



## Central Shenandoah Emergency Medical Services Council

2312 West Beverley Street, Staunton, VA 24401 (540) 886-3676 (800) 868-5646 FAX (540) 886-3735

www.csems.vaems.org Email: csems@vaems.org

Date: June 19, 2009  
To: Regional EMS Agencies  
From: Matt Lawler, CSEMS Council *ml*  
Re: Protocol Changes

Last month, the Medical Control Review Committee (MCRC) approved several protocol modifications, including the introduction of an induced hypothermia protocol. The protocols were approved by the regional operational medical directors on May 29, 2009. The Council has been working to overcome several challenges related to introduction of these protocols, specifically, induced hypothermia.

### **Induced Hypothermia**

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To induce hypothermia when indicated by protocol, chilled normal saline needs be infused into the patient. Agencies will need to have bags of chilled normal saline, exclusive of the normal saline supplied in the regional drug boxes. Virginia Board of Pharmacy (BOP) regulations govern the purchase, storage and replacement of controlled substances. Normal saline for injection is a Schedule VI controlled substance. Regionally, we needed to ensure we comply with all BOP regulations. Following is information concerning Board of Pharmacy regulations.

The Virginia Board of Pharmacy notes that you may store IV fluids and assorted administration equipment in a cabinet and consider it secured as long as the "...vehicle is locked when not in use, or if the vehicle is parked within a secured facility." This only applies to intravenous fluids and their associated administration equipment. Therefore, it is permissible to keep IV fluid in a cooler, outside of a locked cabinet, as long as you comply with the security guidelines.

In order for an agency to purchase, store and stock its own IV fluids, Virginia Board of Pharmacy regulations require the agency obtain its own individual Controlled Substances Registration (CSR) certificate (\$90 application fee) and comply with requirements for maintaining such a stock of IV fluids. Before issuing the CSR, a BOP inspection is conducted to determine compliance with physical requirements for proper storage of IV fluids. Here are a few areas that would need to be addressed before an inspection.

- The stock of IV fluid must be kept in a central location which will be inspected. This location must be temperature controlled, locked with access to only authorized individuals. Should there not be personnel at this central storage location on a twenty-four hour basis, the storage area must be alarmed.
- The EMS agency must have written policies and procedures in place as outlined by the BOP regulations. These policies must follow the outline as defined in the current inspection form.

Clearly, these requirements are unreasonable for EMS agencies. Therefore, the Council sought a better solution. That solution involves one-for-one exchanges of IV fluids with the regional hospitals and a "regional" CSR held by the Council. Under a regional, Council-held CSR, EMS agencies may not order or store IV fluids at the station, but may stock IV fluids on EMS vehicles and conduct one-for-one exchanges with the hospitals when the IV fluids are used or are expired.

The Council has applied to the Virginia Board of Pharmacy for a regional CSR certificate. Once the paperwork is in order with the BOP, agencies will be notified. The induced hypothermia protocol will not be effective until the CSR certificate is complete.

Regional transport agencies will be required to stock chilled saline. Non-transport agencies are not required to stock chilled saline. If you have not already done so, you should begin taking steps to address how you will chill the IV fluids. Please visit [www.csems.vaems.org/protocols](http://www.csems.vaems.org/protocols) for a listing of available products complied by the Council. These range from inexpensive products that can be purchased at local retail outlets to expensive products designed specifically for medical applications. The Council does not endorse any of these products. You should consult with your OMD if you need direction when purchasing a product.

The MCRC and the regional medical directors understand some agencies may require time to budget for the purchase of coolers. Therefore, a compliance date of July 31, 2010 has been established to give agencies an opportunity to budget for fiscal year 2011 and to apply for a grant, if desired.

### **Continuous Positive Airway Pressure (CPAP)**

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The medical directors moved to require CPAP for transport EMS agencies. As with the induced hypothermia, a compliance date of July 31, 2010 has been established. The Council plans to apply for a Rescue Squad Assistance Fund grant in the fall on behalf of the regional agencies. You will be receiving more information on the grant towards the end of the summer. Because some agencies already use CPAP, we will need to determine which agencies wish to be included in grant.

### **General Protocol Modifications**

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In addition to induced hypothermia and CPAP, several changes have been made to the protocols, including the introduction of Zofran at the EMT-Enhanced level. These protocol changes will be effective July 1, 2009. The pharmacies will begin stocking Zofran in the STT boxes on July 1, 2009. The Council has been conducting protocol in-services at skills drills this month. For providers that are not able to attend a skills drill, the Council has 25 minute protocol update presentation on the protocol web page.

A few pages in the protocol field guide will need to be updated. There is an update document on the protocol web page that is an Adobe file that can be downloaded, printed on white cardstock, cut out and inserted into the protocol field guides. Additionally, there is a guidance document that highlights every change made to the main protocol document on the protocol web page.

If you have any questions about the protocol changes, please contact the Central Shenandoah EMS Council or your operational medical director.