



Regional Medication Box Policy

Section: Operational Policies

Policy Number: 07-002

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Approved By: _____

Jeff Meyer, Executive Director

I. INTRODUCTION

The regional medication box of the Peninsulas EMS Council (PEMS) is a critical component of the Peninsulas EMS Council emergency medical services (EMS) system for the treatment of sick or injured persons. The basis of restocking these medication boxes is contained in the Ambulance Medication Box Regional Restocking Agreement and Policies signed by participating acute care hospitals and out-of-hospital agencies. That agreement and the Restocking Policy are annexes of this document.

II. PURPOSE AND SCOPE

The purpose of this document is to delineate the policies and procedures for the management of PEMS' regional medication box system, to establish mechanisms of control and accountability, and to establish a means of orienting new providers and Operational Medical Directors (OMDs) in the PEMS region.

The PEMS medication box system reflects systems in use in other Regional EMS Councils in Virginia. It is meant to coincide with, and work within, rules and regulations promulgated by the Virginia Board of Pharmacy and the Virginia Department of Health's Office of EMS. It operates in coordination with provisions of the Ambulance Medication Box Regional Restocking Agreement and Policies, which have been approved by all seven acute-care hospitals and all eligible out-of-hospital EMS agencies in the PEMS region, and which are appended to this document.

All seven acute-care hospitals in the PEMS region are signatories to the Regional Restocking Agreement and Policies. Only those licensed EMS agencies within Planning Districts 17, 18 and 21 that have signed that agreement and policies are entitled to participate in the medication box exchange and, therefore, come under these Policies and Procedures. A dated list of signatories is attached to this document.

III. OVERSIGHT AND OWNERSHIP

Oversight of the regional medication box Policies and Procedures will rest with the Pharmacy Committee, a subcommittee of PEMS' Medical Advisors Committee (MAC). The Pharmacy Committee, representing hospital and prehospital components, will be nominated by the hospital pharmacy directors and the PEMS Pre-hospital Committees (Peninsula, Middle Peninsula and Northern Neck)

The Pharmacy Committee will meet biannually and will maintain all PEMS related pharmaceutical policies and procedures. The medications contained in the regional medication box are the property of the hospital pharmacies and are controlled by state regulations. Medication boxes are the property of PEMS, and serve the residents, visitors, EMS agencies and hospitals in Virginia Planning Districts 17, 18 and 21.

IV. POLICY GOALS:

The goals and objectives of these policies and procedures are:

1. To provide a safe and effective method for the distribution of medications by pre-hospital EMS providers in cooperation with hospital pharmacies.
2. To create a method of communications and cooperation between hospital pharmacies and emergency department staffs and pre-hospital EMS providers.
3. To maintain a system that allows a safe, rapid, effective and accountable exchange of used medication boxes for restocked medication boxes on a one-for-one basis.
4. To maintain a system of evaluation and education so the Peninsula EMS system is consistent with current local, state and national standards of care and protocols, and in compliance with state and federal regulations.

V. THE SYSTEM AND BOX DESCRIBED

- There are three types of medication boxes approved by the Medical Advisors Committee (MAC) for use in this region.
 1. The Advanced Life Support Paramedic/Intermediate level standardized medication box is a Lionville 10061-C case, red in color. It is marked "EMERGENCY" in bold letters on the top. An individual number is located on top and on the front panel of the box. The letter "P" will be placed in front of both sets of numbers and on the left front corner of the box. The left lid frame will also have the box number stamped into the metal.
 2. The Enhanced/Intermediate/Paramedic level providers utilize a STAT box, which is the Otter Box Model 4500, blue in color. The medication box number is a four digit number located on the left end of the box.
 3. The Epi-pen medication box is designed to provide Basic Life support providers on the Middle Peninsula and Northern Neck immediate access to Epinephrine preloaded auto-injectors. This case is the Otter Box Model 4500, yellow in color
- The Council reserves the right to change, add, or delete a specific medication box, providing sufficient notice to system participants
- The PEMS medication box system involves a one-for-one exchange of utilized medication boxes between acute care hospitals in the PEMS region and agencies licensed by the Virginia Health Department and provided for in the Regional Restocking Agreement and Policies.
- The medication box contains medications designated by physicians for the emergent treatment of patients under the PEMS Pre-hospital Patient Care Protocols as most recently revised. The list of contents is determined by the PEMS Medical Advisors Committee (MAC) in coordination with hospital pharmacy Directors through the PEMS Pharmacy Committee.
- The regional medication box is carried on licensed emergency vehicles as outlined in the Virginia EMS Regulations of the Board of Health Governing EMS and consistent with the regulations and requirements of the Virginia Board of Pharmacy.
- The red medication boxes also contain a clear plastic sleeve on the inside of top, which contains a white Medication Box Inventory/Report Form and at least one **PreHospital Medication and IV Incident Report**. Each medication box will have a white label located on the right lower corner of the top. This label bears the box's expiration date, stocking hospital name, and date box checked.

- 🔑 **While medication boxes are the property of PEMS, the contents of the boxes are owned by participating hospital pharmacies in the region. Unless otherwise specified, medication expiration dates will be based on the final day of the month indicated. Medications are administered in the field by certified prehospital providers under the authority of the agency OMD according to the PEMS Prehospital Patient Care Protocols and/or under the direction of on-line medical control.**
- 🔑 **Used medication boxes will be exchanged only with the appropriate forms containing patient information and with authorized signatures. Exchanges will comply with the Regional Ambulance Medication Box Restocking Agreement and Ambulance Restocking Policies as signed by hospitals and EMS agencies (effective April 15, 2009).**

VI. MEDICATION BOX ACQUISITION

1. Only EMS agencies licensed in the PEMS region and have signed the regional Ambulance/Medication Box Regional Restocking Agreement or, in the case of for-profit agencies, have a separate agreement of compliance with PEMS will be qualified to apply for and receive a new medication box from PEMS.
2. Applications for a medication box will consist of a request letter from the EMS agency signed by the agency's president or chief officer and the agency's Operational Medical Director. The letter will briefly state the reason for acquiring the medication box. Once the proper paperwork is received at the PEMS office, a new box and the paperwork will be taken to the pharmacy of their choice to be stocked. Agencies will be responsible for paying a set-up fee charged by PEMS to prepare a box for service. Additionally, agencies may be assessed a fee imposed to replace a damaged or destroyed box or to replace medications deemed damaged due to negligence (i.e. freezing, expired medication dates > 60 days, etc.) by an agency.
3. It is the responsibility of the applying agency to arrange with a pharmacy to have the medication box filled in accordance with the regional medication box contents approved by the PEMS Medical Advisors committee. Only boxes meeting PEMS' standards, as described above and endorsed by the Pharmacy Committee, will be filled by the hospital Pharmacy and used by out-of-hospital agencies and providers. The Pharmacy Committee will review all requests at its regular meetings.

VII. REMOVING MEDICATION BOXES FROM SERVICE

1. In the event a licensed EMS agency loses its license, ceases operations, or moves outside the PEMS region, the agency will notify PEMS in writing within 30 days. It then will return all medication boxes that were in its possession to the hospital pharmacy that last restocked the box(es).
2. The pharmacy will confirm to PEMS in writing the medication box(es) has (have) been returned. When so notified, PEMS then will issue to the agency a return receipt for the box(es). The receiving pharmacy will add the medication box(es) to its reserves and place it (them) back into general circulation within the restocking program. There is no refund (set-up fees) for medication boxes returned to the system.

VIII. MEDICATION BOX ACCOUNTABILITY

1. Medication boxes are filled by hospital pharmacies and sealed until used by an out-of-hospital provider. The pharmacy is responsible for the filled box until it is exchanged with a prehospital provider for a used box. The prehospital EMS agency is responsible for the storage, security, and climate control of the box outside the hospital, including before and after it has been opened in the field by a certified provider. Once the box is opened, the certified provider is responsible for

the contents of the box and its condition until it is returned and accepted for exchange at an appropriate hospital.



Boxes should be free from waste and used materials. If the product integrity cannot be guaranteed, it will be replaced. Only clean boxes that are safe to handle will be exchanged.

2. The pop-up locking rod used for medication boxes is an integral part of each box supplied to the hospital pharmacies by PEMS. This will allow the box to remain un-lockable until returned to an appropriate pharmacy for restocking and reissue. The means of accounting for the medication box contents is the Commonwealth of Virginia Pre-hospital Patient Care Report (PPCR) as most recently revised or its equivalent as approved by the Virginia Office of EMS.
3. All medications administered to patients must be recorded on the PPCR, which is a legal document and a medical record. Medication boxes are to be exchanged only when accompanied by appropriately signed documentation including patient information. All exchanges will comply with the provisions of the Regional Ambulance/ Medication Box Restocking Agreement and Ambulance Restocking Policy signed by participating hospitals and out-of-hospital EMS agencies.
4. Information and documentation should include: IV procedures, a recording of the used medication box and the replacement medication box issued for each call, the Medical Control physician's signature when controlled medications are ordered or any medication is given from the box, and the signature of a pharmacist or other licensed professional to indicate all controlled medications have been accounted for by EMS personnel and the receiving hospital.
5. The medication section of the PPCR is for documenting the administration of medications specified in local protocols, including dose, route and times of administration. The following procedure is to be followed insofar as it does not otherwise conflict with established policies and procedures of the receiving hospital's pharmacy or Virginia Board of Pharmacy regulations:
 - a. The certified provider, using the PPCR, is responsible for accounting for all medications in the box, including narcotics, whether or not they were used.
 - b. The certified provider will verify by physical inventory all narcotics in the medication box in the presence of a **licensed professional** (i.e. pharmacist, nurse, and or physician).
 - c. If narcotics have been used; **any remaining narcotic should be wasted in the hospital emergency department** in the presence of a licensed professional (**nurse or physician**) in conformance with State Board of Pharmacy regulations. The licensed professional and the medic must sign the PPCR witnessing the medication wastage and amount. **The pharmacy cannot legally waste narcotics, so it is incumbent on the EMS crews to make sure the proper procedure is followed in the emergency department.**
 - d. The amount of narcotic administered and the amount (if any) wasted should be recorded by the licensed professional and recorded in an appropriate location on the PPCR.
 - e. Instances when there has been a discrepancy in accounting for medications will be reported as soon as possible to the Office of EMS and PEMS. PEMS, in turn, will promptly notify the Virginia Board of Pharmacy, the Virginia Office of EMS, and the last-filling hospital and, if appropriate, local and/or state law enforcement officials. Refer to 12VAC5-31-520.
 - f. PEMS will ensure all **PreHospital Medication Box Incident Report** received are audited by the current EMS field coordinator at least every six months and a written report is made available to the Pharmacy Committee.

- g. An event during which a medication is drawn or prepared and not used should also be documented on the run sheet.
- h. In the event the patient has been given medications from the regional medication box and is transported or flown out of the area, the run sheet must show, in addition to the patient's name, the name of the destination to which he or she was transported.

IX. HOSPITAL PHARMACY RESPONSIBILITIES

Each participating hospital pharmacy in the PEMS region agrees to the following:

- a. To purchase, store, control and dispense all pharmaceuticals and related paraphernalia contained in the medication boxes and in quantity sufficient to meet the needs of the medication box system.
- b. To ensure all drug and paraphernalia contained or replaced in the medication boxes are generically equivalent to those approved by the Medical Advisors Committee.
- c. To ensure in-hospital compliance with all Virginia Board of Pharmacy rules and regulations regarding prehospital medication boxes.
- d. To ensure only a pharmacist (or authorized personnel under the direction of a pharmacist) restocks or exchanges the medication boxes.
- e. To ensure any changes in packaging of medication and paraphernalia changes are communicated to the PEMS EMS field coordinator.
- f. To ensure all pharmaceuticals and paraphernalia are within expiration dates (**for which the earliest expiration date is beyond three months as practical**), and that the Medication Box Inventory / Report Form is completed.
- g. To ensure a sufficient quantity of medication boxes are available for exchange on a 24-hour basis.
- h. To ensure each medication box is restocked according to the medication box contents list, as most recently revised and that each box contains a copy of the list as supplied to the hospital pharmacy by PEMS along with a blank copy of the regional medication box incident report form.
- i. To ensure any discrepancy has been reported on a PEMS Medication Box Incident Form and forwarded to PEMS in a timely manner.
- j. To ensure a pharmacist has conducted final inspection of contents and that all medication boxes have been locked.
- k. To ensure when a system-wide shortage of a medication occurs the medication boxes' exteriors will be so marked.
- l. To participate from time-to-time as needed in an inventory report to PEMS of **Medication Boxes*** in the pharmacy's possession. An inventory will be conducted of all Medication Boxes within the PEMS region on the second Wednesday of each March, June, September, and December. Once the inventory is completed, the information will be forwarded to the PEMS office ASAP. The information can be faxed or sent by email to the PEMS office.

X. PREHOSPITAL LICENSED AGENCY/CERTIFIED PROVIDER RESPONSIBILITIES

Each participating licensed pre-hospital agency in the PEMS region agrees to the following:

- a. When acquiring a new medication box, to make prior appropriate arrangements with a hospital pharmacy to have the box filled in accordance with the medication box contents of PEMS' Prehospital Patient Care Protocols.
- b. To store medication boxes in permitted licensed vehicles according to the rules and regulations of the Virginia Board of Health and the Virginia Board of Pharmacy. This is to include the medication boxes being stored in a climate-controlled area in accordance to OEMS regulations 12 VAC 5-31-520. In the event an agency fails to properly store or maintain a medication box, the agency will be assessed a fee to replace the contents of the medication box.
- c. To otherwise comply with all Virginia Board of Pharmacy rules and regulations regarding medication boxes.
- d. When more than one medication box is carried on a vehicle, to rotate the boxes in use to minimize long-term medication expiration.
- e. To allow only Virginia certified providers or licensed medical personnel to handle or administer medications contained in medication boxes. Certified providers include EMT-Basic/EMT-Shock Trauma/EMT-Enhanced; EMT-Cardiac/EMT-Intermediate; and EMT-Paramedic. Licensed medical personnel include hospital pharmacists, registered nurses and physicians.
- f. To ensure certified providers, at the beginning of a duty shift, check medication boxes in the possession of their respective agencies to ensure they are locked and are within medication expiration dates. Medication boxes due to expire within One **week** should be taken for exchange at the pharmacy.
- g. To ensure any medication box which is unlocked or has expired medications is reported to the appropriate EMS officer, as designated by the agency, and taken to a participating pharmacy to be inspected and, if appropriate, re-sealed or restocked.
- h. To ensure the administering certified provider fills out and files a PPCR when the contents of a medication box are used during a call. If narcotics have been used, any remaining narcotic **shall be wasted in the hospital Emergency Department** in the presence of a licensed professional in conformance with State Board of Pharmacy regulations. A licensed professional and the certified provider must sign the PPCR witnessing the medication wastage and amount. **The pharmacy cannot legally waste narcotics so it is incumbent on the EMS crews to make sure the proper procedure is followed in the emergency department.**
- i. To ensure once a medication box is opened and/or used on a call it is taken immediately after the call to the pharmacy with a copy of a signed PPCR for restocking and exchange.
- j. To ensure the medication box used on a call is cleaned and free of any dirt, blood, or other fluids or biohazards (NEEDLES), and is otherwise safe to handle before it is returned to the pharmacy for replacement. **If the technician cannot ensure the cleanliness of the Medication Box, it must be cleaned and decontaminated prior to taking it to the pharmacy. Medications with potential contamination should be placed into a red bag to prevent further contamination. This shall be documented on your PPCR and a Medication Box Incident Form submitted to the pharmacy and the PEMS council.**

- k. To ensure the certified provider disposes of all waste from the medication box in appropriate containers.
- l. To participate from time-to-time as needed in an inventory report to PEMS of **Medication Boxes*** in the agency's possession. All licensed agencies will perform an inventory of Medication Boxes within their systems on the second Wednesday of each March, June, September and December. The completed inventory form will be forwarded to the PEMS office ASAP. The information can be faxed or sent by email to the PEMS office. The form is available on the PEMS website at <http://www.peninsulas.vaems.org/>
- m. To ensure when significant packaging problems are discovered by EMS personnel they are documented on a PEMS Medication Box Incident Report form. The pharmacy should be given a copy of the form with the medication box in question upon exchange, a copy should be provided to the agency's OMD and an original maintained by the agency. This form can be obtained from hospital emergency rooms, pharmacies, and the PEMS office and on the PEMS web site.

XI. PEMS RESPONSIBILITIES

The Peninsulas EMS Council agrees to the following:

- a. To properly prepare and mark medication boxes for entry into the system.
- b. To maintain, repair, or replace medication boxes in a timely fashion as needed and requested by hospital pharmacies.
- c. To provide forms and other documentation as needed and requested by hospital pharmacies.
- d. To forward Incident forms to the last-filling hospital in a timely manner after such reports are filed by hospitals or individuals.
- e. To coordinate the reporting process when there has been a discrepancy, as defined by the Pharmacy Committee and the VA EMS Regulation 12-531 series.
- f. To ensure medication audits, medication box inventory results, and other appropriate reports are available to the Pharmacy Committee.
- g. To respond to complaints or problems from hospital or out-of-hospital providers/agencies and provide needed immediate assistance to mitigate problems until the Committee can take appropriate action.
- h. To coordinate between the Pharmacy Committee and other standing committees--i.e. Medical Control or Manpower and Training--as to proposed changes in the medication box contents.
- i. To staff meetings of the Pharmacy Committee and ensure meeting notices and meeting minutes are distributed in a timely fashion.
- j. To make available to instructors mock medication boxes for training purposes.

XII. MMRS WMD ANTIDOTE KIT INVENTORY

All licensed ALS agencies will perform an inventory of all assigned WMD Antidote Kits located within their systems on a quarterly basis. This inventory will be done in conjunction with the Medication Box inventory on the **second Wednesday** of each March, June, September, and December, and will be completed by **4:00 p.m.** Once completed, a copy of the inventory including the *box number(s) and **temperature indicator reading(s) will be forwarded to the PEMS office according to the above policy.

- XIII. **Medication Box Definition:** A medication box includes Red Medication "Drug" Boxes, Blue "STAT" Boxes, Epi-Pen Boxes and MMRS WMD antidote kits.

XIV. COMPLIANCE AND MODIFICATION

Compliance with these policies will be monitored by PEMS and reported regularly to the PEMS Pharmacy Committee, a subcommittee of the PEMS Medical Advisors Committee (MAC). That Committee will decide on monitoring policies and on appropriate corrective action in the event of non-compliance.

The Pharmacy Committee will review recommended revisions and updates to the medication box Policies and Procedures. Recommendations approved by the Pharmacy Committee will be forwarded to the Medical Advisors Committee or other appropriate Committee for endorsement, and ultimately to the PEMS Board of Directors for its action.

Approved by PEMS Pharmacy Committee _____ February 02, 2010
(Date)

Approved by PEMS Medical Advisors Committee _____ March 11, 2010
(Date)

Approved by PEMS Board of Directors _____ March 11, 2010
(Date)



Peninsulas EMS Council, Inc.
Pre-Hospital Medication Box Incident Report

Please complete, then fax or mail report to the Peninsulas EMS Council, Inc.,
5222 George Washington Memorial Highway, Suite C, Gloucester, VA, 23061,
Attn: **EMS Field Coordinator**.

If you have any questions, please call 804-693-6234 - fax 804-693-6277.

Name: _____ **Date:** _____ **Time:** _____

Agency: _____ **Unit #:** _____ **Box Number:** _____

Description: _____

Prior Replenishment Hospital (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Mary Immaculate | <input type="checkbox"/> Riverside Walter Reed | <input type="checkbox"/> Sentara-Williamsburg |
| <input type="checkbox"/> Sentara CarePlex | <input type="checkbox"/> Rappahannock General | <input type="checkbox"/> Riverside Tappahannock |
| <input type="checkbox"/> Riverside Regional Medical Center | <input type="checkbox"/> Other: _____ | |

Prehospital report enclosed: _____

Date of replenishment: _____

Printed Name: _____ **Signature:** _____

Date: _____

Date Received: _____

Corrective Action Taken: _____

Follow-up Contacts: _____

Signature: _____ **Printed Name:** _____

Date: _____