

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 prehospital 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. Regional Drug Kit Acquisition

Only EMS agencies licensed at the Advanced Life Support level and which have signed the REMS Regional Drug Kit & Ambulance Restocking Agreement will be qualified to apply for and receive a new Drug Kit from REMS and participating pharmacies.

Applications for a drug kit will consist of a request letter on the EMS agency letterhead and signed by the agency's President or Chief Officer and the agency's OMD. The letter will briefly state the reason for acquiring the drug kit and identify which licensed vehicle the kit will be placed in. A copy of the vehicle's Virginia Office of EMS issued permit will be provided.

The content of the REMS Drug Kit, which is included in the REMS Regional Prehospital Patient Care Protocols, is determined by the REMS Medical Direction Committee in coordination with participating hospital pharmacies through the REMS Regional Pharmacy Committee. The standardized drug kit approved by the Medical

Direction and Pharmacy Committee for use in the REMS region is the Flambeau PM1872 case, orange in color.

E. 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 REMS Regional Med Box system includes both pharmacy-issued Drug Kits and one for one exchange. 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 form (Attachment E) with the physician signature, when applicable under the regulations for 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.

F. 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 or stored in accordance with pharmacy regulations.
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 issues 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 issuing pharmacy, 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 and issuing pharmacy.

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 ePCR and EMS Medication Exchange Form and signed by both witnessing healthcare 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 in the vehicle in a secure location on the premises of the agency's location of the 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 records.
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.
12. Virginia EMS Regulations require an EMS Agency to notify the Virginia Office of Emergency Medical Services in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, drug delivery devices, or other regulated medical devices from an agency, facility or vehicle. Notification shall be made within 15 days of discovery of the occurrence to the issuing Pharmacy, REMS Council and Virginia Office of EMS.

G. 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 is accounted for in accordance with the security section.
4. Agencies are responsible for ensuring 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 medication 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.

H. Inventory

An on-site audit of EMS Agency Drug Kits and inventory processes may be performed at any time at the discretion of the Pharmacy Committee, or their designee. Notice will be given to agencies two (2) business days in advance of any audit.

Approved by Medical Direction Committee 02/15/2006
Approved by Board of Directors 04/19/2006, 02/16/2011, 5/2023

Attachment A

Standard Operating Guidelines Medication/Controlled Medications Accountability and Control Daily Med Box Verification Form

Agency:	Agency #:
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Date	Unit #	Box #	Seal #	Expiration Date	Signature

Attachment B

Standard Operating Guidelines Medication/Controlled Medications Accountability and Control Daily Inventory of Medications

Agency:	Agency #:
Date of Inventory:	Unit #: Name of ALS Tech.:

Item and Quantity	Expiration Date	Item and Quantity	Expiration Date
Adenosine (3)		Ketorolac (1)	
Albuterol (4)		Labetalol (1)	
Amiodarone 450 mg (2)		Lidocaine 100 mg (3)	
Aspirin 81 mg (4)		Lidocaine 2 grams (1)	
Atropine Sulfate (2)		Magnesium Sulfate (1)	
Calcium Chloride (1)		Methylprednisolone (1)	
Dextrose 10% 250 ml (1)		Metoprolol (3)	
Diltiazem HCL (1)		Naloxone (3)	
Diphenhydramine HCl (1)		Nitroglycerin SL (1)	
Dopamine (1)		Nitro Paste (1)	
Epinephrine IV/IO/SQ (7)		Ondansetron (1)	
Furosemide (1)		Sodium Bicarbonate (2)	
Glucagon (1)		Prednisone (3)	
Ipratropium (1)		Tranexamic Acid (2)	

Comments

Attachment C

Standard Operating Guidelines Medication/Controlled Medications Accountability and Control Monthly Inventory of Controlled Medications

Agency:	Agency #:
Date of Inventory:	Unit #: Name of ALS Tech.:

Item and Quantity	Expiration Date	Item and Quantity	Expiration Date
Etomidate (1)			
Fentanyl (2)			
Ketamine (1)			
Midazolam HCl (2)			
Vecuronium (2)			
Ondansetron (1)			

Comments

Attachment D

**Standard Operating Guidelines
Medication/Controlled Medication Accountability and Control
Medication /Controlled Medication Key Control Form**

Agency:
Key Number:

Your signature below indicates you have read and understand these provisions regarding the Medication/Narcotic key being issued to you:

1. The key is for official use by the provider only.
2. The key shall remain in the possession of the designated ALS provider.
3. The Key shall not be duplicated.
4. Loss of the key needs to be reported immediately. Failure to report the lost or stolen key will result in a Law Enforcement Investigation.
5. The key must be returned to the issuing officer if your ALS status changes or when you are no longer affiliated with the agency.

Provider's Name	Signature	Date Issued	Key Returned to	Date

Attachment E
Standard Operating Guidelines
Medication/Controlled Medication Accountability and Control
EMS Medications Exchange Form

EMS Medication Exchange & Narcotic Dispense Form

Old Med Box # _____ / New Med Box # _____

Patient Name: _____

Patient Address: _____

Patient Date of Birth: _____

EMS Report # _____

Date: _____ Full Agency Name: _____

Agency # _____ EMS Unit # _____

List Medications Used: Amt. Given: Amt. Wasted:

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: _____

Hospital/Pharmacy Use Only Date: _____

Used Narcotic Kit # _____ New Narcotic Kit # _____
(Includes Expired Kits)

Unopened Narcotic Kit Medications Returned: (Note amount present)

_____ Etomidate	_____ Fentanyl
_____ Midazolam	_____ Ketamine
_____ Vecuronium	_____ Zofran
_____ Other (Medication/Amount Present: _____)	

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:

_____	_____
EMS Signature	RN / Pharmacy Signature
_____	_____
EMS Provider Name / Title	RN / Pharmacy Name / Title

*RN Also Sign if Logging EMS Provider into EMS Med Acudose