

**INSPECTION OF VA ALL-HAZARD EMERGENCY CACHES BY THE VHA OFFICE
OF EMERGENCY MANAGEMENT**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes and updates the policy for the ongoing annual inspection of Department of Veterans Affairs (VA) All-Hazard Emergency Caches by the VHA Office of Emergency Management (OEM).
- 2. SUMMARY OF MAJOR CHANGES:** This directive rescinds and replaces VHA Directive 2010-016 and, incorporates changes from VHA Directive 1047(1). These changes include reporting of policy on stock rotation of cache supplies and drugs based on expiration dates, including procedures to rotate out expired supplies and drugs; immediate notification of cache activation to VHA Watch Office; and assessment of procedures to incorporate into the facility's Emergency Operations Plan for the request, delivery and resupply from Department of Health and Human Services' Strategic National Stockpile.
- 3. RELATED ISSUES:** VHA Directive 1047(1).
- 4. RESPONSIBLE OFFICE:** The VHA Office of Emergency Management (OEM) (10NA1) is responsible for the contents of this directive. Questions may be addressed to OEM at 304-264-4800.
- 5. RESCISSIONS:** VHA Directive 2010-016, dated April 6, 2010 is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, M.D.
Acting Under Secretary for Health

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CONTENTS

INSPECTION OF VA ALL-HAZARD EMERGENCY CACHES BY THE VHA OFFICE OF EMERGENCY MANAGEMENT

1. PURPOSE:..... 1

2. BACKGROUND:..... 1

4. POLICY: 2

5. RESPONSIBILITIES:..... 2

6. REFERENCES:..... 4

APPENDIX A

INSPECTION OF VA ALL-HAZARD EMERGENCY CACHES BY THE VHA OFFICE OF EMERGENCY MANAGEMENT CHECKLISTA-1

APPENDIX B

INSPECTION OF VA ALL-HAZARD EMERGENCY CACHES BY THE VHA OFFICE OF EMERGENCY MANAGEMENT

1. PURPOSE

This directive provides policy and procedures for the annual inspection of Department of Veterans Affairs (VA) All-Hazards Emergency Caches by the Veterans Health Administration (VHA) Office of Emergency Management (OEM), under the authority of VHA Directive 1047(1), All-Hazards Emergency Caches. **AUTHORITY:** Title 42 United States Code (U.S.C.) 170a(1), 170b(a), 5192; 42 U.S.C. 300hh-11(b); 38 U.S.C. 1785; Title 38 Code of Federal Regulations (CFR) 17.86.

2. BACKGROUND

a. The VA All-Hazards Emergency Cache Program was established to maintain VA's continuous health care delivery capability in the event of a natural disaster or intentional attack. The program provides a ready supply of pharmaceutical, medical countermeasures, and medical supplies to treat Veterans, VA staff, and others that may present at a VA medical facility in a disaster. These caches enable:

(1) Short-term preservation of the VA health care infrastructure in a disaster until resources such as the Strategic National Stockpile (SNS) become available.

(2) Support of the VA medical facility's involvement in the local community disaster plan and exercises.

b. Annual inspection is required to ensure readiness of each cache. The key tasks of the cache inspection program are to:

(1) Review the VA medical facility's cache policy, plan, and procedures regarding the activation and utilization of the cache that are consistent with VHA policy concerning VA All-Hazards Emergency Caches.

(2) Examine the physical cache and its storage space(s) with emphasis on security, environmental controls, and stock rotation.

(3) Assess the cache's controlled substances inventory, accountability, and Shelf Life Extension Program (SLEP) to ensure they are consistent with this policy.

c. Annual All-Hazard Emergency Cache inspections are conducted by OEM's Area Emergency Managers (AEMs) and Regional Emergency Managers (REMs). Annual physical inspection are conducted within their assigned geographic areas using standardized criteria (see Appendix A.)

d. Pharmacy Benefits Management (PBM) Services / Emergency Pharmacy Service (EPS) manages the All-Hazards caches through central purchasing of products, directs stock rotation at medical facilities, manages the emergency pharmacy distribution warehouse, coordinates

shelf-life extensions, and provides guidance and technical assistance to the facilities regarding cache management.

3. DEFINITIONS

a. **Controlled Substances.** Controlled substances consisting of drugs and other substances by official name, common name, usual name, chemical name, or designated brand name, that are listed in Title 21 Code of Federal Regulations (CFR) Schedule I 1308.11, Schedule II 1308.12, Schedules III 1308.13, Schedule IV 1308.14, and Schedule V 1308.15; 21 CFR 1301; and Title 21 United States Code (U.S.C.) 812 and 827.

b. **Disaster.** A type of emergency or incident that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain care, safety, or security functions.

c. **Pharmaceutical Cache.** Caches store pharmaceuticals drugs and medical supplies for short-term disaster care until other resources can be made available in the immediate area.

d. **Strategic National Stockpile (SNS).** A large stock of medical countermeasures and supplies to protect the American public if there is a national public health emergency (terrorist attack, pandemic flu or other infectious disease outbreak, earthquake, etc.) severe enough to cause local supplies to run out. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

4. POLICY

It is VHA policy that inspections of VA All-Hazards Emergency Caches at VA medical facilities are conducted on an annual basis.

5. RESPONSIBILITIES

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management or designee is responsible for ensuring:

(1) The execution and support to fulfill the operating needs of this directive.

(2) The requirements of this directive are met and related issues addressed through the appropriate clinical or administrative service.

b. **Director, Office of Emergency Management (OEM).** The VHA OEM Director or designee is responsible for:

(1) Assigning AEMs or REMs to conduct inspections at VA medical facilities with All-Hazard Emergency Caches.

(2) Reviewing any recommendations for improvement to OEM inspection of the All-Hazards caches, during monthly OEM Management Review Board meetings;

(3) Reviewing and forwarding the final summary report with proposed corrective actions to the Deputy Under Secretary for Health for Operations and Management.

c. **Area Emergency Manager (AEM)/ Regional Emergency Manager (REM).** AEM and REM are responsible for:

(1) Coordinating and conducting a plan in conjunction with the Pharmacy Service staff to ensure that each cache in their area of responsibility is inspected on an annual basis within each fiscal year.

(2) Using the checklist in Appendix A of this directive as the foundation for the inspection.

(3) Drafting an inspection report/checklist for review and comment by the local VA medical facility's Chief of Pharmacy, facility's Cache Manager as appointed by the facility's Pharmacy Service, and VA medical facility's Emergency Manager within 2 weeks of completion of the cache inspection.

(4) Following the VA medical facility's input, and within 2 weeks of submitting the draft report to the VA medical facility, the AEM forwards the final inspection report/checklist to the VA medical facility Director, VA medical facility Chief of Pharmacy, VISN Director, VISN Pharmacy Executive, VISN Emergency Manager and OEM Regional Emergency Manager.

(5) The REM is responsible for forwarding the final inspection report/checklist upon receipt to Pharmacy Benefits Management (PBM)/Emergency Pharmacy Service (EPS); Office of Patient Care Services, Public Health (10P11); Director, Office of Emergency Management (OEM), OEM Field Program Manager and the Cache Inspection Sub-Committee.

d. **VA Medical Facility Director.** The VA medical facility Director is responsible for reviewing and approving the final All-Hazard Emergency Cache Inspection Report and ensures a corrective action plan is developed and approved as appropriate.

e. **Cache Inspection Subcommittee.** The Cache Inspection Subcommittee, comprised of subject matter experts across VHA and appointed by the VA All-Hazards Emergency Cache (AHEC) Program Review Committee (see VHA Directive 1047(1), All-Hazards Emergency Caches, paragraph 4.b., or subsequent policy issue), is responsible for providing an annual summary report of all inspections that includes findings and recommendations to the AHEC Review Executive Cache Subcommittee (see VHA Directive 1047(1), paragraph 4.f., or subsequent policy issue). The AHEC Review Executive Committee is responsible for providing a copy of the annual summary report along with their recommendations to the OEM Director.

f. **Pharmacy Benefits Management (PBM)/Emergency Pharmacy Service (EPS).** The PBM/EPS is responsible for:

(1) Serving as the logistical experts and collaborating with VA medical facilities to resolve any deficiencies that are identified;

(2) Providing follow-up site inspections to further evaluate the need for corrective action(s) at the request of VHA OEM, a VISN office, or a local VA medical facility; and

(3) Providing guidance to remedy identified deficiencies.

6. REFERENCES

a. VHA Directive 0320, Comprehensive Emergency Management Program.

b. VHA Directive 1047(1), All-Hazards Emergency Caches.

c. VHA Directive 2010-016, Inspection of VA All Hazard Emergency Caches by the Emergency Management Strategic Health Care Group.

d. VHA Handbook 1108.01, Controlled Substances (Pharmacy Stock).

e. VA Handbook 0730/4 Appendix B Security and Law Enforcement.

f. EPS Web site:

<https://vaww.cmopnational.va.gov/CR/eps/SitePages/Home.aspx>. **NOTE:** This is an internal VA Web site not available to the public.

g. NFPA 101 Life Safety Code, <http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=101>

**INSPECTION OF VA ALL-HAZARD EMERGENCY CACHES BY THE VHA OFFICE
OF EMERGENCY MANAGEMENT CHECKLIST**

VA Medical Facility:	VHA OEM Representative:	Month/Date/Year:			
<p>Goal: The VA Medical Facility maintains a written plan for the All-Hazard Emergency Cache in accordance with VHA Directives and Handbooks. Each medical facility is responsible for the policy and procedures for the activation and utilization of the cache items in response to an emergency or disaster.</p>					
Date of last Inspection:					
<p>Objective 1- Facility Plans/Policy/Procedures Policy/Procedures address at a minimum the following elements:</p>		YES	NO	COMMENTS/ RECOMMENDATIONS	
<p>1.1 Is the local Pharmacy Cache policy in compliance with VHA Directive 1047(1)?</p> <p>The following should be included in the policy:</p> <p>A. Does the written local policy describe procedures for the storage, handling, and inspection of a cache of pharmaceuticals, equipment and medical supplies reserved specifically for the treatment of casualties from a mass casualty event?</p> <p>B. Does the policy describe how to prepare to provide medication and supplies to a large influx of casualties during a mass casualty event?</p> <ul style="list-style-type: none"> Local Policy #: _____ Date: _____ <p>Reference: VHA Directive 1047(1); page 6, Section 4 h.</p>		<input type="checkbox"/>	<input type="checkbox"/>		
<p>1.2 Does the policy designate a liaison to assist the Pharmacy Benefits Management Emergency Pharmacy Service (PBM/EPS) with the stock rotation program, cache inventory requirements, and accountability for the caches?</p> <p>Reference: VHA Directive 1047(1); page 7, section 4 h(10)</p>		<input type="checkbox"/>	<input type="checkbox"/>		
<p>1.3 Does the policy describe who at the facility can activate the cache?</p> <p>Reference: VHA Directive 1047(1); page 6, section 4h</p>		<input type="checkbox"/>	<input type="checkbox"/>		

<p>1.4 Does the policy incorporate the immediate notification of cache activation by contacting 202-461-0268 or 202-461-0269, or by emailing WatchOfficer-VHA@va.gov?</p> <p>Reference: VHA Directive 1047(1); page 7, section 4 h(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.5 Does the VA medical facility cache policy describe access, distribution, and use of the cache? Is the policy incorporated into the VA medical facility's Emergency Operations Plan? Does the facility's EOP include tracking intended receivers and distributed pharmaceutical products?</p> <p>Reference: VHA Directive 1047(1); page 7, section 4 h(12)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.6 Does the policy establish stock rotation of cache supplies and drugs based on expiration dates, including procedures to rotate out expired supplies and drugs through appropriate methods?</p> <p>Reference: VHA Directive 1047(1); page 8, section 4 i(2)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.7 a) Does the local policy require an annual exercise be conducted that simulates activation and deployment of the cache in response to specific local hazards as identified in the Hazardous Vulnerability Analysis (HVA)?</p> <p>b) Is there a documented after action report/review/improvement plan?</p> <p>c) Is there All-Hazards Emergency Cache Training Waiver if any component of the cache utilized during training? Examples include: annual emergency preparedness exercises, table top exercises, or other exercises that will assist facilities in ensuring that issues such as cache storage, security, movement, location, training, and operability are considered.</p> <ul style="list-style-type: none"> • Date of most recent exercise: _____ • Scenario: _____ <p>Reference: VHA Directive 1047(1); page 7, section 4 h(13), Appendix C</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>1.8 Does the policy describe how weekly visual inspections and inventories are completed and documented in accordance with criteria established by PBM/EPS?</p> <p>📌 Reference: VHA Directive 1047(1); page 8, section 4 i(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.9 Does the policy require training for emergency medical personnel, as appropriate, on use of non-formulary</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>pharmaceuticals, medical supplies and equipment contained in the cache?</p> <p>Reference: VHA Directive 1047(1); page 7, section 4 h(11)</p>			
<p>1.10 Has a procedure been developed and incorporated into the Emergency Operations Plan for the request, delivery and resupply from the Strategic National Stockpile (SNS)? For example: policy considerations are given to set-up time, manpower needs, processing of items, and transport time for the re-supply of large quantities from the SNS.</p> <p>Reference: VHA Directive 1047(1); page 2, section 2 (g)(h); page 6, Section 4 h(1).</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.11 Are there references in place for VA personnel to use when advising community planners that there is no guarantee that VA caches will be made available to them, for example, when the caches are already being used to support VA infrastructure?</p> <p>References: VHA Directive 1047(1); Page 7, section 4 h(5); Appendix A, page A-1,10.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>1.12 Does the policy identify the necessary space to assure cache items are not intermingled with medical center pharmacy inventory?</p> <p>A. Recommendation for Large cache*: Suggested minimum of 2000 sq. ft. with 400 sq. ft. adjacent workspace</p> <p>B. Recommendation for Small cache*: Suggested minimum of 1500 sq. ft. with 300 sq. ft. adjacent workspace</p> <p>* May vary based on local decision</p> <p>Reference: VHA Directive 1047(1); page 3, 4 a(1); page 7, section 4 h(6).</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Objective 2- Physical Security Procedures address at a minimum the following processes:</p>	<p>YES</p>	<p>NO</p>	<p>COMMENTS/ RECOMMENDATIONS</p>
<p>2.1 Is there an electronic security system to monitor and control access to areas of the cache containing controlled substances?</p> <p>References: VHA Directive 1047(1); Page 6, section 4 h(4); Appendix B, page B-4, section 2i</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>2.2 Is the cache space in a climate-controlled environment with room temperature between 68 to 77 degrees Fahrenheit? (Brief deviations between 59 to 86 degrees Fahrenheit are permitted)</p> <p>Temperature. Environmental controls must be in place to ensure that the temperature in the cache storage area is maintained.</p> <ul style="list-style-type: none"> A. The cache space must contain a thermometer or equivalent electronic temperature monitoring device. B. A log of weekly ambient temperature readings including temperature excursions in case of an extended power outage is maintained and stored in the cache space. C. All cache items that need refrigeration must be stored in the refrigerator provided and set at the proper temperature. D. A log of weekly refrigerator temperature reading is maintained and stored in the cache space. <p>References: VHA Directive 1047(1); Page 7, section 4 h(7); Page 8, Section 4 i(6); Appendix B, page B-3, section 2f</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2.3 Is the pharmacy cache area in compliance with current fire and safety codes? Note: Verification may be obtained thru Environment of Care rounds (EOC) documentation/records.</p> <p>Reference: VHA Directive 1047(1); page 7, section 4 h(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2.4 Is the area equipped with Motion Intrusion Detectors?</p> <ul style="list-style-type: none"> A. Features. Intrusion detectors must have the following features: <ol style="list-style-type: none"> 1. An internal, automatic charging DC standby power supply and a primary AC power operations. 2. A remote activation and deactivation switch installed outside the room and adjacent to the room entrance door frame and/or a central alarm ON-OFF control in the Police Office. 3. An automatic reset capability following intrusion detection. 4. A local alarm level of 80 decibels (dB) (minimum) to 90 dB (maximum) within configuration of the protected area. 5. An integral capability for the attachment of wiring for remote alarm and intrusion indicator equipment (visual or audio). 6. A low nuisance alarm susceptibility. 	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Reference: VHA Directive 1047(1); Appendix B, page B-2, section 2e</p>			
<p>2.5 Does the cache space include the following:</p> <p>A. Cache items are stored separately from pharmacy inventory and other stored items?</p> <p>The facility is required to obtain a <i>VHA All-Hazards Emergency Cache Storage Waiver</i> if other items are stored with the cache. This waiver must be renewed every 5 yrs.</p> <p>B. Doors and Door Locks.</p> <ol style="list-style-type: none"> 1. Doors are of 45 mm (1 and 3/4 in.) hardwood or hollow steel construction. 2. Dutch or half doors are unacceptable. 3. Removable hinge pins on door exteriors must be retained with set pins or spot-welded, preventing their removal. 4. All doors must be fitted with two locks. 5. Glass doors or doors with glass panes must have one lock, key operated from the interior of the protected area. 6. If a door is not set in a steel frame, one of the two locks must be a jimmy proof rim dead lock. 7. Doors set in steel frames must be fitted with a mortise lock with a deadlock pin or comparable feature. The day lock must be automatically locking on the door closure, requiring re-entry to the room with key or lock combination and allowing egress from the room by use of an inside thumb latch, push bar or other fail-safe egress latch. 8. The day lock on the main door must be automatically locking, with a minimum 19 mm (3/4 in.) dead bolt and inside thumb latch. <p>Note: <i>Combinations or keys to day locks must be restricted to service employees and combinations changed immediately on the termination or reassignment of an employee who had access to the combination.</i></p> <p>C. Other Room Access Means</p> <ol style="list-style-type: none"> 1. Barricade interstitial overhead areas that enable entry into a secure room from an unsecured room with a partition in the interstitial space that prevents "up and over" access. Install a barricade if there is 	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

<p>none.</p> <p>2. Ventilation grills on doors and air circulation ducts that exceed 0.06 m² (100 square inches) in areas must be reinforced to prevent their removal from outside the room. Other possible access points such as dumbwaiter shafts, roof or wall ventilator housings, trapdoors, etc. must be secured.</p> <p>References: VHA Directive 1047(1); Page 7, Section 4 h(6); Page 8, Section 4 i(5); Appendix B, page B-1, section 2</p>			
<p>Objective 3 – Controlled Substances Accountability & Shelf Life Extension Program (SLEP) Labels Procedures that address at a minimum the following processes:</p>	<p>YES</p>	<p>NO</p>	<p>COMMENTS/ RECOMMENDATIONS</p>
<p>3.1 Is the cache Morphine – (C-II narcotic), stored in pharmacy vault or safe meeting the referenced requirements?</p> <p>Reference: VHA Directive 1047(1); Appendix B, page B-3, section 2g</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>3.2 Is the cache morphine inspected in accordance with inspection and inventory requirements?</p> <p>A. Morphine- DEA schedule II, is the same as C-II.</p> <p>B. Inspect every 72 hours, unless the facility has received a waiver from PBM/EPS. If contained in green totes, seals do not have to be broken and can be visually verified by the person performing the inspection.</p> <p>C. Inspect every week; <u>only if a Controlled Substance Waiver has been obtained.</u> Visually verify seals.</p> <p>D. Inspect every month, during the unannounced controlled substance inspection, visually verify seals. Conduct a <u>physical count</u> (seals broken) the 1st month of every quarter.</p> <p>Reference: VHA Directive 1047(1); page 7, Section 4 h(9); page 8, section 4 i(7)(b); Appendix E</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>3.3 Is the cache Diazepam and Lorazepam stored and inspected in accordance with inspection and inventory requirements?</p> <p>A. Inspect every week; perform a visual inspection of the container and cart seal.</p> <p>B. Inspect every month, during the unannounced controlled substance inspection, visually verify cart</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

<p>seals. C. Conduct a physical count of broken seals during the 1st month of every quarter during the unannounced controlled substance inspection.</p> <p>Reference: VHA Directive 1047(1); page 8, section 4 i(7)(f); Appendix E</p>			
<p>3.4 Are all controlled substances in the cache included in the Drug Enforcement Agency's (DEA's) required biennial inventory?</p> <p>Reference: VHA Directive 1047(1); page 8, section 4 i(7)(i)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3.5 Are controlled substances in a sealed cache cart inventoried each time the cart seal is broken or immediately upon discovery of a broken or suspicious looking cart seal?</p> <p>Reference: VHA Directive 1047(1); page 8, section 4 i(7)(g)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3.6 Are all controlled substance inventories entered into and maintained in the Veterans Health Information System and Technology Architecture (VistA) Controlled Substance software as a separate area of narcotic use?</p> <p>Reference: VHA Directive 1047(1); page 9, section 4 i(7)(h)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3.7 Are there procedures in place that describe how expired pharmaceuticals are disposed, and how [that?] shelf life extended pharmaceuticals are relabeled according to EPS directions (SLEP instruction letter)? Are SLEP labels stored in the appropriate EPS cart/location? Reference: VHA Directive 1047(1); page 5, section 4 e(8)(9)</p>	<input type="checkbox"/>	<input type="checkbox"/>	

DATE: _____

FACILITY: _____

PARTICIPANTS:

NAME:

SERVICE

SIGNATURE:

July 26, 2017

VHA DIRECTIVE 0320.10
APPENDIX B

DEPARTMENT OF
VETERANS AFFAIRS

Memorandum

Date:

To: [Medical Center Director]

Thru: [Chief of Pharmacy]

[Emergency Manager]

From: [Area Emergency Manager], VHA Office of Emergency Management
(OEM), 10NA1

Subject: FY [date] VHA All Hazards Emergency Cache Inspection

- a. On [date], I conducted the annual VHA Office of Emergency Management (OEM) Area Emergency Manager (AEM) All-Hazards Emergency Cache inspection. This inspection is required by VHA Directive 1047(1) dated December 30, 2014 and, VHA Directive 0320.10. I would like to thank [participants] for making their time available for this inspection.
- b. Attached (checklist) are my findings with recommendations. Summary of Findings are as follows:
 - The processes and procedures for establishing and maintaining the pharmaceutical cache [are/are not] meeting the intent of VHA Directive 1047(1), All-Hazards Emergency Caches, December 30, 2014.
 - Identified Areas For Improvement and Recommendations:
 - (a) Area For Improvement: Cache Exercise
 - Findings:
 - Recommendations:
 - (b) Area For Improvement: Cache Exercise
 - Findings:
 - Recommendations:

If you have any questions please do not hesitate to contact me.

Regards,

//AEM signature//

Attachment – AHEC Inspection Check Sheet

CC: Facility Pharmacy Manager, VISN Pharmacy Executive, VISN Emergency Manager