



APPROVAL:

Policy Number: EMS-12




CHIEF EXECUTIVE OFFICER

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EMS MEDICAL DIRECTOR

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CHIEF NURSING OFFICER

Revision Date: 1/08, 08/10, 08/11



DIRECTOR OF EMERGENCY SERVICES

See Also Policy Number: PCS-466
EMS-13.01

SUBJECT: EMS DRUG BOX MAINTENANCE AND CONTROL

POLICY:

It is the policy of University Physicians Healthcare Hospital to provide to provide the contents of EMS Drug Boxes and to provide a standard procedure for daily transfers. The drug box contents are the property of UPHH Pharmacy.

PURPOSE:

To facilitate safe and rapid replenishment and exchange of drug box items to Pre-hospital personnel; and to ensure proper par levels, storage, and inspection of the drug boxes used by Pre-hospital personnel.

APPLICABLE TO:

All EMS Agencies based at UPHH; UPHH Pharmacy Department; Prehospital Coordinator; and Base Hospital Medical Director

IMPLEMENTATION PLAN:

The hospital is committed to the appropriate in-service education of all those affected by a new policy so that implementation occurs in a consistent and informed manner. The administrator (or designee) in charge of the relevant department is responsible for the in-service education of those employees affected by the policy. There is an employee sign-in sheet or other similar documentation to establish the employees who have received education on the policy. The appropriate administrator (or designee) maintains such documentation.

PROCEDURE:

- 1.0 ALS and BLS drug boxes are exchanged or restocked in a manner to avoid lengthy “out of service” provider time. Drugs are supplied by the Pharmacist or Pharmacy technician under supervision of the Pharmacist. (Refer to Policy # PCS-466)
- 2.0 All new drug box requests must be in a formal letter to the Pre-hospital Coordinator. The letter states what Agency the drug box is for and at what location the drug box is used. The Pre-hospital Coordinator forwards this letter with an approval letter to the pharmacy. The actual drug box is supplied by the agency.
- 3.0 When a drug box is issued to an ALS or BLS provider, the storage, integrity, security and environmental control in-agency and on-vehicle is the ultimate responsibility of the assigned individual. All drug boxes must be secured by a lock system.
- 4.0 Pre-hospital providers receiving drug boxes or replacement drugs are to be in uniform and/or must provide picture identification and certification card verifying his/her level of training. The UPH Pre-hospital Services Drug Replacement/Exchange form is to be faxed to the UPH Pharmacy prior to picking up medications
- 5.0 If the drug box cannot be taken out of service, replacement medications are placed into separate bags. The items in the drug box are restricted to those included on the approved ADHS drug list.
- 6.0 Each ALS and BLS agency is responsible for monitoring drugs for expiration dates, evidence of drug deterioration, and damage to containers and illegible labels with timely notification to the issuing Pharmacy. (Refer to Policy #PCS-466)

- 7.0 Controlled substances are replaced in the Pharmacy for transported patients with a copy of the Emergency Department Intermediary Form signed by the ordering on-line physician with the written on-line narcotic request/order, a copy of the Patient Care Report,
- 8.0 For EMS Providers who use Administrative Orders (A.O.'s) a physician signature is required on the Emergency Department Intermediary form for "controlled narcotic" replacement for a transported patient as well as the Patient Care Report.
- 9.0 If a controlled substance is partially used, the Patient Care Report must show amount given, amount wasted, and signature of witness. An RN or MD must witness the waste. If unavailable, it must be witnessed by ALS supervised personnel.
- 10.0 Shortages of controlled substances are reported to the Pharmacy. (Refer to policy #PCS-466)
- 11.0 The drug box transfer objective is three fold:
 - 11.1 Assure the oncoming shift that drugs are intact and the drug box has been securely locked on the vehicle or locked in quarters with the EMS provider.
 - 11.2 Physically, in the presence of the oncoming and off-going shifts, transfer the responsibility of the contents of the drug box. The drug box transfer must be done between two personnel with whom their certification level permits possession of the drug box.
 - 11.3 Assist in the investigation of missing or damaged controlled substances by assuring accountability of responsible personnel.
- 12.0 Based upon the Drug Box, appropriate EMS personnel representing both the on-coming and off-going shift assemble at shift change to review the drug box contents:
 - 12.1 Note the expiration dates.
 - 12.2 Count medications to ensure appropriate amounts are in the drug box as required by ADHS.
 - 12.3 Check labels to assure that the appropriate drugs are in the box.
- 13.0 All EMS providers have the responsibility of signing for their drug box on a daily basis. Each on-coming EMS provider and off-going EMS provider sign for the accountability of the drug box. Accountability of the drug box includes daily documentation of the Date, Name and Certification number of the on-coming and off-going provider on the ALS or BLS Daily Drug Box Log Sheet.

- 13.1 If the appropriate crew (such as ALS) for the designated drug box is not on shift, an EMS provider of the agency writes across the line of the Drug Box Log Sheet, "The Drug Box is not in service" with Date, Time, and Signature and Certification Number. The drug box designated as not in-service remains locked per agency policies.
- 14.0 Any pre-hospital provider not adhering to the drug box sign-off is given a verbal warning. If there is a second occurrence within 90 days, the pre-hospital provider receives a written warning. If there is a third occurrence within 90 days, a loss of drug box privileges may result. (EMS-13.01 EMS Corrective Action Plan)
- 15.0 All Agencies based at UPHH fax or hand deliver the completed ALS or BLS Daily Drug Box Log Sheet at the beginning of each month to the UPHH Pharmacy Director as requested.