



# ***FIRE RESCUE***

## **ALBEMARLE COUNTY**

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***www.ACFireRescue.org***

### **Albemarle County Fire and Emergency Medical Services Executive Committee Agenda**

Monday, September 9, 2024 | 1630 Hours | Fire Rescue Conference Room 2

<b>Agenda Item</b>	<b>Name</b>
I. Call to Order A. From the Board: Matters Not Listed on the Agenda	D. Eggleston
II. Approval of Consent Agenda A. August 5, 2024 Minutes	D. Eggleston
III. Unfinished Business A.	
IV. New Business A. Medication Policy	D. Puckett
V. Next Meeting A. Monday, October 14, 2024	

## Medication Storage, Use, and Accountability

### 505.1 PURPOSE

The purpose of this policy is to establish the procedures for the supply, use and accountability of controlled substances administered by the Albemarle County Fire Rescue System (21 CFR 1300.01 et seq.).

### 505.2 SCOPE

This policy applies to all members of the Albemarle County Coordinated Fire and Rescue System as defined in Albemarle County Code Chapter 6, Article I, Division 2, Section 6-102.

### 505.3 DEFINITIONS

Definitions related to this policy include:

**Automated Dispensing Cabinet (ADC)** - Computerized cabinets that store and dispense medications, and track their distribution.

**Controlled substance** - A drug or substance listed in any schedule of the federal Controlled Substances Act or any medications stored in the Albemarle County Fire Rescue System controlled substance kit.

**EMS Physician** - The ultimate responsible authority for the medical actions taken by a prehospital provider or EMS system and the process of performing actions to ensure that care provided by EMS personnel is appropriate. Also known as the Operational Medical Director.

**Medication** - All controlled and non-controlled substance stored or administered by the Albemarle County Fire Rescue System.

**Medication Inventory System** - The software system used by the system to account for medications assigned to units.

**Medication Kit** - A system provided case that includes controlled and non-controlled medications along with the necessary equipment and supplies to administer them.

**Medication Supply Manager** - The individual assigned to administer the system's medication program including procurement, inventory, distribution, and compliance.

**Non-controlled substance** - A drug or substance listed as Schedule 6 by the Virginia Board of Pharmacy.

**Qualified** - When a member has obtained the required certifications, demonstrated skill competency, successfully completed the field training program, and has been authorized to function in a role.

**Unit** - Any Emergency Medical Services (EMS) vehicle equipped with system medications.

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#### **505.4 POLICY**

It is the policy of the Albemarle County Fire Rescue System to ensure the availability of the proper medications for emergencies and to comply with all applicable local, state and federal regulations governing the supply, use and accountability of all controlled substances (21 CFR 1300.01 et seq.; Title 21 USC Controlled Substances Act and VA 18VAC110-20-500).

All agencies receiving medications from Albemarle County Fire Rescue shall adhere to the following policy and procedures.

#### **505.5 PROCUREMENT**

Albemarle County Department of Fire Rescue's EMS Physician shall approve all medications purchased. Only designated and DEA-registered personnel are authorized to procure controlled substances.

Controlled substances must be ordered from licensed and DEA-registered suppliers using the following process:

- (a) The Medication Supply Manager shall submit orders to the designated supplier using the DEA Controlled Substance Ordering System (CSOS) or a completed DEA Form 222.
- (b) Upon receipt of the controlled substance from the supplier, the Medication Supply Manager or the designated ALS provider shall inventory the controlled substance received to ensure that the type and quantities ordered match the type and quantities received and are reflected on the corresponding DEA Form 222 (21 CFR 1305.12; 21 CFR 1305.13).
- (c) The Medication Supply Manager or the designated ALS provider will immediately place the controlled substance in the controlled substance vault or automated dispensing cabinet and ensure that inventory is reconciled with any electronic data files.

#### **505.6 STORAGE AND SECURITY**

To prevent unauthorized access, medications must either be locked in a secured area as outlined below or in direct possession of an authorized EMS provider.

##### **505.6.1 STORAGE IN FIRE & EMS STATIONS**

The storage of medications is restricted to areas approved by the Virginia Board of Pharmacy and the Drug Enforcement Agency (DEA), in the case of controlled substances. Station storage areas shall comply with the following requirements and be approved by the Medication Supply Manager prior to storing medications.

- (a) The storage area shall be temperature controlled and capable of maintaining medications within the manufacturer's suggested temperature range.
- (b) Expired medications must be separated from the stock used for administration and stored in a separate lockable area until properly disposed.

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- (c) The storage area shall remain locked at all times when not in use and the keys or access code shall be restricted to personnel with the authorization to access the medications.
- (d) Controlled substances shall be stored in a separate locked area, safe, or automated dispensing cabinet.
- (e) The storage area shall have an alarm system capable of detecting a potential intrusion by unauthorized persons. The alarm shall remain armed at all times and access to the alarm system shall be restricted to designated and necessary personnel. The following circumstances are exempt from the alarm requirement:
  - 1. Storage that is limited to non-controlled substances
  - 2. Temporary storage of controlled or non-controlled substances if the EMS vehicle they are stored on is either out of service or unable to maintain the manufacturer's suggested temperature range.
- (f) Controlled substance storage areas shall have a security camera system installed and maintained by the County of Albemarle.

#### **505.6.2 STORAGE IN EMS VEHICLES**

The storage of medications is restricted to vehicles that are licensed by the Virginia Office of EMS and other vehicles used for transporting medications to and from designated locations. Vehicle storage areas shall comply with the following requirements and be approved by the Medication Supply Manager prior to storing medications.

- (a) The storage area shall be temperature controlled and capable of maintaining medications within the manufacturer's suggested temperature range.
- (b) The storage area shall remain locked at all times when not in use and the keys or access code shall be restricted to personnel with the authorization to access the medications.
- (c) Controlled substances shall be kept in a sealed tamper-evident kit.

#### **505.6.3 REFRIGERATED STORAGE**

Medications requiring refrigeration shall be stored in approved refrigerators with a temperature monitoring system. Temperatures shall be monitored to ensure they remain within the manufacturer's suggested temperature range. The recommended shelf life of each medication outside of refrigeration shall be determined based on the manufacturer's recommendations and posted in a conspicuous location.

When medications are removed from refrigeration to supply a medication kit, a label shall be affixed to the container indicating the new expiration date.

#### **505.7 TRAINING MEDICATIONS**

Training kits and simulated medications shall be distinctly marked to ensure they are not mistakenly placed on emergency response vehicles. Only simulated medications shall be placed

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in training kits.. Medication intended for patient use and their containers are prohibited from being used for training.

#### **505.8 AUTHORIZED ACCESS**

Only qualified EMS providers are permitted to access department medications. Access shall require two forms of identification such as a swipe card, personal identification number (PIN), signature, and/or a witness. At no time shall an individual share their access information, attest to information they didn't directly witness, or enter a name or signature on behalf of another person.

BLS providers are prohibited from handling medications outside of their scope of practice except as directed by an ALS provider.

Participating EMS agencies are responsible for notifying the Medication Supply Manager within seven days of any changes in their authorized providers' status including if they are no longer active with the agency or their ability to practice as an EMS provider has changed.

#### **505.9 INVENTORY CONTROL**

The Medication Supply Manager, in coordination with the EMS Physician, shall establish the standard complement of BLS and ALS medications and approve any modifications. Modifications due to supply chain shortages, such as reduced quantities or alternative medications, will be communicated prior to implementation. A medication kit that does not have the full standard complement will have a medication shortage tag attached by the provider resupplying the kit that details the differences from the standard complement. [See attachment: Medication Kit Standard Inventory](#)

The Medication Supply Manager will issue medication kits to each station as directed by the Deputy Chief of Operations. Each station will be responsible for the security and inventory of their assigned kits. Medication kits are not permitted to be relocated to another station unless approved by the Medication Supply Manager.

Medications shall be inventoried based on the frequency and procedures outlined below. In addition, the Medication Supply Manager shall complete a full inventory of all controlled substances every two years.

##### **505.9.1 MEDICATION KITS**

###### **Controlled Substances**

- (a) At each shift change, an incoming and outgoing ALS provider shall, in each other's presence, inspect the integrity of all sealed controlled substance kits assigned to the station. Each ALS provider shall attest to the current seal number by entering their PIN code and signature in the department's medication inventory system.
- (b) If a kit's seal number doesn't match the previously recorded seal, then the controlled substance kit shall be opened to inspect the quantities, the integrity of the containers, and the expiration dates of the controlled substances. Each ALS provider shall attest

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to the quantity available by entering their PIN code and signature in the department's medication inventory system.

- (c) If the unit is dispatched to an incident before the daily inventory occurs, the inventory and reconciliation shall be done as soon as practicable upon returning to the station.
- (d) If no one is available from the incoming/outgoing shift then one on-duty ALS provider and the Company Officer or a member from the on-duty shift may conduct the inventory and reconciliation process.
- (e) In the event that a ALS provider works two consecutive shifts on the same unit, the inventory shall be performed by the ALS provider and witnessed and verified by another ALS provider assigned to the station, a Company Officer or an on-duty shift member.

#### Non-Controlled Substances

- (a) On the last day of each month, the ALS provider shall open each medication kit to inspect the quantities, the integrity of the containers, and the expiration dates of the non-controlled substances.
- (b) A BLS provider is permitted to conduct the inventory of BLS medications.
- (c) If no one is available to complete the inventory on the last day of the month, it shall be performed as soon as practicable.
- (d) Any expiration dates that have changed since the last inspection should be updated in the medication inventory system.

#### 505.9.2 AUTOMATIC DISPENSING CABINETS

A physical inventory of controlled and non-controlled substances located in station-based automated dispensing cabinets shall be completed monthly to confirm quantities, inspect the integrity of containers, and remove expired medications.

#### 505.9.3 CENTRAL SUPPLY

Controlled substances shall be stored in an automated dispensing cabinet at the central supply and require a blind count back each time they are accessed. The Logistics Battalion Chief, or designee, will conduct a physical inventory of the controlled substance at least weekly.

A physical inventory of non-controlled substances will be completed every three months to remove expired medications and ensure sufficient supply levels exist.

### **505.10 ADMINISTRATION AND DOCUMENTATION**

#### 505.10.1 ADMINISTRATION

Medications shall only be administered by authorized providers operating within their scope of practice. Prior to the administration of any medication, the provider should complete a medication administration cross check procedure. Participating agencies shall report medication errors and close calls to the Medication Supply Manager. The Medication Supply Manager shall document

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the occurrence and attempt to identify common trends related to how medications are packaged or stored. [See attachment: Medication Administration Cross Check Tool](#)

If a unit transfers the care of a patient to a transporting ALS provider prior to the administration of the entire dosage of a controlled substance, any remaining controlled substance shall not be provided to the transporting ALS provider. If additional medication is needed after the patient care transfer, the controlled substance shall be used from the inventory of the transporting unit.

Following the administration of a controlled substance, the ALS provider shall, as soon as practicable, temporarily reseal the controlled substance kit with the supplied red seal and lock it in a secure area until it can be resupplied.

#### 505.10.2 DOCUMENTATION

Each time a medication is administered to a patient the following items shall be documented in the Department's patient care reporting (PCR) system.

- (a) Type of order (standing or verbal)
- (b) Medication name
- (c) Dose
- (d) Route of administration
- (e) Date and time of administration
- (f) Patient name
- (g) Patient response to medication

If a medication is administered as a result of a verbal order, the PCR shall include the name and signature of the physician issuing the order or a physician from the receiving facility.

If the entire amount of a controlled substance is not administered, another EMS provider shall witness the proper disposal of the remaining amount. Disposal may be accomplished by wasting or emptying the remaining medication into a drain or onto an area of bare soil or grass. Each provider shall attest to the proper disposal of the remaining controlled substance by entering their PIN code and signature in the department's medication inventory system.

#### 505.11 MEDICATION RESUPPLY

Medication shall be resupplied utilizing one of the following procedures. Resupply from any other sources, including a non-system unit is not authorized.

If the care of a patient is transferred to a non-system unit, the administering EMS provider will obtain the resupply from the system's automated dispensing cabinet.

Resupplying non-system units with system medications is prohibited. If an EMS provider administers medications from a non-system unit, that EMS agency is responsible for resupplying their unit.

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#### 505.11.1 RESUPPLY FROM ANOTHER UNIT

If a non-controlled substance is administered the transporting unit or another on-scene system unit may resupply the administering unit on-scene if it is operationally appropriate. The resupplying unit shall then be responsible for obtaining the resupply from the system's automated dispensing cabinet.

Controlled substances shall not be resupplied on scene. Each unit is responsible for documenting the administration, proper disposal, and resupply of any controlled substance administered from their unit's inventory in the medication inventory system.

#### 505.11.2 RESUPPLY FROM AN AUTOMATED DISPENSING CABINET

Access to medications stored in the system's automated dispensing cabinets requires a provider whose scope of practice includes that medication and an authorized witness. The incident number the medication was administered on and the medication kit being supplied shall be documented utilizing the automated dispensing cabinet software.

The administration, disposal, and resupply of controlled substances will also be documented in the medication inventory system. Immediately following the resupply of a controlled substance an inventory shall be completed and the kit resealed with the supplied green seal. The ALS provider and witness shall attest to the administration, disposal, inventory check, and new seal number by entering their PIN code and signature in the department's medication inventory system.

#### 505.11.3 EXPIRED OR DAMAGED MEDICATIONS

Medications that have expired or been damaged shall be returned to the designated return bin located at each automated dispensing cabinet before requesting a replacement. Providers are prohibited from retaining expired medication for any purpose.

Controlled substance that are expired or damaged shall be placed in the designated envelope with the date and unit number written on the outside of the envelope. The sealed envelope shall then be deposited in the return bin. Removal of the controlled substance from the kit shall be documented in the medication inventory system. The ALS provider and witness shall attest that the controlled substance was removed from the kit and placed in the return bin by entering their PIN code and signature in the department's medication inventory system.

Once the return process has been completed, a replacement medication can be requested as outlined above.

### **505.12 DESTRUCTION OF EXPIRED OR DAMAGED MEDICATIONS**

The Medication Supply Manager shall collect expired or damaged medications monthly and return them to central supply where they will be separated from other stock. A third-party vendor shall be used for the destruction of all expired or damaged medications.

### **505.13 COMPLIANCE MONITORING**

The Medication Supply Manager should:



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- (a) Review the controlled substance daily reports and verify that each issuance of a controlled substance matches either a patient administration or an expired dose that was returned.
- (b) Review controlled substance administrations in which the full amount was not administered to verify the remaining controlled substance was properly disposed of and documented correctly.
- (c) Randomly inspect controlled substance inventory reports for completeness and compliance with established procedure.
- (d) Randomly inspect medication kits to verify their location, security, consistency with the standard inventory, and any other issues that may require follow-up or investigation.
- (e) Notify the responsible Battalion Chief or Volunteer Chief of any item that deviates from this policy.

Routine or willful non-compliance with this policy may result in a provider's access to system medications being restricted and/or disciplinary action.

#### **505.14 DIVERSION**

If the seal number doesn't match the previously recorded seal, the integrity of a container or tamper-evident packaging has been compromised, or the inventory of any controlled substance results in a discrepancy, the ALS provider(s) must immediately attempt to reconcile the amount missing. If the discrepancy cannot be reconciled, immediate notification shall be made to the Company Officer, the volunteer Chief, the on-duty Battalion Chief, and the Medication Supply Manager.

The Medication Supply Manager shall attempt to reconcile the discrepancy. If the discrepancy still can not be reconciled, then an investigation shall be initiated and the following notifications made.

- (a) Fire Rescue Chief, or designee
- (b) EMS Physician
- (c) VA Office of EMS
- (d) VA Board of Pharmacy
- (e) Drug Enforcement Agency (DEA Form 106)

#### **505.15 RECORD KEEPING**

The Medication Supply Manager shall ensure that the system's standing patient care protocols, including all authorized medications, are signed by the EMS Physician and stored at central supply.

The following medication records shall be maintained for a minimum of two years. Documentation for Schedule 2 medications shall be maintained separately from all other medications.

- (a) Invoices
- (b) Receipts

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- (c) Delivery confirmations
- (d) Transfer between locations
- (e) Administration
- (f) Disposal of partially used controlled substances
- (g) Destruction of expired or damaged medications

#### **505.16 ISSUE AND REVIEW**

<b>ISSUE</b>	<b>EFFECTIVE</b>	<b>REVIEW</b>	<b>REVIEWER</b>

## Attachments

## Medication Kit Inventory.pdf

**RSI/Narcotics Box**

<b>Fentanyl</b> 100mcg/2ml 3 vials	<b>Etomidate</b> 20mg/10mL 2 vials	<b>Rocuronium</b> 100mg/10mL 1 vial
<b>Midazolam</b> 5mg/1mL 4 vials	<b>Ketamine</b> 200mg/20mL 2 vials	
<b>Ketamine HC</b> 500mg/5mL 1 vial	<b>Syringes and RSI Labels</b>	

**Cardiac Box**

<b>Atropine</b> 1mg/10mL 3 bistojects	<b>Adenosine</b> 6mg/2mL 3 vials	<b>Metoprolol</b> 5mg/5mL 3 vials	<b>Calcium Chloride</b> 1g/10mL 2 bistojects
<b>Bistojects</b>			
<b>Cardiac Epinephrine</b> 1mg/10mL 6 bistojects	<b>Epinephrine</b> 1mg/1mL 4 vials	<b>Amiodarone</b> 150mg/3mL 3 vials	<b>Norepinephrine</b> 4mg/4mL 1 vial
<b>Bistojects</b>			

### General Medications

Future expansion and/or filter needles, etc.				
<b>Cefazolin (Ancef)</b> 1g vial 2 vials + 10mL sterile water	<b>Tranexamic Acid (TXA)</b> 1g/10mL 1 vial	<b>Magnesium</b> 5g/10mL 1 vial		
Future expansion and/or filter needles, etc.		<b>Dexamethasone</b> 10mg/1mL 1 vial	<b>Benadryl</b> 50mg/1mL 2 vials	<b>Glucagon</b> 1mg vial w/ 1mL saline
<b>Naloxone (Narcan)</b> 2mg/2mL 2 bristojects + MAD device	<b>Haldol</b> 5mg/mL 2 vials	<b>Ondansetron</b> 4mg/2mL 3 vials	<b>Ketorolac</b> 30mg/1mL 1 vial	

**Nebulizer Kit**

- Nebulizer setup (1)
- Albuterol (6)
- Atrovent (2)

**BLS Med Kit**

- Aspirin bottle (1)
- Narcan spray (1)
- Nitro tablets (1)
- Nitro paste tube (1)
- Nitro paste paper
- Zofran tablets (4)
- Certa-dose epi (1)
- Acetaminophen 2-tab packets (2)



## MACC Tool.png



# Medication Administration Cross-Check (MACC) v3.7



**Provider 1**  
(Giving the medication)

**Provider 2**  
(Remember: "R.C.V." or "R.C.Q.")

"Med-Check" or  
"Safety-Check" or  
"Cross-Check"

"Ready"

"I am going to give:"

Dose  
Drug name  
Route  
Rate  
Reason

Concurrence

"Contraindications?"

If none state  
"No Contraindications"  
Otherwise verbally verify

Concurrence

"Volume?"  
(or "Quantity?" for PO)

- State the drug concentration
- State volume to be administered in milliliters [Do not say "amp" or "vial"] or state # of tablets
- Show the vial/ bottle to provider 2 (if safe to do so)

Concurrence  
&  
Positive  
Visual  
Verification

Sounds good,  
give it,  
go ahead, etc.

- "Contraindications" include: 1) verification of appropriate VS, 2) known patient allergies, and 3) expiration date.
- If a discrepancy, disagreement, or need for clarification is encountered at any step in the process, it must be resolved prior to continuing the cross-check.
- Essentially only Provider 2 can authorize the administration of the medication.
- The MACC must be completed prior to the administration of any medication.
- If there is an interruption or change in patient condition of any kind, the process must be re-initiated by Provider 1.
- Avoid ambiguous statements or confirmations like "okay."



**RED RULE of Medication Administration**  
(A Duty to Avoid Causing UNJUSTIFIABLE Harm)



NEVER give the contents of a syringe that is not labeled or without visualizing the vial or ampule from which it was immediately drawn.

**ALBEMARLE COUNTY FIRE/EMS BOARD**  
**FEMS BOARD EXECUTIVE COMMITTEE**  
**MONDAY, AUGUST 5, 2024 – 1630 HOURS**

A virtual meeting of the Albemarle County Fire/EMS Board Executive Committee was held on Monday, August 5, 2024, at 1630 hours.

The following members were in attendance:

David Puckett, Albemarle County Fire Rescue  
Virginia Leavell, Charlottesville/Albemarle Rescue Squad  
Gary Dillon, Crozet Volunteer Fire Department  
Greg McFadyen, Seminole Trail Volunteer Fire Department  
Kostas Alibertis, Western Albemarle Rescue Squad

Others in attendance:

Christina Davis, Albemarle County Fire Rescue

**I. Call to Order**

Chief Puckett called the meeting to order at 1630 hrs.

**A. From the Board: Matters Not Listed on the Agenda**

Chief McFadyen stated that he had one item for New Business.

**II. Approval of Consent Agenda**

**A. July 8, 2024 Minutes**

**MOTION:** Chief Alibertis motioned, seconded by Chief McFadyen, to approve the Consent Agenda as presented. The motion passed unanimously (5-0).

**III. Unfinished Business**

**A. None**

**IV. New Business**

**A. High-Rise FOG**

**B. Townhouse FOG**

Chief Puckett reported that the High-Rise FOG was reviewed at the Operations Committee and sent forward; the Townhouse FOG was a relatively small change that was updated based on the response packages discussed at the last FEMS meeting. He noted that he also included quick references guide, as he's developed for each FOG.

He said that the Mid-Rise FOG was an addendum to the back of the High-Rise FOG, with significant overlap, and from an ECA and Pro QA perspective, high-rise is defined as five stories or greater. He said that mid-rise has similarities operationally, depending on whether it's a building with FDC and standpipes or an older building without

standpipes that is more of a garden-style apartment. He said that he and Burke were still discussing format changes, but that wouldn't change any of the content and would just delineate which buildings it covered and which plans were pertinent.

Chief Alibertis asked what the difference was between the two.

Chief Puckett responded that the mid-rise gets four engines and two trucks; the high-rise gets a fifth engine and two transport units.

Chief McFadyen asked how they were addressing buildings that were not necessarily tall but were spread out in sprawl that went on continuously, as they would be getting the same personnel.

Chief Puckett said that in Pro QA, there is a building called "high occupancy" or "high risk," which wasn't many stories but had a high concentration of people, such as a nursing home or a jail. He stated that his thought for the future was to try to tie the high occupancy to the same response plan as the high-rise.

Chief Alibertis stated that 330 Claremont would fall in that category.

Chief Dillon asked about The View at Old Trail.

Chief Alibertis replied that it's four if you count the garden basement level.

Chief Dillon stated that under these criteria, Mountainside was the only building that fit into this.

Chief Puckett said that there were very few buildings that fell under high-rise and more that fell under mid-rise. He noted that ECC asked about the number of floors when they call in a structure fire, and specific response plans could be applicable to certain addresses—but that becomes cumbersome over time.

Chief Alibertis noted that rooftop bars and decks are not included in the number of floors.

Chief McFadyen asked if the mid- and high- levels aligned with terms in Pro QA.

Chief Puckett responded that they didn't align exactly, and mid-rise would capture most of the garden apartments and any business office structure of less than five floors. He said that what would be excluded would be industrial/commercial, which is a category in and of itself in Pro QA. He said that currently in their system, everything is residential or commercial, so they would be making some changes to align the categories.

Chief McFadyen stated that the buildings in his station's first due just keep getting bigger and bigger, and 2600 Barracks Road, for example, just keeps expanding.

Chief Alibertis commented that Claremont is a similar situation by Crozet standards.

Chief McFadyen said that they were at the point where even alarm activations were proving to be difficult, and all commercial buildings need someone to go to the panel and someone to investigate the area.

Chief Puckett stated that they could continue to discuss it at this level or move it forward to FEMS.

Chief Leavell said that they would still have a month to consider it prior to FEMS.

Chief McFadyen stated that he had distributed this around at a high level several weeks ago, and the only issue that arose was how they wanted those vehicles to arrive and how to make that work within CAD. He said that getting the truck company quickly is key, and the debate has been whether to have an engine staffing and tower staffing, or if they just don't run a cross-staffing arrangement. He stated that with two trucks running side by side, the issue is how to get the response guidelines working the right way. He added that the guide itself is fine, but this is just operationalizing it.

Chief Dillon asked if the townhouse guide revisions were related to the Commonwealth Drive fire.

Chief Puckett responded that both townhouse and garden have been developed since then.

Chief Alibertis asked if the one at Old Trail was a townhouse.

Chief Puckett confirmed that it was.

Chief McFadyen stated that River Run would have been a townhouse, and they had two trucks there—one on the back side, one on the front side. He said that it worked out nicely, as the Crozet truck came in and wasn't blocked in by the hose, and everything worked out really well.

**MOTION:** Chief Alibertis moved that the Mid-Rise and High-Rise FOG be forwarded to FEMS. Chief Leavell seconded the motion, which passed unanimously (5-0).

### **C. Miscellaneous**

Chief McFadyen stated that Seminole received a County funding check for the first quarter of the allocation, postmarked the previous Monday, which means they effectively floated the County for the entire month. He asked if there may be other ways to deal with this with the Office of Management and Budget (OMB) besides paper check through the mail, as the allocation wasn't issued until July 26. He said that they started processing bills on July 1, so they would like to find a way to move faster on this.

Chief Alibertis commented that they should have enough from the first quarter to carry into the second quarter.

Chief McFadyen said that June 30 is their cutoff date, with the new fiscal year starting July 1. He added that he was happy to work directly with OMB on this, as it has gone from two to three to now four weeks. He said that they are now transferring money into operations to cover the expenses, then reimbursing themselves when the funding arrives.

Chief Puckett stated that he would follow up with OMB.

## **V. Next Meeting**

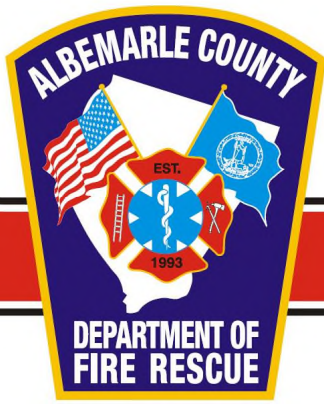
### **A. Monday, September 9, 2024 at 1630 hours**

The next FEMS Board meeting will be held on Monday, September 9, 2024 at 1630 hours in the Fire Rescue Conference Room.

### **Adjournment**

At 16:51 hrs., the FEMS Executive Committee adjourned its meeting.





# FIRE RESCUE

## ALBEMARLE COUNTY

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### ALBEMARLE COUNTY FIRE AND EMERGENCY MEDICAL SERVICES BOARD EXECUTIVE COMMITTEE ACTION RECORD

AGENDA TITLE/ISSUE:	AGENDA DATE:	
Approval of Consent Agenda	August 5, 2024	
MOTION:	MOTION MADE BY:	SECONDED BY:
Approve Consent Agenda	Chief Kostas Alibertis	Chief Greg McFadyen
SUBSEQUENT MOTIONS/AMENDMENTS:		
1.		

CALL OF THE QUESTION:	Yes	No	Abstain
Deputy Chief David Puckett (ACFR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Virginia Leavell (CARS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Gary Dillon (Crozet Fire)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Greg McFadyen (Seminole Trail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Kostas Alibertis (Western Albemarle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby attest that the foregoing is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Christina Davis  
 Clerk

\_\_\_\_\_  
 August 5, 2024  
 Date





# FIRE RESCUE

## ALBEMARLE COUNTY

460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489  
 Voice: 434-296-5833 FAX: 434-972-4123

[www.ACFireRescue.org](http://www.ACFireRescue.org)

### ALBEMARLE COUNTY FIRE AND EMERGENCY MEDICAL SERVICES BOARD EXECUTIVE COMMITTEE ACTION RECORD

<b>AGENDA TITLE/ISSUE:</b>	<b>AGENDA DATE:</b>
High-Rise & Townhouse FOG	August 5, 2024
<b>MOTION:</b>	<b>MOTION MADE BY:      SECONDED BY:</b>
To forward High-Rise & Townhouse FOG to FEMS	Chief Kostas Alibertis      Chief Virginia Leavell
<b>SUBSEQUENT MOTIONS/AMENDMENTS:</b>	
1.	

CALL OF THE QUESTION:	Yes	No	Abstain
Deputy Chief David Puckett (ACFR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Virginia Leavell (CARS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Gary Dillon (Crozet Fire)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Greg McFadyen (Seminole Trail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Kostas Alibertis (Western Albemarle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby attest that the foregoing is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Christina Davis  
 Clerk

\_\_\_\_\_  
 August 5, 2024  
 Date