

**Rappahannock Emergency Medical Services Council**  
**Standard Operating Guidelines**  
**Medication/Narcotics Accountability and Control**

**A. Description**

In order to provide a region wide medication and narcotics accountability and control system, the Rappahannock EMS (REMS) Council and their OMD Committee has adopted the following standard operating guideline (SOG). This SOG shall establish regional guidelines for medication and narcotics exchange, security and storage.

**B. Background**

The Commonwealth of Virginia does not license emergency medical pre-hospital providers. Instead, the Commonwealth certifies providers to meet national standards at both the Advanced and Basic Life Support Levels. All provider agencies in the Commonwealth are required to have an Operational Medical Director (OMD) whose charge is to oversee proper care of the sick and injured throughout the REMS Council. This responsibility rests with the OMD from each agency and in conjunction with the REMS OMD Committee. Another component of the system is the administration and security of controlled substances as governed by the law and regulations of the Commonwealth of Virginia that require rigid security.

**C. Goal**

Effectively address the issue of various policies throughout the REMS Council region regarding the exchange, security and storage of medications and narcotics by establishing a council wide guideline for use by all agencies within the REMS Council.

**D. Exchange**

While it is the goal of the REMS Council to have all agencies adopt a one for one drug exchange program, it is understood that this is an evolving process that must be implemented by both the receiving hospital's pharmacy and also the multiple agencies within the REMS Council. Thus the current system of medication box exchange shall remain in place. This system involves exchanging a used or expired medication box at the pharmacy (or automated medications dispensing machine) with another medication box that is verified and security sealed by the hospital pharmacy.

1. As stated, the one for one medication exchange program shall be the goal for the entire region, however the agency may only join this program when the agency's OMD agrees and when the receiving pharmacy has achieved the ability to exchange individual medications. Once these requirements have been achieved the agency may begin one for one medication exchange with the receiving pharmacy.

2. The agency, once adopting the one for one medication exchange program, shall send a letter to the Director of the REMS Council with OMD endorsement, requesting to change to the one for one medication exchange program. It shall be the REMS Pharmacy Committee's responsibility to advise the receiving pharmacy(s) of the request so that the receiving pharmacy(s) can add the agency to the approved medication exchange system. A copy of the agency's Controlled Substance Registration (CSR) must be provided to the pharmacy (s).
3. Each agency shall be responsible for the training of all ALS providers in the one for one medication exchange program prior to the agency commencing the program.
4. Once the program has commenced, the agency and its providers shall be responsible for replacing used and expired medications.
5. Medications shall be exchanged a maximum of 30 days prior to expirations. EMS shall make every effort to ensure medications and drug kits do not expire while in their control and storage. If pharmacy issued kits are returned past the documented expiration date, the EMS agency may be charged a fee for the replacement of the expired drugs.
6. Medication boxes shall be maintained at the prescribed inventory or the unit shall be placed out of service until the inventory is restored and re-secured.
7. This SOG shall not replace any existing policies regarding required signatures for medication or narcotics utilization.
8. A completed EMS Medication Exchange for (Attachment E) with the physician signature, when applicable under the regulations form medication utilization shall be left in the designated location to account for all medication utilization and exchange.
9. Narcotics shall be exchanged in their entirety in accordance with the receiving pharmacy's exchange program.
10. Under the current Virginia Pharmacy Board Regulations, in an Emergency Medical Services agency, the Operational Medical Director (OMD) shall supervise the one for one medication exchange program. As such, each agency will be required to apply to the Virginia Pharmacy Board for the ability to dispense controlled substances under their Controlled Substances Registration Form with applicable fee. The approval of the agency's OMD will be required and indicated through their required signature on the registration form noting their willingness to supervise the program and agency.
11. All Pharmacy Board Regulations related to the Controlled Substance Registration for EMS Agencies shall be followed.

**E. Security**

1. The medication/narcotics box/bag shall be maintained within a locked medication compartment onboard the EMS permitted vehicle. When the medication box is

removed from the medication compartment it must be maintained under the control of a released provider at all times.

2. The OMD and the agency shall be responsible for the issuance, control and documentation of all medication/narcotic keys issued to its ALS providers. (An example form for documenting medication key issue is included as Attachment (D). It is the agency's responsibility to ensure the return of the medication key from an ALS provider who loses his/her ALS privileges or leaves the agency.
3. In addition to being secured within the medication compartment, the medication/narcotics box /bag shall have in place a numbered seal, provided by the pharmacy, which prevents entry to the medication/narcotics box /bag without breaking the seal.
4. The committee recommends that the numbered seals shall be checked and documented on a daily basis (An example form is included as Attachment A and B). This documentation shall be maintained by the agency and be made available for review by the OMD and sent to the OMD once a quarter.
5. The narcotic bag shall be inventoried on a monthly basis to verify accuracy in quantity and medication expiration. An example form for documenting monthly inventory is included as Attachment C and an example form for medications. This documentation shall be maintained by the agency and made available for review by the OMD.
6. The OMD and the agency shall be responsible for the development of a policy regarding missing or lost medication/narcotics keys.
7. Any time that the medication/narcotics container is removed from storage on the response unit, it shall be maintained by a released provider or stored in accordance with pharmacy regulations.
8. All unused, drawn up narcotics shall be wasted in front of a qualified witness i.e. other released ALS providers, Emergency Department ALS providers or RN, etc. This shall be documented on the OOCR and EMS Medication Exchange Form and sign by both providers.
9. Any time that the medication/narcotic container is removed from storage on the agency vehicle, it shall be maintained and stored in accordance with Pharmacy Board Regulations. When an agency vehicle goes temporarily out of service the medication/narcotic containers shall only be stored off the vehicle in a secure location on the premises of the agency's location of business for a period not to exceed 30 days. Beyond 30 days, the medication/narcotic containers shall be returned directly to the issuing pharmacy with appropriate record.
10. At a minimum EMS agencies shall follow the Virginia Pharmacy Regulations for proper storage and security of all medications. Additional measures for security are encouraged while the vehicles are garaged.
11. Replacement of any unaccounted loss of controlled substances will be at the discretion of the hospital.

#### **F. Storage**

1. All medication boxes shall be stored in the medication compartment on the EMS Permitted Vehicle in a temperature controlled environment as defined by USP as 59-86F.
2. IV supplies shall be stored in the medication compartment.

3. At any time the above must be stored apart from the EMS Permitted vehicle, the medication/ narcotics container or IV supplies shall be stored in a location that meets the security section and also be accounted for in accordance with the security section.
4. Agencies are responsible to ensure that IV supplies, medications and narcotics are stored in such a manner that they will not undergo extreme temperatures or extreme temperature changes.
5. If suspected compromise to medications due to exposure to extreme temperatures, the agency must return the medication kit to the issuing pharmacy for inspection. If the Pharmacy determines the drugs are compromised the EMS agency may be charged a replacement fee for the new kit.
6. If a medication kit is damaged while under the supervision of an EMS agency, they may be charged a fee to replace the box.
7. General wear and tear of medications boxes will be replaced by the REMS Council through the Regional Pharmacy Fund. The REMS Council will determine an approved box for the pharmacy (s) to utilize.

**Approved by Medical Direction Committee** 02/15/2006

**Approved by Board of Directors** 04/19/2006; **02/16/2011; 12/14/16; 10/16/19**









# Attachment E

## Standard Operating Guidelines

### Medication/Controlled Medication Accountability and Control

### EMS Medications Exchange Form

EMS Medication Exchange & Narcotic Dispense Form	EMS Medication Exchange & Narcotic Dispense Form																								
Rev 5/2016	Rev 5/2016																								
Patient Name: _____	Patient Name: _____																								
Patient Address: _____	Patient Address: _____																								
Patient Date of Birth: _____	Patient Date of Birth: _____																								
EMS Report # _____	EMS Report # _____																								
Date: _____ Full Agency Name: _____	Date: _____ Full Agency Name: _____																								
Agency # _____ EMS Unit # _____	Agency # _____ EMS Unit # _____																								
List Medications Used:                      Amt. Given:    Amt. Wasted:	List Medications Used:                      Amt. Given:    Amt. Wasted:																								
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<input type="checkbox"/> EMS: Please check here if Online Medical Control Medication Orders were received. If checked, a physician signature is required in accordance with Virginia EMS Regulation 12VAC5-31-1140.	<input type="checkbox"/> EMS: Please check here if Online Medical Control Medication Orders were received. If checked, a physician signature is required in accordance with Virginia EMS Regulation 12VAC5-31-1140.																								
Physician Signature: _____	Physician Signature: _____																								
<b>Hospital/Pharmacy Use Only</b> Date: _____  Used / Expired Narcotic Kit # _____  <b>Unopened Narcotic Kit Medications Returned:</b> (Note amount present) _____ Etomidate                      _____ Fentanyl _____ Midazolam                      _____ Ketamine _____ Vecuronium                      _____ Zofran _____ Other (Medication/Amount Present: _____)	<b>Hospital/Pharmacy Use Only</b> Date: _____  Used / Expired Narcotic Kit # _____  <b>Unopened Narcotic Kit Medications Returned:</b> (Note amount present) _____ Etomidate                      _____ Fentanyl _____ Midazolam                      _____ Ketamine _____ Vecuronium                      _____ Zofran _____ Other (Medication/Amount Present: _____)																								
<b>New Narcotic Kit #</b> _____  I have witnessed all waste as documented above and examined the new narcotic kit to verify that all medications are present, intact, and in date as documented on the kit issued:	<b>New Narcotic Kit #</b> _____  I have witnessed all waste as documented above and examined the new narcotic kit to verify that all medications are present, intact, and in date as documented on the kit issued:																								
Signature _____                      Signature _____  EMS Provider Name / Title _____                      RN / Pharmacy Name / Title _____	Signature _____                      Signature _____  EMS Provider Name / Title _____                      RN / Pharmacy Name / Title _____																								