

August 24, 2004

**INSPECTION OF THE VHA PHARMACEUTICAL CACHES BY THE EMERGENCY
MANAGEMENT STRATEGIC HEALTHCARE GROUP**

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the ongoing annual inspection of the VHA pharmaceutical caches by the Emergency Management Strategic Healthcare Group (EMSHG).

2. BACKGROUND

a. The Department of Veterans Affairs (VA) Pharmaceutical Cache Program was conceived in October 2001, as a means for VA to maintain its health care delivery capability in the event of a natural disaster or intentional attack. The program provides a readily available supply of pharmaceuticals and medical supplies to treat veterans, VA staff and others who may be present at a VA medical center in a disaster situation. Caches allow for short-term preservation of the VA health care infrastructure in a disaster situation.

b. The cache program is fully implemented with 143 caches in place. A review guide was written and included in the Office of Inspector General (OIG), Combined Assessment Program (CAP) process. The OIG CAP audit cycle, however, does not include a review of every facility annually. The Deputy Under Secretary for Health tasked EMSHG to accomplish the initial audits of all VA medical center caches by December 31, 2004. The Emergency Pharmacy Service (EPS) staff presently performs inspections at locations having substantial compliance issues, and as requested by local management or a Veterans Integrated Service Network (VISN) office. The three key parameters of the cache inspection program are:

(1) Does the facility have a station-level policy regarding the activation and utilization of the cache that is consistent with current VHA policy on "Pharmaceutical Caches in Weapons of Mass Destruction Event?"

(2) Is the cache stored and secured in a manner consistent with current VHA policy?

(3) Is the cache's controlled substance inventory narcotics integrated into the station's monthly controlled substance inspection process?

c. Cache inspections are an added responsibility of the EMSHG Area Emergency Managers (AEMs). The thirty-seven EMSHG AEMs, located across the nation, are focused on emergency management and planning. They annually perform a physical inspection of the caches within their assigned geographic area using standardized criteria (see Att. A). EMSHG AEMs perform this added duty in the context of the overall emergency management plan for the facility, VISN, and VHA. EMSHG AEMs provide the necessary oversight for the caches; Pharmacy Benefits Management (PBM) EPS and VISN Formulary Leader consultants are readily available for expert advice.

THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2009

VHA DIRECTIVE 2004-046

August 24, 2004

3. POLICY: It is VHA policy that each VA medical center pharmaceutical cache must be inspected annually by an EMSHG AEM. *NOTE: The checklist for inspection criteria is in Attachment A.*

4. ACTIONS

a. **Liaison AEMs.** The liaison AEMs will develop an annual plan to ensure that each cache in their area of responsibility is inspected on an annual basis.

b. **Inspecting AEM.** The inspecting AEM will utilize the approved criteria in the attachment as the foundation for the inspection.

(1) It is important that the inspecting AEM considers the general principles of emergency management and performs this inspection with the VHA, VISN and facility Emergency Management Plans in mind.

(2) Within 1 week of completion of a cache inspection, the inspecting AEM must send a draft inspection report to the local facility Director. This allows the local facility Director an opportunity to provide input towards the final report and to submit a report of any corrective action for the deficiencies that were discovered. The final report must be sent to their EMSHG District Manager (DM) and to the local facility Director no later than 2 weeks after the date of the inspection.

c. **DM.** The DMs must submit a quarterly report of all cache inspections within their districts through the Chief Consultant, EMSHG, to the Chief Public Health and Environmental Hazards Officer (13). The Chief Public Health and Environmental Hazards Officer forwards the results to the Director, Emergency Pharmacy Service, the Deputy Under Secretary for Health for Operations and Management (10N), and to the Under Secretary for Health (10).

d. **PBM EPS**

(1) PBM EPS serves as the subject matter experts for this inspection process and must collaborate with EMSHG to resolve any deficiencies that are identified.

(2) PBM EPS will, at the request of EMSHG, a VISN office, or a local facility, provide follow-up site inspections to further evaluate the need for corrective action(s); provide guidance to remedy identified deficiencies; and document that the necessary corrective actions have been taken.

5. REFERENCES: Emergency Management Program Guidebook, 2002.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant, Emergency Management Strategic Healthcare Group (13C), is responsible for the content of this Directive. Questions may be addressed to 304-264-4825.

7. RESCISSIONS: None. This VHA Directive expires August 31, 2009.

S/ Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachment

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ATTACHMENT A

EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE GROUP (EMSHG)
CACHE INSPECTION CHECKLIST

Review Questions	Yes/No
Main Question: Did the facility establish the pharmaceutical cache in accordance with Veterans Health Administration (VHA) policy and implement effective controls to safeguard the cache?	
Objective 1 – Facility Policies and/or Plans	
1. Is there a local cache policy in place?	
2. Does the policy list who can activate the cache?	
3. Does the policy list who has access to the cache space?	
4. Does the policy detail the route and method of transporting the cache to the patient care area?	
5. Does the policy require that the cache undergo a weekly visual inspection of the general cache environment and its security?	
6. Does the facility’s Emergency Management Plan incorporate the access, distribution, and use of the cache?	
Objective 2 – Physical Security	
7. Is there an electronic security system covering the cache space?	
8. Is the cache space temperature controlled?	
9. Does the cache space have fire/smoke alarm?	
10. Does the physical environment appear secure?	
11. Do the cache carts, cases, and supply pallets appear to be unused? (e.g., no missing items, open cases, or other indicators that items have been “borrowed”)	
Objective 3 – Controlled Substances Accountability	
12. Is the cache morphine and diazepam accounted for in the monthly controlled substances inspections?	
13. Are the cache controlled substances stored separately from stock for routine patient care?	
14. Is the cache morphine stored in a Drug Enforcement Agency (DEA)-approved vault or safe?	
15. Is the cache morphine included in 72-hour inventories (or does the facility have a waiver from this requirement)?	

COMMENTS: (For any “no” answers, please provide details.)