box number, reseal number, EMS provider information, medication and dose administered and all signatures required. Example of this form is on page 9 of this policy.
 - All medication administrations will be documented on this form (including controlled substances).
 - For the administration of any Sch II-V controlled substances- as long as it is a standing protocol no physician signature is needed. However, if there is an online medical control order a physician signature will be required. Signatures are still required for wasting controlled substances.
 - Effective May 10, 2021- two EMS providers may waste partially used Schedule II-V controlled substances. All waste shall be done at the hospital using the appropriate waste container. The ED nurse will continue to facilitate the box exchange and reconciliation of controlled substances.
 - The administration of non-controlled substances (Sch VI) does not require a signature as long as the administration is part of a standing protocol.
5. Place copy of the PPCR inside the drug box with the Pharmacy Administration record. Place green lock (has an imprinted logo LGH RX on the lock) on the outside of drug box. If the red or green seal is broken, you will need to exchange the drug box at the pharmacy. Replacement green locks are not available in the ED.
6. Record the exchange on the BREMS box exchange in the ED drug box cabinet. Make sure to include the Reseal number of the Narcotic box on the Pharmacy Administration Record prior to resealing the drug box.
7. The drug box exchange process is the same during the exchange for a termination in the field. Include the online medication direction orders for the termination in the narrative of the PPCR, to include the physician name and time given.

Soft Supplies

(IV supplies / Saline Loc's, C-Collars, and other Patient Supplies not found in the BREMS drug box.)



1. Soft supplies can be exchanged through the system outlined for each of the local hospitals. Patients transferred to the hospital by EMS are charged for soft supplies, therefore all soft supplies must be picked up and accounted for during the patient transfer time. Agencies may not come back later and pick up supplies used on a previous patient.
2. Provider gives completed patient copy of the PPCR to receiving nurse. Obtain a patient ID sticker from the ED registrar and apply to every page of the PPCR (If you have an ECG printout, you must also apply a patient ID sticker to the ECG printout).
3. Lynchburg General Hospital Exchange- The soft supply exchange items will be handled by EMS personnel individually using agency codes provided by the hospital for the EMS Acudose Supply Tower.

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**PHARMACY ADMINISTRATION RECORD
 PHYSICIAN ORDER FORM**

PLACE COMPLETED FORM IN DRUG BOX TO BE RETURNED TO PHARMACY

DATE (mm/dd/yyyy) June 26, 2020	INCIDENT # 123-456-7819	OLD BOX # 141-19	RESEAL # 123456
PATIENT'S NAME (Apply Patient Sticker if available) John Doe	PATIENT'S DOB (mm/dd/yyyy) 06/26/2020	NEW BOX # 142-19	

AIC NAME (printed) EMS Provider Name Here	AIC SIGNATURE <i>EMS Provider</i>
AIC CERT # E-0312145609	
EMS AGENCY NAME	

PROTOCOL STANDING ORDER MEDICATION ADMINISTRATION

MEDICATION	AMT ADMIN	MEDICATION	AMT ADMIN
Zofran	4mg		
Midazolam	8mg		

NARCOTIC WASTED	AMOUNT	WITNESS SIGNATURE	RESEAL #
Midazolam	2mg	<i>Witness</i>	123456

↓ **THIS SECTION COMPLETED ONLY FOR MEDICAL CONTROL / ONLINE ORDERS** ↓

Per Virginia Board of Pharmacy regulation, the EMS physician issuing a Medical Control/Online Order for the administration of any medication outside of an existing standing protocol must reduce such an order to writing, sign the order, and provide a copy of the order to the hospital pharmacy. A copy of such an order must be attached to the Pharmacy Administration Record or the EMS physician may complete and sign the section below to reduce the oral order to writing. Such a writing must be returned to the pharmacy within seven (7) days.

MEDICAL CONTROL / ONLINE ORDER MEDICATION ADMINISTRATION

MEDICATION	AMT ADMIN	MEDICATION	AMT ADMIN

NARCOTIC WASTED	AMOUNT	WITNESS SIGNATURE	RESEAL #
PHYSICIAN NAME (printed)	DEA # (REQUIRED ONLY FOR NARCOTICS)	PHYSICIAN SIGNATURE	

Rev. 0416

EXAMPLE

BREMS Drug Box Configuration

Top Drawer

Albuterol 0.083% Inh Solution 2.5mg/3ml (4)	Diphenhydramine 25mg Capsule (2) Green Lock (1)	Nitroglycerin 2% Ointment (5) Nitroglycerin 0.4mg Sublingual (25)
Oxymetazoline 0.05% Nasal 15ml (Afrin)	Aspirin Baby Chewable 81mg (4) Ondansetron 4mg ODT (2)	
Acetaminophen (Tylenol) 500mg Tabs (2) Acetaminophen (Tylenol) Liq 325mg/10.15ml (2) Glucagon 1mg Injection (1)		

Middle Drawer

Lidocaine 100mg/5ml Pre-Load (3)	Prednisone 20mg Tab (3)	Epinephrine Inj 1:1000 (1mg/ml) 1ml (3)	Ondansetron 4mg/2ml Inj (2)	Diphenhydramine 50mg/ml Inj 1ml (2)
Adenosine 3mg/ml Inj 2ml (3)				Enalaprilat 1.25mg/ml Inj 2ml (1)
Naloxone 1mg/ml Inj 2ml (2)	Ketorolac Inj 30mg/ml 1ml (1)	Saline Bullets for Inh 3ml (2)	Norepinephrine 1mg/ml Inj 4ml (2)	Magnesium Sulfate 1gm/2ml Inj (4)
				Methylprednisolone Succ 125mg Inj (1)
				Sodium Chloride 0.9% for Inj 10ml (2)

Bottom

Narcotic Pouch	Atropine Sulfate 1mg Pre-Load (3)	Epinephrine 1:10,000 Pre-Load (6)
Midazolam 5mg/ml Inj 1ml (2)	Calcium Chloride 1gm/10ml Pre-Load (1)	Dextrose 10% in Water 250ml (2)
Morphine 10mg/ml Inj 1ml (1)	Sodium Bicarbonate 50mEq Pre-Load (2)	
Carpject Holder (1)		

Pre-Loads may be replaced by vials at times due to medication back orders

BREMS Drug Kit Exchange (Lynchburg General Hospital)

Date	Time	Old Kit #	New Kit #	EMS Provider Name	Certification #	Agency	ED Nurse Signature (Exchange and Reconciliation of Narcotics)	Narcotic Kit Opened		Narcotic Discrepancies		Discrepancy Description (For discrepancies, do not exchange box, and indicate below the provider was sent to pharmacy)
								No	Yes	No	Yes	
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								
				Print _____ Sign _____								

BREMS BMH Drug Box Exchange Log

[illegible]

EMS – Drug Box Exchange Sheet
NO EXCHANGE WITHOUT SIGNED RUN SHEET
BREMS Only- Centra Southside Community Hospital/ Gret

[illegible]

LYNCHBURG GENERAL HOSPITAL BREMS – ACUDOSE SUPPLY TOWER REQUISITION FORM

QUANTITY		QUANTITY	
	CANNULA, NASAL		COLLAR, NECK ADULT ADJUSTABLE
	DETECTOR, END TIDAL, CO2, ADULT		COLLAR, NECK PEDIATRIC ADJUSTABLE
	NEBULIZER, W/6" FLEX TUBE AEROSOL		DEFIB, ZOLL PADS, ADULT / PEDS
			BAG, RESUSCITATION ADULT
QUANTITY			MASK, BOUSSIGNAC CPAP DEVICE
	MASK, NON-REBREATHES		NDL/SYRINGE SAFETYGLIDE 3M
	TUBE, ENDOTRACH SZ 6.5		
	TUBE, ENDOTRACH SZ 7.0	QUANTITY	
	TUBE, ENDOTRACH SZ 7.5		AUTOPULSE LIFE BAND
	TUBE, ENDOTRACH SZ 8.0		BAG, RESUSCITATION INFANT
			BAG, RESUSCITATION PEDIATRIC
QUANTITY			CANNULA, NASAL PEDIATRIC
	NACL, 0.9% INJ 1000ML		DEFIB, ZOLL PADS, PEDIATRIC
	NACL, 0.9% INJ 100ML		EZ-IO STABILIZER
	LACTATED RINGERS, 1000ML		MASK, iGEL, SZ 3
	SET, IV PRIMARY		MASK, iGEL, SZ 4
			MASK, iGEL, SZ 5
QUANTITY			MASK, NON-REBREATHES PEDIATRIC
	MUCOSAL ATOMIZATION DEVICE (MAD)		NDL, EZ-IO NEEDLE (BLUE TOP)
	KIT, IV START W/ CHOROPREP		NDL, EZ-IO NEEDLE (PINK TOP)
	NACL, 0.9% INJ 10 ML PRE-FILLED SYRINGE		NDL, EZ-IO NEEDLE (BARIATRIC)
	SET, MACROBORE EXT CLAVE		PRESSURE INFUSION BAG (EZ-IO INFUSIONS ONLY)
	SET, MACROBORE EXT CLAVE W/ "T"		SUCTION, CANISTER
	SET, VENOSSET PB MACRO		SUCTION, TUBING CONNECT
			SUCTION, SZ FRENCH TIP 10
			SUCTION, SZ FRENCH TIP 12
QUANTITY			SUCTION, TONSILAR YANKAUER W/O CONTROL
	ELECTRODE, ECG FOAM		SYRINGE, 10ML
	CATH, IV 14G*3		SYRINGE, 1ML TB
	CATH, IV 14G* 1.75" INSYTE AUTOGUARD		SYRINGE, 3ML
	CATH, IV 16G* 1.16" INSYTE AUTOGUARD		CAVI WIPES
	CATH, IV 18G* 1.16" INSYTE AUTOGUARD		PATIENT BELONGING BAGS
	CATH, IV 20G* 1.16" INSYTE AUTOGUARD		RECTANGLE BASINS
	CATH, IV 22G* 1" INSYTE AUTOGUARD		DETECTOR EASY CAP 2 END-TIDAL
	CATH, IV 24G* .75" INSYTE AUTOGUARD		CANNULA CO2 NASAL TRULINK W/O2 ADULT

INSTRUCTIONS

- Fill in the blanks to the left of each item indicating the number of items to be replaced.
- Record the date and full name of the EMS person at the time of exchange.
- Place a patient sticker on the bottom of this form.
- Go to Med Comm to receive items.

NOTE: Requests for solutions MUST be accompanied by a PROPERLY SIGNED PPCR / RUN REPORT

DATE: _____

AGENCY: _____

EMS PERSONNEL: _____

EMS PERSONNEL STATE CERT: _____

PLACE PATIENT STICKER HERE

LYNCHBURG GENERAL HOSPITAL
BLUE RIDGE EMS DRUG BOX - DRUG REPLACEMENT REQUISITION

EMT/PARAMEDIC INSTRUCTIONS:

1. Fill in the blank to the left of each item indicating the number of items to be replaced.
2. Dispose of all contaminated materials and clean contaminated box.
3. Remove sharps and discard in approved containers.
4. Complete EMS Drug Box Exchange Sheet
5. Complete Pharmacy Administration Record

Top Drawer

- 1867 ___ Albuterol Sulfate 0.083% Inhalation Solution 3ml
4011 ___ Oxymetazoline 0.05% Nasal Spray 15ml
No Charge ___ Green Lock
1540 ___ Diphenhydramine 25mg Cap
1517 ___ Aspirin Chewable Baby 81mg #4
1451 ___ Ondansetron 4mg ODT
1335 ___ Nitroglycerin 2% Ointment 1gm Packette
2744 ___ Nitroglycerin 0.4mg Sublingual Tabs #25
1535 ___ Acetaminophen 500mg Tab
3733 ___ Acetaminophen 325mg/10.15ml
2663 ___ Glucagon 1mg Injection

Middle Drawer

- 972 ___ Lidocaine 2% (100mg/5ml) Syringe
1850 ___ Adenosine 3mg/ml Injection 2ml
5755 ___ Naloxone 2mg/2ml Syringe
605 ___ Prednisone 20mg Tab
832 ___ Ketorolac 30mg/ml Injection 1ml
957 ___ Epinephrine 1:1000 (1mg/ml) Injection 1ml
3958 ___ Sodium Chloride 0.9% for Inhalation 3ml
1422 ___ Ondansetron 2mg/ml Inj 2ml
798 ___ Norepinephrine 1mg/ml Inj 4ml
2119 ___ Diphenhydramine 50mg/ml Injection 1ml
2281 ___ Enalaprilat 1.25mg/ml Inj 2ml
884 ___ Magnesium Sulfate 1gm/2ml Injection
244 ___ Methylprednisolone Succinate 125mg Inj
907 ___ Sodium Chloride 0.9% for Injection 10ml

Bottom Drawer

- 909 ___ Atropine Sulfate 1mg Syringe
807 ___ Calcium Chloride 1gm/10ml Syringe
910 ___ Epinephrine 1:10,000 1mg Syringe
945 ___ Sodium Bicarbonate 50mEq Syringe
3908 ___ Dextrose 10% in Water 250ml

Narcotic Pouch

- 6312 ___ Midazolam 5mg/ml Injection 1ml
788 ___ Morphine 10mg/ml Inj 1ml

Place Patient Name Sticker Here

BREMS DRUG BOX / DRUG DIVERSION POLICY

Scope

The following is provided to assist BREMS agencies or providers who find a drug box missing, opened or the contents seem to be tampered with.

Definitions

Drug Diversion

- Misappropriation of DEA scheduled medications from approved and/or legitimate patient usage, through theft of Drug Box, forgery of drug requisition forms, outright theft or substitution.

Federal Anti-Tampering Act

The penalties range from a maximum of \$25,000 and 10 years imprisonment in the case of an attempt to tamper, to a maximum of \$100,000 and life imprisonment in a case where death results from the tampering.

Substitution/Tampering

Tampering is the diversion of narcotics done in such a way that makes it look like it was never stolen. To be left in the system, to be used by an unsuspecting health care professional (Paramedic, RN, or MD) on an unsuspecting patient.

Section 1301.91 Employee responsibility to report drug diversion.

Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program, but also serves the public interest at large.

It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer.

The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information.

A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area. The employer shall inform all employees concerning this policy.

Policy for Reporting by Agency

If an agency or provider has a diversion incident the following policy will be followed:

Drug Box found missing, Seal tampered, and/or opened with contents missing

- Call state police to report the incident.
- Call Immediately LGH Pharmacy and the BREMS Executive Director.
- Complete the OEMS EMS Agency Drug Diversion Report and send to OEMS.
- In the event of suspicious activity in handling a controlled substance, or if diversion is suspected, the agency is required to send all relevant providers to be drug tested when directed to do so by either BREMS or the Pharmacy Operations Manager. The drug tests must be done immediately, without advance notice to the providers, even if the providers are off shift. All costs associated with these drug tests are the sole responsibility of the agency. Failure to comply with this requirement may result in loss of all drug box exchange privileges for the providers and/or the agency.
- Drug boxes must be returned to the pharmacy at LGH, the original dispensing point, when released by the state police. The drug box must be moved in an official EMS Licensed Vehicle, not in a private owned vehicle. You may call the BREMS office for pick up if you cannot spare a unit to transport.

When signing the BREMS-WVEMS Ambulance Restocking Agreement- Agency, the agency/provider(s) agree to all the policies within the Restocking and Exchange Agreement.



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:			
<p>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:</p> <p style="text-align: center;">Virginia Office of EMS 1041 Technology Park Drive Glen Allen, Virginia 23059-4500 1-800-523-6019 (VA only) 804-371-3409 (facsimile)</p>			
Date report received by OEMS:		Statement attached: Y N	
Investigation required: Y or N		Received by:	
		Person Assigned:	

Blue Ridge EMS Council – Western Virginia EMS Council

AMBULANCE RESTOCKING AGREEMENT – EMS AGENCY

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 quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; 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 emergency medical services delivery system” and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans;

Western Virginia EMS Council – Blue Ridge EMS Council
AMBULANCE RESTOCKING AGREEMENT - HOSPITAL

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 quality care for all citizens; and

WHEREAS, as part of its comprehensive emergency medical services plan the Commonwealth of Virginia is required to implement, by July 1, 1999, a statewide Trauma Triage Plan to promote rapid access for trauma patients to appropriate care centers; 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 emergency medical services delivery system” and, pursuant to Section 32.1-111.3, Regional EMS Councils must develop regional trauma triage plans; and

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

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

“**Participating**,” when referring to a hospital, shall mean such hospital that is party to this agreement; or, when referring to an EMS agency, shall mean an EMS agency that is party to the 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 physician, patient, hospital or other medical facility.

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

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as “the Council”) and (**insert hospital name**) (hereinafter referred to as “the Hospital”) desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

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

1. The Council and the Hospital hereby acknowledge their participation in the development of policies for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles (“Policies Relating to Ambulance Restocking by Hospitals” attached as Appendix 1 to this Agreement, and hereinafter referred to as “the Policies”), and agree to conduct themselves in accordance with the Restocking Protocol.
2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council’s jurisdiction and report non-compliance to the Office of EMS.

and

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

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

“**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 physician, patient, hospital or other medical facility.

“**EMS Agency**” also refers to “ambulance service” in this document and in the attached policies, and in the Federal restocking regulations. These terms are used interchangeably.

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

WHEREAS, the Western Virginia EMS Council, Inc. and the and Blue Ridge EMS Council, Inc. (hereinafter referred to as “the Council”) and ***Insert agency name*** desire to participate in the continued development and maintenance of a coordinated emergency medical services system providing quality care;

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

1. The Council and the EMS agency hereby acknowledge their participation in the development of a protocol for the restocking of supplies and pharmaceuticals carried in approved EMS vehicles (the Policies attached as Exhibit A to this Agreement), and agree to conduct themselves in accordance with the Restocking Protocol.
2. The Council agrees to monitor compliance with the Policies by each EMS agency within the Council’s jurisdiction and report non-compliance to the Virginia Office of EMS and to participating hospitals as deemed appropriate.
3. The Hospital agrees to provide to licensed EMS agencies supplies and pharmaceuticals as specified in the “Policies Relating to Ambulance Restocking by Hospitals”, but only when such provision of supplies and pharmaceuticals results from response to an emergency call. No EMS agency will charge the patient for the exchanged supplies or drugs owned and purchased by the hospitals. These items may be charged as appropriate to the patient by the receiving hospital that provides them.
4. EMS agencies agree to indemnify and hold harmless the Hospital from any and all liability arising out of such agencies administering supplies and pharmaceuticals during the transport of any patient to the Hospital.
5. Participation by the Hospital in the Restocking Protocol is not in any manner based upon or conditioned upon the volume or types of patients transported to the Hospital.

6. EMS agencies agree to abide by documentation policies of each Hospital. These policies may vary among hospitals, and may include the provision of a printed PPCR, and completion of drug box exchange forms.
7. The Hospital participates in the Restocking Protocol by providing supplies and pharmaceuticals AS IS and WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED.
8. In no event shall patient destination be selected based upon the participation or non-participation of the hospital or the ambulance service in the Council's Ambulance Restocking Program.
9. EMS agencies shall cooperate with the Hospital in providing the Hospital with information reasonably necessary to account for supplies and pharmaceuticals, and the Hospital shall cooperate with EMS agencies by providing an appropriate Emergency Department Supply Replacement Form. Copies of such replacement forms shall be provided to both the EMS agency and the Hospital
10. 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, the Council and EMS agencies 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 the Council and EMS agencies that are necessary to certify the nature and extent of costs. If the Council or EMS agencies enter into any subcontract with a related organization as may be permitted by the Agreement, the Council or EMS agencies, as the case may be, shall require in such subcontract that the subcontractor also agree to these same requirements.
11. The Council, participating hospitals, and EMS agency agree to monitor the Policies, to report and address variance or non-compliance, and to periodically consider revisions thereto, to provide a means of maintaining essential emergency medical supplies on EMS ambulances operating within the region in a consistent fashion through a one-for-one exchange system with area hospital emergency departments and pharmacies without consideration of the volume or value of the patients brought to the hospital. The Western Virginia EMS Council/Blue Ridge EMS Council Boards of Directors, in consultation with the regions' Operational Medical Directors and the Council's Allied Resources (Hospital) Committee, may, from time to time, revise the Policies or other policies referred to by this Agreement. The Council agrees to provide advance written notice of any such changes to all EMS agencies.
12. This agreement shall remain in effect until December 31, 2021. Either party may terminate this agreement upon ninety (90) days written notice to the other party and written notice to the Virginia Department of Health, Office of Emergency Medical Services.
13. This Agreement with Appendix 1 (the Policies) and Appendix 2 (Standard List of Restocked Items) sets forth the entire understanding of the parties and supersedes all other agreements and understandings between the parties with respect to the matters covered by this Agreement. Any changes to this Agreement (not including Appendices) must be made in writing and signed by the parties. Appendices may be revised by the Allied Resources Committee (Hospital Committee).

ENTERED INTO THIS 8 DAY OF December, 2016 BY AND BETWEEN:

The Council

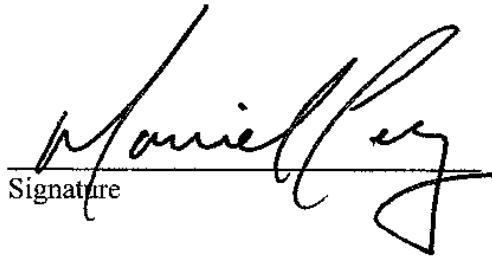
by:



Robert H. Logan III
Executive Director-WVEMS

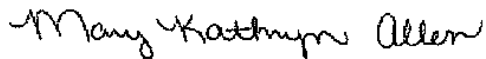
Centra Health, Inc.

by:

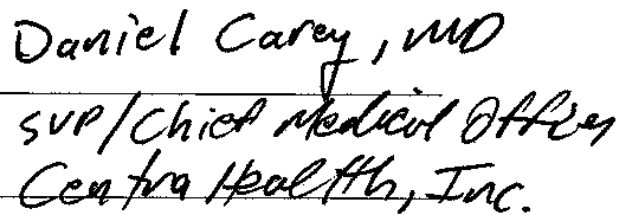


Signature

Printed name and title:



Mary Kathryn Allen
Executive Director-BREMS



Daniel Carey, MD
SVP/Chief Medical Officer
Centra Health, Inc.

Attachments: Appendix 1
Appendix 2