

AGENDA
COUNTY OF AMELIA BOARD OF SUPERVISORS AMELIA
COUNTY ADMINISTRATION CONFERENCE ROOM
MONDAY, May 20, 2024 AT 7:00 PM

REGULAR MEETING

- 1. CALL TO ORDER/DETERMINATION OF QUORUM-CHAIRMAN**
- 2. PUBLIC COMMENTS**
- 3. STAFF/COMMITTEES/ORGANIZATION REPORTS AND PRESENTATIONS**
 - A. Emergency Management Appropriation Request
- 4. COMMUNITY DEVELOPMENT**
 - A. Special Event Permit - Civil War Reenactment of Sailors Creek
- 5. OLD/NEW BUSINESS**
 - A. FY25 Budget Discussion
- 6. MOTION TO ADJOURN OR CONTINUE MEETING**



Documentation Regarding Supplemental Appropriation Request for Amelia County Fire & EMS

BOARD OF SUPERVISORS

A. TAYLOR HARVIE, III
COUNTY ADMINISTRATOR



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Election District 4

TODD ROBINSON

Election District 5

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Amelia Court House, Virginia 23002

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Website: www.ameliacova.com

May 2, 2024

Members of the Amelia County Board of Supervisors,

I am writing to request a supplemental appropriation of \$203,500 for unanticipated expenses related to our contract Emergency Medical Services. Due to unforeseen circumstances, we are facing increased costs that were not accounted for in our original budget.

The increase in demand for EMS services has placed a significant strain on our resources. Over the past several years, we have experienced a surge in emergency calls beyond what was initially projected. This has resulted in heightened operational expenses, including an increase in the amount of paid contract employees as well as an increase in the hourly cost of the contract employee coverage provided by Emergency Services Solutions.

To ensure the continued provision of high-quality emergency medical care to the residents of Amelia County, it is imperative that we address these financial challenges. The requested appropriation will allow us to cover the additional costs associated and maintain the level of care our community deserves.

We have thoroughly reviewed our budget and explored potential cost-saving measures, but unfortunately, these efforts have not been sufficient to offset the unexpected rise in expenses. As such, we respectfully urge the Board of Supervisors to approve this supplemental appropriation to support our EMS operations.

We understand the importance of fiscal responsibility and assure you that these funds will be utilized judiciously and in accordance with all applicable regulations. Our primary objective is to safeguard the health and well-being of our residents while managing taxpayer dollars responsibly.

Thank you for your attention to this matter. Should you require any additional information or clarification, please do not hesitate to contact me directly. We look forward to your favorable consideration of this request.

Sincerely,

B. Kent Emerson
Dept. of Emergency Management

As Mr. Emerson explained in last night's Board meeting, we've come to you with a request for supplemental appropriation for Amelia County Fire & EMS for a variance of reasons, largely based on an increase from the County's current contract Emergency Medical Services agency, Emergency Service Solutions (ESS). Documentation regarding everything mentioned below, and more, can be found on the following pages.

Mr. Easter noted that we should have come to you for the appropriation sooner, and while I understand that, there are several reasons that we've held off on the request. I'll explain in detail below.

ESS informed us on August 7, 2023 that they were issuing a rate increase on all of their contracts. They explained that there had been a significant decline with employees finding employment at surrounding agencies for an increase in pay, and that without a large increase, they would not be capable of retaining their staff.

On August 14, ESS sent an email with the rate of increase (see next page). Follow-ups were immediately made, and a meeting was scheduled to sit down with the owners of ESS on August 30. As Chairman Felts explained, we negotiated diligently with ESS regarding their unanticipated increase in rates mid-contract. At the August 30 meeting, ESS began with wanting to invoice at a rate of \$45 per hour, (up from \$35 per hour) beginning October 1, 2023. A compromise was found that the rate would increase to \$40 per hour on October 1 and hold steady for six months before increasing to the eventual \$45 per hour on April 1, 2024. As we were paying out for 28,776 hours worth of employees per year, we were very proud of the nearly \$72,000 in savings our negotiating earned the County. Please understand that the terms were clear: if we could not increase, ESS would be forced to leave Amelia County. To change contract companies would have been more costly, as well as detrimental to the citizens of Amelia during the transition as we would be forced to bring in contract workers that were not familiar with Amelia, its routes, or the setup of equipment inside and outside of the ambulances.

In September, the Amelia Emergency Squad approached our department and requested an increase in contract staffing. The volunteers were no longer capable of covering five nights a week in shifts, leaving Friday nights vulnerable week after week. The current schedule had a 24-hour Advanced Life Support shift running, and a 12-hour Advanced Life Support shift that came on at 0600 and went off duty at 1800 every Friday night. This was often leaving the county with only one staffed ambulance from 1800 Friday night until 0600 Saturday morning. Calls were going unanswered, or being responded to with significant delays. There was also considerable concern for the safety of providers that were running all night long without any sleep, as there were no other crews to assist and weekends can tend to get overwhelming overnight. The decision was made to increase contract EMS coverage by 12 hours on Friday nights, allowing us two 24-hour crews each Friday, as we had already established on Saturdays and Sundays. The annual cost of adding this coverage, at the current rate of \$45 per hour, is an additional \$56,160.

As we were gathering our bearings from the two blows above, the third blow hit us. In November, we began hearing that substantial pharmaceutical changes were going to hit EMS agencies across the state very soon. These changes were expected to come with a large price tag - we were hearing that it could cost as much as \$50,000 to get the program going. Not getting it going is not an option, it would mean that we would no longer be allowed to carry the necessary medications on the ambulances to treat patients.

So, we held on the appropriation in hopes that we could work the necessary funding all into one appropriation request. In January, official word began to come down from the state... slowly. By late April, I'd attended webinars and a vendor fair, used my resources to learn more, and put a plan and associated cost in place. It was then that we began to build out our formal request for you, which was submitted to the County officially on May 2, 2024 in preparation of the May 15 Board of Supervisors meeting.

I must say, because Mr. Emerson will not, that he and I work tirelessly for Amelia County. Unlike some departments, we are always on call, night and day, weekday and weekend. What Mr. Emerson provides to Amelia is invaluable, and he is instilling that same mindset in me. I could not be more proud to work for Emergency Management, and I could not be more proud of my supervisor, and myself. We train relentlessly; I spent hundreds of hours in classrooms last year, several out of town and at my own expense. We purchase our uniforms out of our own pockets. We negotiate and shop and research before ever bringing information to leadership, and work effectively and efficiently to save every penny that we can for Amelia County, while still trying to find the balance with giving citizens what they need: reliable and effective Emergency Management, Fire and EMS services. We remain a frugal department that always works to save as much as is possible while still completing what we've been tasked with overseeing.

While the financial burden of the department is undoubtedly significant, it is absolutely necessary. We simply must provide for the care and well-being of the citizens. I think that we are all in local government to do just that, and I hope that you are able to see that my passion for getting this program right is only with the most sincere attempt to give Amelia what it deserves: a strong and resilient system filled with the best people to stand beside citizens on their worst days.

I hope that the information that follows this page provides clarity, and apologize for the length of everything. I have a hard time abbreviating the EMS circumstances that Amelia has found itself in. Should you need any additional information, please do not hesitate to reach out to Mr. Emerson or myself. Additionally, we will both be present at your meeting on Monday, May 20 for any questions or concerns.

Respectfully,
Kimberly Smith

Description	Budgeted	Spent (YTD)	Total needed in appropriations
Contract Services	\$1,005,000.00	\$857,717.00	\$189,000.00
Drug Box Program	\$0.00	\$14,500.00	\$14,500.00
TOTAL			\$203,500.00

Contract Services			
Budgeted Originally		\$1,005,000.00	
Spent to Date		\$857,717.00	
<u>Remaining Budget</u>		<u>\$147,283.00</u>	
Outstanding Invoices		\$52,560.00	
		\$55,080.00	
Anticipated Invoices		\$116,100.00	Actual invoices could be different.
		\$112,320.00	
<u>Total Remaining Invoices</u>		<u>\$336,060.00</u>	
Anticipated Remaining Costs		\$336,060.00	
Remaining Budget		\$147,283.00	Rounded up slightly to allow for potential differences in remaining invoices.
<u>Appropriation Request</u>		<u>\$188,777.00</u>	189,000.00

Drug Box Program			
Application Fee		\$120.00	
Inventory Software		\$1,139.60	
Narcotics Safe		\$7,830.60	
Narcotics Software		\$1,200.00	
Drugs		\$1,730.00	
Security System		\$2,479.80	
<u>Total</u>		<u>\$14,500.00</u>	
Appropriation Request			14,500.00

From: Blanton Marchese <blanton@essems.com>
Sent: Monday, August 14, 2023 9:49 AM
To: Kimberly Smith <kimberly.smith@ameliacova.com>
Subject: ESS rate increase

Good morning Kimberly,

I hope this letter finds you well. I am writing to inform Amelia County of some necessary adjustments that our organization, ESS, must make to ensure we can continue to deliver the high-quality services that our clients and the residents of Amelia County expect and deserve.

As you may know, the job market in our field has been intensely competitive in recent times. Surrounding localities have all been vying for the same limited pool of skilled professionals, driving up the wages and benefits required to attract and retain top talent. It is against this backdrop that we have held off on adjusting our rates for almost two years, a period during which we have observed and absorbed escalating operational costs.

To maintain our competitive edge and continue providing top-tier services, we find ourselves at a juncture where a rate increase from \$35.00 per provider to \$45.00 per provider is both inevitable and essential. This adjustment will serve a twofold purpose:

Employee Compensation: This rate increase will enable us to enhance the pay for our current employees. Competitive compensation is paramount in our efforts to retain the dedicated professionals who have been serving Amelia County with distinction. We believe that by investing in our team, we can curtail turnover and ensure the continuity of quality services.

Recruitment Efforts: To remain at the forefront of our industry, it is imperative that we attract the best. By ensuring our compensation package is aligned with market rates, we can recruit the caliber of providers that we want working for Amelia County, furthering our commitment to unparalleled service.

Our primary goal is, and always has been, to serve Amelia County with the utmost professionalism and dedication. We genuinely hope that this proposed rate adjustment will not only be understood but also seen as a necessary step in our mutual journey towards excellence. While nobody ever wishes for rate increases, we trust that you recognize our need to ensure sustainability and growth, positioning us to serve Amelia County competitively for the foreseeable future.

I am always available to discuss this further and answer any questions you might have. Thank you for your continued partnership and understanding as we navigate these changes. We remain steadfast in our commitment to Amelia County and look forward to many more years of collaboration.

We truly value the trust and confidence that Amelia County has placed in us over the years. We are optimistic that with these adjustments, we can further strengthen our relationship and continue to meet, if not exceed, your expectations.

Thanks again,

Blanton
L. Blanton Marchese
CEO|Emergency Services Solutions, Inc.
(804) 852-5070 (c)
(804) 517-1352 (o)
blanton@essems.com

From: Blanton Marchese <blanton@esems.com>
Sent: Wednesday, September 6, 2023 1:21 PM
To: Kimberly Smith <kimberly.smith@ameliacova.com>
Subject: Company announcement

I wanted to keep you guys in the loop on what's going on at ESS. This is going out to everyone today.

Hello,

I trust this message finds each of you in good health and high spirits. I'm thrilled to share some important updates concerning the future of ESS. Over our 22-year history of serving our partner agencies and counties, we've continually adapted to the ever-evolving landscape of EMS, and once again, we are evolving.

I'm delighted to announce that everyone will be receiving a well-deserved PAY RAISE. To determine your specific rate and effective date, we will be reaching out to each of you within the next week to discuss this individually.

Let's also delve into some notable personnel changes. We're excited to welcome James Babcock as our HR Manager. James brings several years of experience in this role, coupled with valuable field experience on ambulances. His full-time commitment to ESS HR marks a significant milestone for our organization.

In addition, Julie McIsaac has graciously accepted the role as our Training Officer, alongside her paramedic responsibilities. This part-time position will allow us to expand our course offerings and continuing education opportunities.

At the executive level, we are implementing title and responsibility changes that will take effect in October, they are, as listed below:

- Blanton Marchese: CEO and President – Is the executive responsible for overall leadership, strategy, and management of the company.
- Josh Mullins: Vice President of Quality - Oversees and ensures the highest standards of quality in all company operations and services.
- Judson Smith: Vice President of Administration - Manages administrative functions and operational support to maintain organizational efficiency.
- Tyler Wenrich: Vice President of Operations - Leads and coordinates all operational aspects of the company to ensure smooth service delivery.
- Sean Hegamy: Operations Manager - Responsible for daily operational management and ensuring efficient ambulance services.
- James Babcock: HR Manager - Manages human resources, including hiring, training, and employee relations.
- Julie McIsaac: Training Officer - Leads training programs and continuing education initiatives for company staff.

This transformation is dynamic and will evolve as we move forward. We genuinely value your input and welcome your suggestions as we embark on this exciting journey together.

Best regards,

L. Blanton Marchese
CEO|Emergency Services Solutions, Inc.
(804) 852-5070 (c)
(804) 517-1352 (o)
blanton@esems.com

The addendum below was signed by the County on September 18, just ahead of the changes to come on October 1, 2023.

Please let me know if you would like a copy of the contract and I will be happy to provide it.

Addendum to Section 3 - Cost of Services and Payment:

Effective October 1, 2023, there will be a change in the rate for services provided under this Agreement as follows:

1. From October 1, 2023, until March 31, 2024, the rate shall be forty dollars (\$40.00) dollars per provider per hour.
2. From April 1, 2024, until a new rate is mutually agreed upon by both ESS and Amelia County, the rate shall be forty-five dollars (\$45.00) dollars per provider per hour.
3. The standby rate shall remain at thirty-five dollars (\$35.00) per provider for the remainder of until June 30, 2024.

In addition to the rate changes, all other terms and conditions of Section 3 of the Agreement shall remain in full effect. Both the Contractor (ESS) and Amelia County will continue to review rates annually and make necessary adjustments only after both parties mutually agree to such adjustments.

This addendum hereby becomes a part of the original Agreement between ESS and Amelia County, and both parties acknowledge and accept these changes.

By signing below, both parties agree to the terms outlined in this addendum.

Contractor (ESS):

Signature:



Date:

9/18/2023

County of Amelia:

Signature:



Date:

9/14/2023

ESS: BRENTAN MURCHISE, CFO/PROCURER

By signing below, both parties agree to the terms outlined in this addendum.


ESS Invoices


Reflecting Rate Changes


September 2023 reflected a rate of \$35 per hour

October 2023 reflected a rate of \$40 per hour (transition to bi-weekly billing from September shows a lower total balance, although the rate increased)

April 2024 reflected a rate of \$45 per hour (again showing the bi-weekly rate)

		(804)517-1352 emergencyservicesolutionsinc@esems.com http://www.esems.com/		
BILL TO Amelia County EMS ATTN: Kimberly Smith Amelia, VA 23002		704		
		DATE 10/02/2023 TERMS Due on receipt		
		DUE DATE 10/02/2023		
DESCRIPTION	DATE	QUANTITY	RATE	AMOUNT
Amelia County EMS Staffing Emergency Medical Staffing per contract. Primary Staffing	09/30/2023	1,440	35.00	50,400.00
Amelia County (Second Unit) Emergency Medical Staffing per contract. Secondary Staffing	09/30/2023	936	35.00	32,760.00
Amelia County EMS Staffing Special Event Staffing	09/30/2023	138.50	35.00	4,847.50
			TOTAL DUE	\$88,007.50

		Powhatan, VA 23139 (804)517-1352 emergencyservicesolutionsinc@esems.com http://www.esems.com/		
BILL TO Amelia County EMS ATTN: Kimberly Smith Amelia, VA 23002		722		
		DATE 11/07/2023 TERMS Due on receipt		
		DUE DATE 11/07/2023		
DESCRIPTION	DATE	QUANTITY	RATE	AMOUNT
Amelia County EMS Staffing Emergency Medical Staffing per contract. 10/16-10/31	10/31/2023	768	40.00	30,720.00
Amelia County (Second Unit) Emergency Medical Staffing per contract. 10/16-10/31	10/31/2023	528	40.00	21,120.00
			TOTAL DUE	\$51,840.00

		P.O. Box 738 Powhatan, VA 23139 (804)517-1352 emergencyservicesolutionsinc@esems.com http://www.esems.com/		
BILL TO Amelia County EMS ATTN: Kimberly Smith Amelia, VA 23002		801		
		DATE 04/19/2024 TERMS Due on receipt		
		DUE DATE 04/19/2024		
DESCRIPTION	DATE	QUANTITY	RATE	AMOUNT
Amelia County EMS Staffing Emergency Medical Staffing per contract. Primary Staffing	04/15/2024	720	45.00	32,400.00
Amelia County (Second Unit) Emergency Medical Staffing per contract. Secondary Staffing	04/15/2024	504	40.00	20,160.00
			TOTAL DUE	\$52,560.00

This letter was officially received from the Amelia Emergency Squad on October 17, 2023. AES reached out in person and via telephone to initiate their request in September, 2023. Additional Friday night coverage by contract personnel began on November 1, 2023.



The Amelia Emergency Squad, Inc
8930 Otterburn Road
Amelia, VA 23002

Volunteers Serving Amelia County Since 1958

October 17th, 2023

County Administrator
16360 Dunn Street
Suite 101
Amelia, VA 23002

Mr. Taylor Harvie,

As we all know, volunteerism is at an all-time low. Amelia Emergency Squad, INC is making efforts towards the goal of recruitment and retention. Lately, it has been a struggle to have a consistent Friday night volunteer crew. Resulting in struggles to cover the Amelia High School Football standbys as well as having a crew available to help with calls occurring in the county.

With membership approval, the Board of Amelia Emergency Squad, INC is requesting that a second 24 hour paid crew be added to Fridays routinely. This would allow for better county coverage and as well as coverage for standbys. This also would result in less delay of care for the citizens of Amelia County.

Any questions or concerns you may have, please contact Jamare Dickerson (President) @ (804) 690-6213. We appreciate all consideration in this matter and look forward to your response.

On Behalf of the Amelia Emergency Squad, INC Executive Board,

Rachel Broadt, Secretary

8930 Otterburn Road
Amelia, VA 23002

Received from VACO, regarding upcoming EMS Drug Kit statewide changes

VA BOP EMS related regulation draft 03_28_24.pdf

From: Jeremy Bennett <jbennett@vaco.org>

Sent: Thursday, April 18, 2024 3:45 PM

To: Jeremy Bennett <jbennett@vaco.org>

Cc: Dean Lynch <dlynch@vaco.org>

Subject: Comment Period for Board of Pharmacy Emergency Regulations-Drug Kit Exchange Program

Dear County Administrators,

VACo recently learned that the Virginia Office of Emergency Medical Services (OEMS), in coordination with the leadership of the Virginia Department of Health (VDH), regional EMS Councils, and other interested stakeholder groups, have been actively working to advocate for Virginia's EMS agencies and providers due to U.S. Food and Drug Administration (FDA) and U.S. Drug Enforcement Administration (DEA) federal regulatory changes that will change existing regional and Virginia EMS agency hospital drug kit exchange programs. These Federal regulatory changes may go into effect as early as November 27th, 2024, and will likely impact the handling of Schedule II - V controlled substances and existing regional drug kit programs utilized by numerous EMS agencies. This has the potential to directly impact EMS providers across Virginia and their funding partners in local government by increasing costs to provide these services.

In anticipation of these regulatory changes, OEMS has been working with leadership from the state Board of Pharmacy and others to facilitate discussions about the development of emergency regulations which will make implementation of new processes easier to move forward. Additionally, the Regional EMS Councils assembled a workgroup comprised of representatives from numerous fire, EMS, pharmacy and hospital stakeholder groups to develop recommendations for EMS agencies across the Commonwealth.

On March 28, 2024, the [Virginia Board of Pharmacy](#) met and released draft emergency regulations to support the EMS drug kit transition project (see attached document). Prior to the March 28th meeting, a number of stakeholders provided written comment that was considered and incorporated into the initial draft emergency regulations.

The Virginia Board of Pharmacy and their regulations work group are planning to [meet](#) again on May 2, 2024 to consider incorporating further comments into the draft emergency regulations. To assist the Board of Pharmacy with having all suggestions and recommendations prior to their May 2 meeting, you are invited to provide feedback to pharmbd@dhp.virginia.gov with the subject line: Public Comments on EMS Emergency Regulations. Comments should be as specific as possible, including recommended language as appropriate. If you have previously submitted comments, there is no need to resubmit. Prior to the May 2, 2024, Board of Pharmacy meeting, it is anticipated an updated version of the new draft emergency regulation will be released for additional feedback from the EMS community.

Once emergency regulations are adopted by the Board of Pharmacy and enacted, they are sent to the Virginia Registrar and will remain in effect for up to 18 months or until new regulations are promulgated. The enactment of emergency regulations automatically starts a process for a traditional full regulatory review of the regulations.

If you have further questions or desire additional information, please contact Mr. Ron Passmore, Director, Division of Regulation, Compliance and Enforcement at OEMS by email at ron.passmore@vdh.virginia.gov.

Thank you for your attention and participation in this extremely important matter impacting our EMS agencies across the Commonwealth.

Sincerely,

Jeremy R. Bennett
Director of Intergovernmental Affairs
Virginia Association of Counties
1207 E. Main Street, Suite 300
Richmond, VA 23219
804.343.2510 office
804.401.0529 cell
jbennett@vaco.org

Draft Amendments for EMS-related Regulations

18VAC110-20-10. Definitions.

In addition to words and terms defined in §§ 54.1-3300 and 54.1-3401 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Acquisition" of an existing entity permitted, registered, or licensed by the board means (i) the purchase or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls the entity; (ii) the creation of a partnership by a sole proprietor or change in partnership composition; (iii) the acquiring of 50% or more of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the voting stock of which is actively traded on any securities exchange or in any over-the-counter market; or (iv) the merger of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity with another business or corporation.

"Actively reports" means reporting all dispensing errors and analyses of such errors to a patient safety organization as soon as practical or at least within 30 days of identifying the error.

"Alternate delivery site" means a location authorized in 18VAC110-20-275 to receive dispensed prescriptions on behalf of and for further delivery or administration to a patient.

"Analysis" means a review of the findings collected and documented on each dispensing error, assessment of the cause and any factors contributing to the dispensing error, and any recommendation for remedial action to improve pharmacy systems and workflow processes to prevent or reduce future errors.

"Authorized collector" means a narcotic treatment program, hospital or clinic with an on-site pharmacy, or pharmacy that is authorized by the U.S. Drug Enforcement Administration to receive drugs for the purpose of destruction.

"Beyond-use date" means the date beyond which the integrity of a compounded, repackaged, or dispensed drug can no longer be assured and as such is deemed to be adulterated or misbranded as defined in §§ 54.1-3461 and 54.1-3462 of the Code of Virginia.

"Board" means the Virginia Board of Pharmacy.

"Chart order" means a lawful order for a drug or device entered on the chart or in a medical record of a patient by a prescriber or the prescriber's designated agent.

"Compliance packaging" means packaging for dispensed drugs that is comprised of a series of containers for solid oral dosage forms and designed to assist the user in administering or self-administering the drugs in accordance with directions for use.

"Correctional facility" means any prison, penitentiary, penal facility, jail, detention unit, or other facility in which persons are incarcerated by government officials.

"DEA" means the U.S. Drug Enforcement Administration.

“Designated location means a stationhouse or other location approved by the DEA and designated by an emergency medical services agency.

"Dispensing error" means one or more of the following discovered after the final verification by the pharmacist, regardless of whether the patient received the drug:

1. Variation from the prescriber's prescription drug order, including:
 - a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form;

- d. Incorrect patient; or
- e. Inadequate or incorrect packaging, labeling, or directions.
- 2. Failure to exercise professional judgment in identifying and managing:
 - a. Known therapeutic duplication;
 - b. Known drug-disease contraindications;
 - c. Known drug-drug interactions;
 - d. Incorrect drug dosage or duration of drug treatment;
 - e. Known drug-allergy interactions;
 - f. A clinically significant, avoidable delay in therapy; or
 - g. Any other significant, actual, or potential problem with a patient's drug therapy.
- 3. Delivery of a drug to the incorrect patient.
- 4. Variation in bulk repackaging or filling of automated devices, including:
 - a. Incorrect drug;
 - b. Incorrect drug strength;
 - c. Incorrect dosage form; or
 - d. Inadequate or incorrect packaging or labeling.

"Drug donation site" means a permitted pharmacy that specifically registers with the board for the purpose of receiving or redispensing eligible donated prescription drugs pursuant to § 54.1-3411.1 of the Code of Virginia.

"Electronic prescription" means a written prescription that is generated on an electronic application and is transmitted to a pharmacy as an electronic data file; Schedules II through V prescriptions shall be transmitted in accordance with 21 CFR Part 1300.

"EMS" means emergency medical services.

"EMS professional" means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the state in which the professional practices and credentialed by a medical director of an EMS agency to provide emergency medical services within the scope of the professional's state license or certification.

"EMS vehicle" means an ambulance, fire apparatus, supervisor truck, or other vehicle used by an EMS agency for the purpose of providing or facilitating emergency medical care and transport or transporting controlled substances to and from the registered and designated locations.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which the product may not be dispensed or used.

"Faxed prescription" means a written prescription or order that is transmitted by an electronic device that sends over telephone lines the exact image to the receiver (pharmacy) in a hard copy form.

"FDA" means the U.S. Food and Drug Administration.

"Floor stock" means a supply of drugs that have been distributed for the purpose of general administration by a prescriber or other authorized person pursuant to a valid order of a prescriber.

"Forgery" means a prescription that was falsely created, falsely signed, or altered.

"Generic drug name" means the nonproprietary name listed in the United States Pharmacopeia-National Formulary (USP-NF) or in the United States Adopted Names (USAN) and the USP Dictionary of Drug Names.

"Hospital" or "nursing home" means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health.

"Hospital-based" means, with respect to an EMS agency, owned or operated by a hospital.

"Initials" means the first letters of a person's name or other unique personal identifier.

"Long-term care facility" means a nursing home, retirement care, mental care, or other facility or institution that provides extended health care to resident patients.

"NABP" means the National Association of Boards of Pharmacy.

"Nuclear pharmacy" means a pharmacy providing radiopharmaceutical services.

"On duty" means that a pharmacist is on the premises at the address of the permitted pharmacy and is available as needed.

"On-hold prescription" means a valid prescription that is received and maintained at the pharmacy for initial dispensing on a future date.

"Patient safety organization" means an organization that has as its primary mission continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41) and is credentialed by the Agency for Healthcare Research and Quality.

"Permitted physician" means a physician who is licensed pursuant to § 54.1-3304 of the Code of Virginia to dispense drugs to persons to whom or for whom pharmacy services are not reasonably available.

"Perpetual inventory" means an ongoing system for recording quantities of drugs received, dispensed, or otherwise distributed by a pharmacy.

"Personal supervision" means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act being performed. Neither prior nor future instructions shall be sufficient nor shall supervision rendered by telephone, written instructions, or by any mechanical or electronic methods be sufficient.

"Pharmacy closing" means that the permitted pharmacy ceases pharmacy services or fails to provide for continuity of pharmacy services or lawful access to patient prescription records or other required patient records for the purpose of continued pharmacy services to patients.

"PIC" means the pharmacist-in-charge of a permitted pharmacy.

"Practice location" means any location in which a prescriber evaluates or treats a patient.

"Prescription department" means any contiguous or noncontiguous areas used for the compounding, dispensing, and storage of all Schedules II through VI drugs and devices and any Schedule I investigational drug.

"Quality assurance plan" means a plan approved by the board for ongoing monitoring, measuring, evaluating, and, if necessary, improving the performance of a pharmacy function or system.

"Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or radionuclide generator that is intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing salts that include trace quantities of naturally occurring radionuclides. The term also includes any biological product that is labeled with a radionuclide or intended solely to be labeled with a radionuclide.

"Registered EMS agency" means an EMS agency that maintains a controlled substances registration issued by the board or a hospital-based EMS agency that is covered by the registration of the hospital.

"Registered location" means, for purposes of emergency medical services, a location that appears on a DEA certificate of registration issued to an EMS agency, which shall be where the agency receives controlled substances from distributors.

"Repackaged drug" means any drug removed from the manufacturer's original package and placed in different packaging.

"Robotic pharmacy system" means a mechanical system controlled by a computer that performs operations or activities relative to the storage, packaging, compounding, labeling, dispensing, or distribution of medications and collects, controls, and maintains all transaction information.

"Safety closure container" means a container that meets the requirements of the federal Poison Prevention Packaging Act of 1970 (15 USC §§ 1471-1476), that is, in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five-minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

"Satellite pharmacy" means a pharmacy that is noncontiguous to the centrally permitted pharmacy of a hospital but at the location designated on the pharmacy permit.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children younger than five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use properly but does not mean packaging that all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"Special use permit" means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

"Stationhouse" means an enclosed structure that houses one or more EMS agency vehicles in the state that the EMS agency is registered that is actively and primarily being used for emergency response by the EMS agency.

"Storage temperature" means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. "Cold" means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is controlled between -25° and -10°C (-13° and 14°F). In those instances in which articles may have a recommended storage condition below -20°C (-4°F), the temperature of the storage location should be controlled to plus or minus 10 degrees.
2. "Room temperature" means the temperature prevailing in a working area.
3. "Controlled room temperature" means a temperature maintained thermostatically that encompasses the usual and customary working environment of 20° to 25°C (68° to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C (77°F); and that allows for excursions between 15° and 30°C (59° and 86°F) that are experienced in pharmacies, hospitals, and warehouses.
4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).
5. "Excessive heat" means any temperature above 40°C (104°F).
6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency or to the destructive alteration of its characteristics, the container label bears an appropriate instruction to protect the product from freezing.
7. "Cool" means any temperature between 8° and 15°C (46° and 59°F).

"Terminally ill" means a patient with a terminal condition as defined in § 54.1-2982 of the Code of Virginia.

"Ultimate user" means a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or a member of his household.

"Unit dose container" means a container that is a single-unit container, as defined in United States Pharmacopeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a system in which multiple drugs in unit dose packaging are dispensed in a single container, such as a medication drawer or bin, labeled only with patient name and location. Directions for administration are not provided by the pharmacy on the drug packaging or container but are obtained by the person administering directly from a prescriber's order or medication administration record.

"USP-NF" means the United States Pharmacopeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

18VAC110-20-500. Licensed emergency medical services (EMS) agencies program.

[A licensed EMS agency may obtain emergency drugs for administration pursuant to the following allowances:](#)

A. The pharmacy may prepare a kit for a licensed EMS agency provided:

1. The PIC of the hospital pharmacy shall be responsible for all prescription drugs and Schedule VI controlled devices contained in this kit. Except as authorized in 18VAC110-20-505, a pharmacist shall check each kit after filling and initial the filling record certifying the accuracy and integrity of the contents of the kit.

2. The kit is sealed, secured, and stored in such a manner that it will deter theft or loss of drugs and devices and aid in detection of theft or loss.

a. The hospital pharmacy shall have a method of sealing the kits such that once the seal is broken, it cannot be reasonably resealed without the breach being detected.

b. If a seal is used, it shall have a unique numeric or alphanumeric identifier to preclude replication or resealing. The pharmacy shall maintain a record of the seal identifiers when placed on a kit and maintain the record for a period of one year.

c. In lieu of a seal, a kit with a built-in mechanism preventing resealing or relocking once opened except by the provider pharmacy may be used.

3. Drugs and devices may be administered by an EMS provider upon an oral or written order or standing protocol of an authorized medical practitioner in accordance with § 54.1-3408 of the Code of Virginia. Oral orders shall be reduced to writing by the EMS provider and shall be signed by a medical practitioner. Written standing protocols shall be signed by the operational medical director for the EMS agency. A current copy of the signed standing protocol shall be maintained by the pharmacy participating in the kit exchange. The EMS provider shall make a record of all drugs and devices administered to a patient.

4. When the drug kit has been opened, the kit shall be returned to the pharmacy and exchanged for an unopened kit. The record of the drugs administered shall accompany the opened kit when exchanged. An accurate record shall be maintained by the pharmacy on the exchange of the drug kit for a period of one year. A pharmacist, pharmacy technician, or nurse shall reconcile the Schedule II, III, IV, or V drugs in the kit at the time the opened kit is returned. A record of the reconciliation, to include any noted discrepancies, shall be maintained by the pharmacy for a period of two years from the time of exchange. The theft or any other unusual loss of any Schedule II, III,

IV, or V controlled substance shall be reported in accordance with § 54.1-3404 of the Code of Virginia.

5. Accurate records of the following shall be maintained by the pharmacy on the exchange of the drug kit for a period of one year:

a. The record of filling and verifying the kit to include the drug contents of the kit, the initials of the pharmacist verifying the contents, the date of verification, a record of an identifier if a seal is used, and the assigned expiration date for the kit, which shall be no later than the expiration date associated with the first drug or device scheduled to expire.

b. The record of the exchange of the kit to include the date of exchange and the name of EMS agency and EMS provider receiving the kit.

6. Destruction of partially used Schedules II, III, IV, and V drugs shall be accomplished by two persons, one of whom shall be the EMS provider and the other shall be a pharmacist, nurse, prescriber, pharmacy technician, or a second EMS provider. Documentation shall be maintained in the pharmacy for a period of two years from the date of destruction.

7. The record of the drugs and devices administered shall be maintained as a part of the pharmacy records pursuant to state and federal regulations for a period of not less than two years.

8. Intravenous and irrigation solutions provided by a hospital pharmacy to an emergency medical services agency may be stored separately outside the kit.

9. Any drug or device showing evidence of damage or tampering shall be immediately removed from the kit and replaced.

10. In lieu of exchange by the hospital pharmacy, the PIC of the hospital pharmacy may authorize the exchange of the kit by the emergency department. Exchange of the kit in the emergency department shall only be performed by a pharmacist, nurse, or prescriber if the kit contents include Schedule II, III, IV, or V drugs.

B. A licensed EMS agency may obtain a controlled substances registration pursuant to § 54.1-3423 D of the Code of Virginia for the purpose of performing a one-to-one exchange of Schedule VI drugs or devices.

1. The controlled substances registration may be issued to a single agency or to multiple agencies within a single jurisdiction.

2. The controlled substances registration issued solely for this intended purpose does not authorize the storage of drugs within the agency facility.

3. Pursuant to § 54.1-3434.02 of the Code of Virginia, the EMS provider may directly obtain Schedule VI drugs and devices from an automated drug dispensing device.

4. If such drugs or devices are obtained from a nurse, pharmacist, or prescriber, it shall be in accordance with the procedures established by the pharmacist-in-charge, which shall include a requirement to record the date of exchange, name of licensed person providing drug or device, name of the EMS agency and provider receiving the drug or device, and assigned expiration date. Such record shall be maintained by the pharmacy for one year from the date of exchange.

5. If an EMS agency is performing a one-to-one exchange of Schedule VI drugs or devices, Schedule II, III, IV, or V drugs shall remain in a separate, sealed container and shall only be exchanged in accordance with provisions of subsection A of this section.

C. An EMS agency issued a controlled substances registration pursuant to 18VAC110-20-690 (G) and registration from DEA in accordance with federal law may receive controlled substances and deliver the controlled substances to any designated locations. Delivery of the drugs shall not constitute wholesale distribution.

D. In compliance with federal law, a hospital pharmacy may provide drugs to a hospital-based EMS agency operating as an extension of the hospital pharmacy's DEA registration.

E. If an EMS agency that is not hospital-based has obtained a controlled substances registration and a DEA registration in accordance with federal law, a hospital pharmacy may provide that EMS agency drugs for restocking an EMS vehicle following an emergency response provided all of the following criteria are met:

1. The registered or designated location of the agency operating the EMS vehicle maintains the record of receipt of drugs in accordance with state and federal law;
2. The hospital maintains a record of the delivery to the EMS agency in accordance with state and federal law; and
3. If the EMS vehicle is primarily situated at a designated location of an EMS agency, the designated location notifies the registered location of the agency within 72 hours of the EMS vehicle receiving the controlled substances.

F. Hospitals, EMS agency registered locations, and EMS agency designated locations may deliver controlled substances to each other with written approval from the DEA in the event of:

1. Shortages of such substances;
2. A public health emergency; or
3. A mass casualty event.

18VAC110-20-690. Persons or entities authorized or required to obtain a controlled substances registration.

A. A person or entity that maintains or intends to maintain a supply of Schedules II through Schedule VI controlled substances, other than manufacturers' samples, in accordance with provisions of the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) may apply for a controlled substances registration on forms approved by the board.

B. Persons or entities that may be registered by the board shall include hospitals without in-house pharmacies, nursing homes without in-house pharmacies that use automated drug dispensing systems, ambulatory surgery centers, outpatient clinics, alternate delivery sites, crisis stabilization units, persons authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal, and emergency medical services agencies provided such persons or entities are otherwise authorized by law and hold required licenses or appropriate credentials to administer the drugs for which the registration is being sought.

C. In determining whether to register an applicant, the board shall consider factors listed in subsections A and D of § 54.1-3423 of the Code of Virginia and compliance with applicable requirements of this chapter.

1. The proposed location shall be inspected by an authorized agent of the board prior to issuance of a controlled substances registration.
2. Controlled substances registration applications that indicate a requested inspection date or requests that are received after the application is filed shall be honored provided a 14-day notice is allowed prior to the requested inspection date.
3. Requested inspection dates that do not allow a 14-day notice to the board may be adjusted by the board to provide 14 days for the scheduling of the inspection.
4. Any person wishing to change an approved location of the drug stock, make structural changes to an existing approved drug storage location, or make changes to a previously approved security system shall file an application with the board and be inspected.

5. Drugs shall not be stocked within the proposed drug storage location or moved to a new location until approval is granted by the board.

D. The application shall be signed by a person who will act as a responsible party for the controlled substances. The responsible party may be a prescriber, nurse, pharmacist, pharmacy technician for alternate delivery sites, a person authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal, or other person approved by the board who is authorized to administer the controlled substances.

E. The board may require a person or entity to obtain a controlled substances registration upon a determination that Schedules II through VI controlled substances have been obtained and are being used as common stock by multiple practitioners and that one or more of the following factors exist:

1. A federal, state, or local government agency has reported that the person or entity has made large purchases of controlled substances in comparison with other persons or entities in the same classification or category.

2. The person or entity has experienced a diversion, theft, or other unusual loss of controlled substances which requires reporting pursuant to § 54.1-3404 of the Drug Control Act.

3. The person or entity has failed to comply with recordkeeping requirements for controlled substances.

4. The person or entity or any other person with access to the common stock has violated any provision of federal, state, or local law or regulation relating to controlled substances.

F. The board may issue a controlled substance registration to an entity at which a patient is being treated by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically for the purpose of establishing a bona fide practitioner-patient relationship and is being prescribed Schedules II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration provided:

1. There is a documented need for such registration, and issuance of the registration of the entity is consistent with the public interest;

2. The entity is under the general supervision of a licensed pharmacist or a practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine; and

3. The application is signed by a person who will act as the responsible party for the entity for the purpose of compliance with provisions of this subsection. The responsible party shall be a prescriber, nurse, pharmacist, or other person who is authorized by provisions of § 54.1-3408 of the Code of Virginia to administer controlled substances.

G. The board may issue a controlled substances registration to an EMS agency to receive controlled substances in Schedules II-VI from a wholesale distributor, manufacturer, third-party logistics provider, warehouse, or pharmacy. The EMS agency shall identify any designated location to which the EMS agency may deliver controlled substances to the board. The EMS agency shall also obtain a registration from DEA in accordance with federal law to prior to such delivery. The EMS agency shall identify on the controlled substances registration application the name and physical address of the designated locations. Any changes to the designated locations shall be submitted to the board in advance of delivering controlled substances to that location and the designated locations must be approved sites under federal law.

H. An EMS agency receiving only Schedule VI drugs from a wholesale distributor, manufacturer, third-party logistics provider, warehouse, or pharmacy, or temporarily storing a sealed drug kit

within the EMS building when the vehicle is incapable of maintaining appropriate drug storage temperature or is out of service shall obtain a controlled substance registration or operate as a designated location of a registered EMS agency.

18VAC110-20-700. Requirements for supervision for controlled substances registrants.

A. A practitioner licensed in Virginia shall provide supervision for all aspects of practice related to the maintenance and use of controlled substances as follows:

1. In a hospital or nursing home without an in-house pharmacy, a pharmacist shall supervise.
2. In an emergency medical services agency, the operational medical director shall supervise.
3. For any other type of applicant or registrant, a pharmacist or a prescriber whose scope of practice is consistent with the practice of the applicant or registrant and who is approved by the board may provide the required supervision.

B. The supervising practitioner shall approve the list of drugs that may be ordered by the holder of the controlled substances registration; possession of controlled substances by the entity shall be limited to such approved drugs. The list of drugs approved by the supervising practitioner shall be maintained at the address listed on the controlled substances registration.

C. Access to the controlled substances shall be limited to (i) the supervising practitioner or to those persons who are authorized by the supervising practitioner and who are authorized by law to administer drugs in Virginia; (ii) such other persons who have successfully completed a training program for repackaging of prescription drug orders in a CSB, BHA, or PACE site as authorized in § 54.1-3420.2 of the Code of Virginia; (iii) other such persons as designated by the supervising practitioner or the responsible party to have access in an emergency situation; or (iv) persons authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal. If approved by the supervising practitioner, pharmacy technicians may have access for the purpose of delivering controlled substances to the registrant, stocking controlled substances in automated dispensing devices, conducting inventories, audits and other recordkeeping requirements, overseeing delivery of dispensed prescriptions at an alternate delivery site, and repackaging of prescription drug orders retained by a CSB, BHA, or PACE site as authorized in § 54.1-3420.2 of the Code of Virginia. Access to stock drugs in a crisis stabilization unit shall be limited to prescribers, nurses, or pharmacists.

D. The supervising practitioner shall establish procedures for and provide training as necessary to ensure compliance with all requirements of law and regulation, including storage, security, and recordkeeping.

E. Within 14 days of a change in the responsible party or supervising practitioner assigned to the registration, either the responsible party or outgoing responsible party shall inform the board, and a new application shall be submitted indicating the name and license number, if applicable, of the new responsible party or supervising practitioner.

18VAC110-20-710. Requirements for storage and security for controlled substances registrants.

A. Drugs shall be stored under conditions that meet USP-NF specifications or manufacturers' suggested storage for each drug.

B. Any drug that has exceeded the expiration date shall not be administered; it shall be separated from the stock used for administration and maintained in a separate, locked area until properly disposed.

C. If a controlled substances registrant wishes to dispose of unwanted or expired Schedules II through VI drugs, he shall transfer the drugs to another person or entity authorized to possess and to provide for proper disposal of such drugs.

D. Drugs shall be maintained in a lockable cabinet, cart, device, or other area that shall be locked at all times when not in use. The keys or access code shall be restricted to the supervising practitioner and persons designated access in accordance with 18VAC110-20-700 C.

E. A registered EMS agency may store controlled substances in an automated dispensing device which is located at a secured site at the registered location or designated location of the EMS agency which is: (i) installed and operated by the EMS agency, (ii) not used to directly dispense controlled substances to an ultimate user, and (iii) is in compliance with the requirements of state law.

EF. In a facility not staffed 24 hours a day, the drugs shall be stored in a fixed and secured room, cabinet or area that has a security device for the detection of breaking that meets the following conditions:

1. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.

2. The installation and device shall be based on accepted alarm industry standards.

3. The device shall be maintained in operating order, have an auxiliary source of power, be monitored in accordance with accepted industry standards, be maintained in operating order; and shall be capable of sending an alarm signal to the monitoring entity if breached and the communication line is not operational.

4. The device shall fully protect all areas where prescription drugs are stored and shall be capable of detecting breaking by any means when activated.

5. Access to the alarm system shall be restricted to only designated and necessary persons, and the system shall be activated whenever the drug storage areas are closed for business. 6. An alarm system is not required for researchers, animal control officers, humane societies, alternate delivery sites as provided in 18VAC110-20-275, emergency medical services agencies stocking only ~~intravenous fluids with no added Schedule VI drugs~~ or temporarily securing a sealed drug kit when the EMS vehicle cannot maintain appropriate drug storage temperature or is out of service, persons authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal, and teaching institutions possessing only Schedule VI drugs.

FG. A registered EMS agency may store controlled substances at any of the following secured locations:

(1) A registered location of the EMS agency;

(2) A designated location of the EMS agency of which the board has been notified;

(3) In an EMS vehicle situated at a registered location or designated location of the EMS agency; or

(4) In an EMS vehicle used by the EMS agency that is traveling from, or returning to, a registered location or designated location of the EMS agency in the course of responding to an emergency, or otherwise actively in use by the EMS

agency.

GH. Drugs secured in an EMS agency or EMS vehicle shall be stored at an appropriate temperature at all times. If the EMS vehicle cannot maintain appropriate temperature or is out of service, the drug kit may be temporarily maintained within the building of the EMS agency. The drug kit shall be stored in compliance with subsection C.

18VAC110-20-720. Requirements for recordkeeping.

The person named as the responsible party on the controlled substances registration shall be responsible for recordkeeping for Schedule II through VI drugs in accordance with provisions of § 54.1-3404 of the Code of Virginia and the following:

1. Inventories and administration records of Schedule II drugs shall be maintained separately from all other records and shall be kept in chronological order by date of administration.
2. All records shall be maintained at the same location as listed on the controlled substances registration or, if maintained in an off-site database, retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.
3. In the event that an inventory is taken as the result of a theft of drugs, the inventory shall be used as the opening inventory within the current biennial period. Such an inventory does not preclude the taking of the required inventory on the required biennial inventory date. All inventories required by § 54.1-3404 of the Code of Virginia shall be signed and dated by the person taking the inventory and shall indicate whether the inventory was taken prior to the opening or after the close of business on that date. An entity which is open 24 hours a day shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken.
4. Any computerized system used to maintain records shall also provide retrieval via computer monitor display or printout of the history for drugs administered during the past two years. It shall also have the capacity of producing a printout of any data which the registrant is responsible for maintaining under the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).
5. The Department of Forensic Science may exclude from any inventory quantities of controlled substances used to conduct chemical analyses and controlled substances received for analyses as evidentiary material as provided in § 54.1-3404 G of the Code of Virginia.

6. Documents which describe the conditions and extent of the professional's authorization to dispense controlled substances for each EMS professional employed by or practicing at an EMS agency holding a controlled substances registration. Such documents shall be maintained in a readily retrievable manner and be available for inspection and copying by authorized agents of the board. Examples of such documentation include, but is not limited to, protocols, practice guidelines, or practice agreements.

7. Records of all controlled substances that are received, administered, or otherwise disposed of, records of deliveries of controlled substances between all locations of an EMS agency pursuant to the agency's controlled substances registration, and record of the standing or verbal orders issued or adopted.

8. Records required to be maintained by an EMS agency shall be maintained, whether electronically or otherwise, at each registered location and designated location of the EMS agency where the controlled substances involved are received, administered, or otherwise disposed of.

18VAC110-20-721 Additional recordkeeping requirements for EMS agencies

A. Each EMS agency holding a controlled substances registration, including a hospital-based EMS agency operating under a hospital registration, must maintain records for each dose of controlled substances administered or disposed of in the course of providing emergency medical services. The following information shall be included in each record:

- (1) Name of the substance;
- (2) Finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per milliliter);
- (3) Date administered or disposed of;
- (4) Identification of the patient, if applicable;
- (5) Amount administered;
- (6) Initials of the person who administered the controlled substance;
- (7) Initials of the medical director or authorizing medical professional issuing the standing or verbal order;
- (8) Whether a standing or verbal order was issued and adopted;
- (9) Amount disposed of, if applicable;
- (10) Manner disposed of; and
- (11) Initials of person who disposed of the substance and witness to disposal.

B. For each acquisition of a controlled substance from another registrant of the board, or each distribution of a controlled substance to another registrant of the board, each EMS agency registered pursuant to this chapter must maintain records with all of the following information:

- (1) For each acquisition of a controlled substance from another registrant:
 - a. Name of the substance;
 - b. Finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter);
 - c. Number of units or volume of finished form in each commercial container;
 - d. Number of commercial containers acquired (e.g., 100-tablet bottle or 3-milliliter vial);
 - e. Date of the acquisition;
 - f. Name, address, and registration number of the person from whom the substance was acquired; and
 - g. Name and title of the person acquiring the controlled substance.
- (2) For each distribution of a controlled substance to another registrant:
 - a. Name of the substance;
 - b. Finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter);
 - c. Number of units or volume of finished form in each commercial container (e.g., 100-tablet bottle or 3-milliliter vial);
 - d. Number of commercial containers distributed;
 - e. Date of the distribution;
 - f. Name, address, and registration number of the person to whom the substance was distributed; and
 - g. Name and title of the person in receipt of the distributed controlled substances.
- (3) For each delivery of controlled substances between a designated location and a registered location:
 - a. Name of the substance;
 - b. Finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter);
 - c. Number of units or volume of finished form in each commercial container

- (e.g., 100-tablet bottle or 3- milliliter vial);
 - d. Number of units or volume of finished form in each commercial container and number of commercial containers delivered (e.g., 100-tablet bottle or 3-milliliter vial);
 - e. Date of the delivery;
 - f. Name and address of the designated location to which the substance is delivered; and
 - g. Name and title of the person in receipt of the controlled substances.
- (4) For destruction of a controlled substance:
- a. Name of the substance;
 - b. Finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter);
 - c. Number of units or volume of finished form in each commercial container (e.g., 100-tablet bottle or 3- milliliter vial);
 - d. Number of units or volume of finished form in each commercial container and number of commercial containers destroyed (e.g., 100-tablet bottle or 3-milliliter vial);
 - e. Date of the destruction;
 - f. Manner of disposal of the substance, if applicable;
 - g. Name, address, and registration number of the person to whom the substance was distributed, if applicable; and
 - h. Name and title of the person destroying the controlled substance.
- C. A designated location of an EMS agency that receives controlled substances must notify the EMS agency's registered location within 72 hours of receipt of the controlled substances; in the following circumstances:
- 1. An EMS vehicle primarily situated at a designated location of the EMS agency acquires controlled substances from a hospital while restocking following an emergency response;
 - 2. The designated location of the EMS agency receives controlled substances from another designated location of the same agency.

Regional Drug Box Program Updates, Agency Guidance, FAQs, and Resources



On November 27, 2024, the regulations set forth by the U.S. Food and Drug Administration (FDA) will come into effect. We are actively collaborating with stakeholders, other Regional EMS Councils, the Virginia Office of EMS, and various entities to assess the potential impact of these FDA changes on the Drug Box Program for each council.

In the interim, **it is strongly advised that EMS agencies in the Commonwealth take the necessary steps to acquire a Controlled Substances Registration (CSR)** through the Department of Health Professions (DHP). It's important to note that with over 600 EMS agencies statewide, delaying the acquisition of a CSR may delay the ability of an agency to purchase and/or store medications, which could impact the agency's ability to participate in the regional drug box program.

Revenue Recovery

Last year (2023) we brought in \$209,357.69 in revenue recovery

YTD we are at \$207,001.58

This puts us at \$416,359.27 YTD for FY24

I believe my anticipated revenue recovery for FY24 was \$607,000. Obviously, I've got six weeks left to bring in roughly \$190,000. This will not happen. I have done my best, but for a multitude of reasons, we will not reach this goal. I do hope that we have that deficit down to roughly \$100,000 by June 30.

Establishing billing came with a lot more challenges than I anticipated when budgeting in the spring of 2023, before we began billing in July 2023. I am still working daily, alongside the billing team, to find any loopholes that can increase revenue recovery. I cannot stress enough the amount of time that Stephanie, Wanda, Brandy, April and myself spend on revenue recovery. I don't think a day goes by that we aren't working on it; treasury ensuring that the funds were deposited and accounted for, and me ensuring that there are not errors or mistakes with billing.

There are two other factors that reduce revenue recovery: the Amelia Emergency Squad still offers EMS Care, and we honor the offer. AES uses it as a fundraiser, so to speak. They mail it, I account for it, they receive the funds from it (I think it was around \$30k last year), and we write off patients with EMS Care. These are generally older citizens of the county that purchase annually; they pay \$60-\$85 depending on family size for a year of coverage that ensures that we will write off any remaining balance that insurance does not cover in the event that they are transported. If they do not have insurance (which is rare for the people that sign up, ironically) then we waive the entire balance due for their transport.

The secondary factor: We soft bill. When the County took over billing in July, we did not assume the contract that AES had with their collections agency. Therefore, ACFEMS bills a patient three times. If the patient does not pay after the third invoice, the balance remains on their account, but we do not send them to collections. We can change this process if the County so wishes. It does not bring in a dramatic amount of revenue recovery (roughly \$5,300 in the last 12 months that AES received from it), but it is something. We opted not to do it because there is very little reward and a lot of negative PR that goes with it. When we revamped the way we had collections structured at the squad a few years ago, they had more than a half million dollars due in collections. Generally speaking, if people are not going to pay when the bill is due (we do allow payments as low as \$25 per month), then they are likely never going to pay.

There are measures that we can take to increase revenue recovery:

A LONG ways down the road (3-5 years, maybe) we can look into hiring an internal person to handle billing. This would have to be a very qualified person, as Medicare fraud is a real thing and easy to accidentally do if you don't know what you are doing. I certainly am not the girl for a job like that, but there are people out there. You would not save on the cost of the billing agency, it would likely cost even more than billing charges per year for a qualified person. But, they may be more likely to bring more back in revenue recovery.

We can look into charging for TNTs - Treat, No Transport. I despise TNTs because I do not ever want a citizen of Amelia County not to call 911 because they are in fear of a bill. Billing when we transport is a necessary part of this process, but billing because someone is scared that their blood pressure is too high and just needs to be checked out and reassured is another thing entirely. I advise against it; it is an invoice that goes to the patient as most insurance companies will not cover it. But it is an option that could realistically put some money back in the pot. It's a shot in the dark as to how much money because I cannot give you any idea of what percentage of patients would pay the bill, but I can work to gather more information if you are interested in pursuing it.

We can also work toward itemizing charges for patients. Currently, we charge for Level of Service (BLS, ALS1, ALS2) and there is a secondary charge for the mileage from the pick-up of patient to the hospital. These rates are set based on Medicare's Allowable Rates, which are updated annually in January. We can charge for oxygen, medical supplies, medications, etc. We have not yet, simply because the balance is typically already more than \$1,000 (although insurance has max allowables and we very rarely receive the full amount). I have not pursued this option yet, as the squad currently provides medical supplies and oxygen, and charging for something that we did not purchase adds some gray areas to it.

Mutual Aid Concerns from Chesterfield County

Lastly, I'd like to share with you some statistics and a letter that Mr. Emerson received in February 2024 from from Chesterfield County Fire & EMS Chief Senter.

Mutual aid is a wonderful thing, enabling counties to share resources when their neighbors are running low on them. Amelia has a regional mutual aid agreement that allows us to assist, and we do, most often to Nottoway County. If Nottoway is out of resources and we have more than one staffed ambulance in the county and available, we jump in to help.

However, the amount of mutual aid requests that are coming from Amelia asking Chesterfield to assist has become more than a helping hand on a really bad day. We've come to depend on them when we are out of staffed ambulances, be it paid or volunteer. That is not the intent of mutual aid. It is not here to fill our gaps, but rather to assist when our system is truly stressed beyond reasonable limits. Amelia has reached a point that it should be reasonable to anticipate that we may get three calls in three hours, and now is the time to work toward alleviating that problem.

In 2023, Amelia averaged roughly 6.7 calls per day. While that may not seem high, we don't get to determine how or when those calls come in. There was a spell last year where no calls came in for nearly two days. There was also a day where 17 calls came in within 24 hours. While we can anticipate some "peak hours," we cannot tell you that no calls will come tomorrow and nine will come the next day. With the decline in volunteerism nationwide, and certainly affecting Amelia with a decline over the years, reliance on a volunteer crew being available is no longer a viable option. They do their best, but most, if not all, of the AES volunteers work full time jobs and have families to care for. They do the best with what they have, there just aren't enough of them to rely on day in and day out, specifically during normal business hours or overnight.

If you would like to see the full report from Chief Senter, please reach out to Mr. Emerson.

Mutual Aid Given to Amelia County

Incident Type = RMTAD, FMTAD, WTMAD
Date Range = 7/1/2018 - 12/31/2023

Fiscal	Incidents	Fire Incidents	EMS Incidents	Specialty Incidents	Responses	Transports	Commit Hours
FY2019	24	1	22	1	42	14	55
FY2020	55	2	53	0	80	33	71
FY2021	25	0	24	1	44	15	42
FY2022	19	0	19	0	23	10	20
FY2023	21	3	18	0	41	7	24
FY2024 Q2	19	3	16	0	31	10	39
FY2024 Projected	38	6	32	0	62	20	78

Dispositions

Disposition	Incidents	Percent
CANCL	49	30.1%
ALSTR	44	27.0%
BLSTR	32	19.6%
BLSPR	11	6.7%
RMTAD	8	4.9%
FMTAD	4	2.5%
ALSPR	3	1.8%
DOAM	1	0.6%
GOA	1	0.6%
NOEMS	1	0.6%
Other	9	5.5%
Total	163	100.0%

Responses by Unit Type

Fiscal	TRANSPORT	ENGINE	TRUCK	TANKER	TECHNICAL	SAFETY	CHIEF	FMARSHAL	TRAINING	TOTAL
FY2019	28	5	2	0	3	1	2	0	1	42
FY2020	60	18	0	0	0	1	1	0	0	80
FY2021	30	7	0	0	3	1	2	0	0	43
FY2022	21	2	0	0	0	0	0	0	0	23
FY2023	19	12	2	2	0	3	3	0	0	41
FY2024	16	8	0	0	0	1	2	4	0	31
FY2024 Projected	32	16	0	0	0	2	4	8	0	61

Round-Trip Mileage by Unit Type

Fiscal	TRANSPORT	ENGINE	TRUCK	TANKER	TECHNICAL	SAFETY	CHIEF	FMARSHAL	TRAINING	TOTAL	Dispatch to In Quarters
											AVERAGE PATIENT TRANSPORT (Round-trip)
FY2019	1,162	222	80	0	218	80	76	0	73	1,911	58
FY2020	2,499	378	0	0	0	4	8	0	0	2,889	62
FY2021	1,232	192	0	0	189	61	68	0	0	1,741	63
FY2022	771	15	0	0	0	0	0	0	0	786	62
FY2023	786	405	75	0	0	33	47	0	0	1,346	66
FY2024	748	217	0	0	0	85	70	238	0	1,358	64
FY2024 Projected	1,484	430	0	0	0	168	140	473	0	2,695	64

Commit Hours by Unit Type

Fiscal	TRANSPORT	ENGINE	TRUCK	TANKER	TECHNICAL	SAFETY	CHIEF	FMARSHAL	TRAINING	TOTAL	Dispatch to In Quarters
											AVERAGE PATIENT TRANSPORT (Round-trip)
FY2019	29.0	5.0	2.5	0.0	8.3	3.6	3.8	0.0	3.2	55	1.6
FY2020	63.2	7.4	0.0	0.0	0.0	0.1	0.1	0.0	0.0	71	1.7
FY2021	28.9	3.7	0.0	0.0	4.8	1.5	1.9	0.0	0.0	41	1.5
FY2022	20.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20	1.8
FY2023	18.2	4.4	0.7	0.1	0.0	0.4	0.6	0.0	0.0	24	1.8
FY2024	18.9	5.9	0.0	0.0	0.0	2.5	2.0	10.1	0.0	39	1.7
FY2024 Projected	37.5	11.6	0.0	0.0	0.0	5.0	3.9	20.1	0.0	78	1.7

Incident Missed in First Due while on Mutual Aid

Fiscal	M207	M216	M219	M225	E203	E207	E225	Total
FY-2019	3	0	2	0	3	0	0	8
FY-2020	6	0	0	0	0	0	0	6
FY-2021	3	0	0	1	0	1	1	6
FY-2022	1	0	1	5	0	0	0	7
FY-2023	0	0	0	2	0	0	0	2
FY-2024	0	1	0	2	0	0	0	3
Total	13	1	3	10	3	1	1	32



Chesterfield County, Virginia

Fire & EMS

6731 Mimms Loop – P.O. Box 40 – Chesterfield, VA 23832
Phone: (804)748-1360 - Fax: (804)751-9022 - Internet: chesterfield.gov



Edward L. Senter, Jr.
Chief of Department

February 1, 2024

Mr. Kent Emerson, Director
Amelia County Department of Emergency Management
16410 Dunn Street, P.O. Box A
Amelia, VA 23002

Dear Kent:

The purpose of this letter is to follow-up with you pursuant to our meeting last February, during which you provided an update of improvements in Amelia County's EMS system due to increasing demand and decreasing volunteer rescue squad coverage. It was hoped at that time that these improvements would reduce mutual aid requests to Chesterfield Fire & EMS (CFEMS) for assistance with routine, single-patient EMS incidents.

Attached you will find the analysis recently completed by the CFEMS Planning Division, that includes all mutual aid responses and patient transports by CFEMS units in Amelia County between July 1, 2018, and December 31, 2023. Some key observations include:

- Responses and committed hours by CFEMS reached their highest points during FY-2020 at 80 and 71, respectively. There was an overall reduction in responses and committed hours between FY-2021 and FY-2023. However, the trends during the first half of FY-2024 suggest response increases that are on track to be higher than the previous three years with committed hours higher than the previous five years. Responses into Amelia County by CFEMS ambulances, specifically, are on track to be higher than the previous three years.
- The closest CFEMS fire stations are in some cases nearly 20 miles from the western border of Chesterfield County and there are no hospital facilities within Amelia County. As a result, CFEMS ambulances are committed for longer periods of time (1.7 hours on average) for each Amelia County resident transported. Accordingly, these career crews are unavailable for other incidents in their primary service areas 7% of their on-duty time. During the study period, the closest ambulance to a Chesterfield resident in need was unavailable to respond on 27 different occasions because of a response into Amelia County at the time. It was then necessary to assign other CFEMS ambulances to the concurrent incidents in Chesterfield, traveling further distances with longer travel times, in turn leaving their primary service areas uncovered.
- Some of the cost of wear and tear on CFEMS ambulances can be recouped through patient billing, but the round-trip for a CFEMS ambulance transporting an Amelia County resident averages 63 miles, and only the patient "loaded" miles are eligible for reimbursement through Medicare and commercial insurance. Moreover, there are no opportunities to recoup costs for patient refusals or cancellations prior to arrival, at times after CFEMS ambulances have traveled deep into Amelia County.

Mr. Kent Emerson, Director
Amelia County Department of Emergency Management
February 1, 2024
Page 2.

As Chesterfield's Fire & EMS Chief, I am firmly committed to the founding premise of "mutual aid" in which emergency services agencies support one another in responding to particularly significant or challenging incidents that are beyond the capabilities of a single locality. Such incidents typically include mass-casualties, major fires, or infrequent requests for specialized equipment or response teams (i.e., haz-mat, technical rescue, SCUBA rescue, etc.). Automatic aid agreements forged between two bordering localities whereby support is mutually beneficial, is yet another effective form of mutual aid. The agreement between Chesterfield and Amelia where one county provides ladder truck service as needed, and the other supports water tanker response at structure fires in rural areas without fire hydrants, is an example of such a mutually beneficial agreement. In contrast, mutual aid should never become a long-term solution for daily service gaps, where in essence the taxpayers of one locality are shoring up the fundamental services of an EMS system in an adjacent locality.

Chesterfield County continues to be the fastest growing locality in Virginia, adding over 23,000 residents since the 2020 U.S. Census. Like Amelia County, Chesterfield is also experiencing increasing EMS demands year-over-year, coupled with a continuing decline in volunteer rescue squad coverage. Over the past eight years, the Chesterfield County Board of Supervisors has invested tens of millions of taxpayer dollars in addressing these challenges by opening two new fire and EMS stations, hiring 120 new personnel, and staffing new response units including two engine companies, one ladder company, three 24-hour ambulances, and three "peak demand" ambulances.

As you know, in recent years CFEMS shift commanders have begun considering routine, single-patient EMS requests for assistance from Amelia County on a case-by-case basis as many of the areas covered by fire stations on the west side of Chesterfield County are experiencing explosive growth and are responsible for much of the increase in EMS demands. Compounding these effects, yet another volunteer rescue squad is faltering, and it will soon require additional investments to ensure uninterrupted service delivery. In the meantime, our system is absorbing the calls left uncovered by this rescue squad in a busy area in north-central Chesterfield, which is further reducing the availability of surrounding ambulances - some of the same ambulances that are called upon at times to assist Amelia County. Accordingly, further restrictions in the frequency and type of EMS mutual aid requests that will be supported by CFEMS are to be expected over the next six months.

In closing, I encourage Amelia County to forge ahead with the necessary investments to close the remaining daily service gaps in their EMS system. Continued reliance on CFEMS for assistance with routine, single-patient EMS incidents is not sustainable.

Sincerely,



Edward L. Senter, Jr., Chief
Chesterfield County Fire & EMS

Attachment

Cc: Dr. Joseph P. Casey, PhD, Chesterfield County Administrator
Mr. Clay Bowles, Chesterfield Deputy County Administrator – Community Operations
Chief Timothy McKay, Deputy Fire Chief – Emergency Operations
Chief Wayne Bowen, Battalion Chief – Emergency Medical Services Division



CAENTP

APPLICATION FOR SPECIAL EVENT PERMIT

Date Received: 04/23/24

Fee Amount: \$100

The application shall be submitted not less than thirty (30) days nor more than six (6) months prior to the date of the proposed activity. An application for a major event held for two (2) or more consecutive days shall be filed not less than sixty (60) days nor more than six (6) months before the first day of the proposed activity.

Applicant Name: Friends of Sailors Creek Battlefield Historical State Park	Date: April 20, 2024
Email: Bbg1@aol.com	Phone: 804-314-9120

Section 1: Event Information

Name of event: Civil War Reenactment of Sailors Creek Date/Time September 20, 21, 22, 2024

Location of event: Sailors Creek State Park and Jimmy Garnett's property adjacent to the park

Description of the proposed activity: Civil War reenactment of the battles of Amelia Springs, First High Bridge, Sailors Creek and Marshalls Crossroads.

Anticipated # of attendees per day: 1,000 Will alcohol be served or permitted at this event? NO

****Note:** Sheriff's Office must review the event permit application and determine if off-duty coverage is needed based on the event application details. The applicant must make an appointment with the Sheriff's Office administration to review the details of off-duty coverage prior to event permit approval."

Date of Appointment: 4-18-24 Sheriff's Office Representative Signature 

Provisions for sanitation facilities, crowd, noise and traffic control, parking and loudspeaker placement:

State Park staff are responsible for all traffic control between Marshall's Crossroads and Holts corner, State Park staff are responsible for parking for spectators. State Park staff are responsible for sanitation on State Park Property. There will be Artillery, Calvary and Infantry involved in the reenactment. All camping and parking for Union and Confederate reenactors will be located on the Property of Jimmy Garnett. All battle reenactments will take place on Sailor Creek State Park property under the supervision of Sailors Creek State Park staff.

Food and beverages to be sold or distributed: Three food trucks located on park property near the Hillsman House.

****Note:** The applicant is responsible for securing all permits as required by the Virginia Department of Health and/or Virginia Alcoholic Beverage Control Authority prior to the event.

Proposed equipment, vehicles, staging, bleachers, shelters and electricity requirements: None

Fees:

- Single Day Event - \$25.00
- 2 Day Event - \$50.00
- 3+ day event/Season Permit - \$100.00

PAID

APR 24 2024

AMELIA COUNTY
TREASURER

This Application made this _____ day of _____, 20____.

Applicant Name: Blair Garnett President of the Friends of Sailors Creek
(Print Name)

Mailing Address: 6541 Saylers Creek Rd.
Rice, Va. 23966

Telephone: 804-314-9120

Signature: 

Individual(s) who will be responsible for ensuring compliance with the conditions of this permit and the Amelia County Special Event Ordinance:

Fred Birchett
Printed Name

804-445-35-14
Phone Number

APPROVALS


County Administrator


Sheriff's Department




Public Works


Emergency Management



RIGHT OF ENTRY

I/We Jimmy Garnett
Applicant or Property Owner (Circle One)

hereby grant the Board of Supervisors, its lawful agents, or duly constituted law enforcement officers to go upon the property at any time for the purposes of determining compliance with the provisions of the AMELIA COUNTY SPECIAL EVENT ORDINANCE.

The Board of Supervisors shall have the right to revoke any permit issued under the Ordinance upon noncompliance with any of its provisions and conditions, as understood by the Applicant of the Application.

April, 18 2024
Date

Jimmy Garnett
Signature

Jimmy Garnett
Print Name

5368 Lockett Rd. rice, Va. 23966
Address