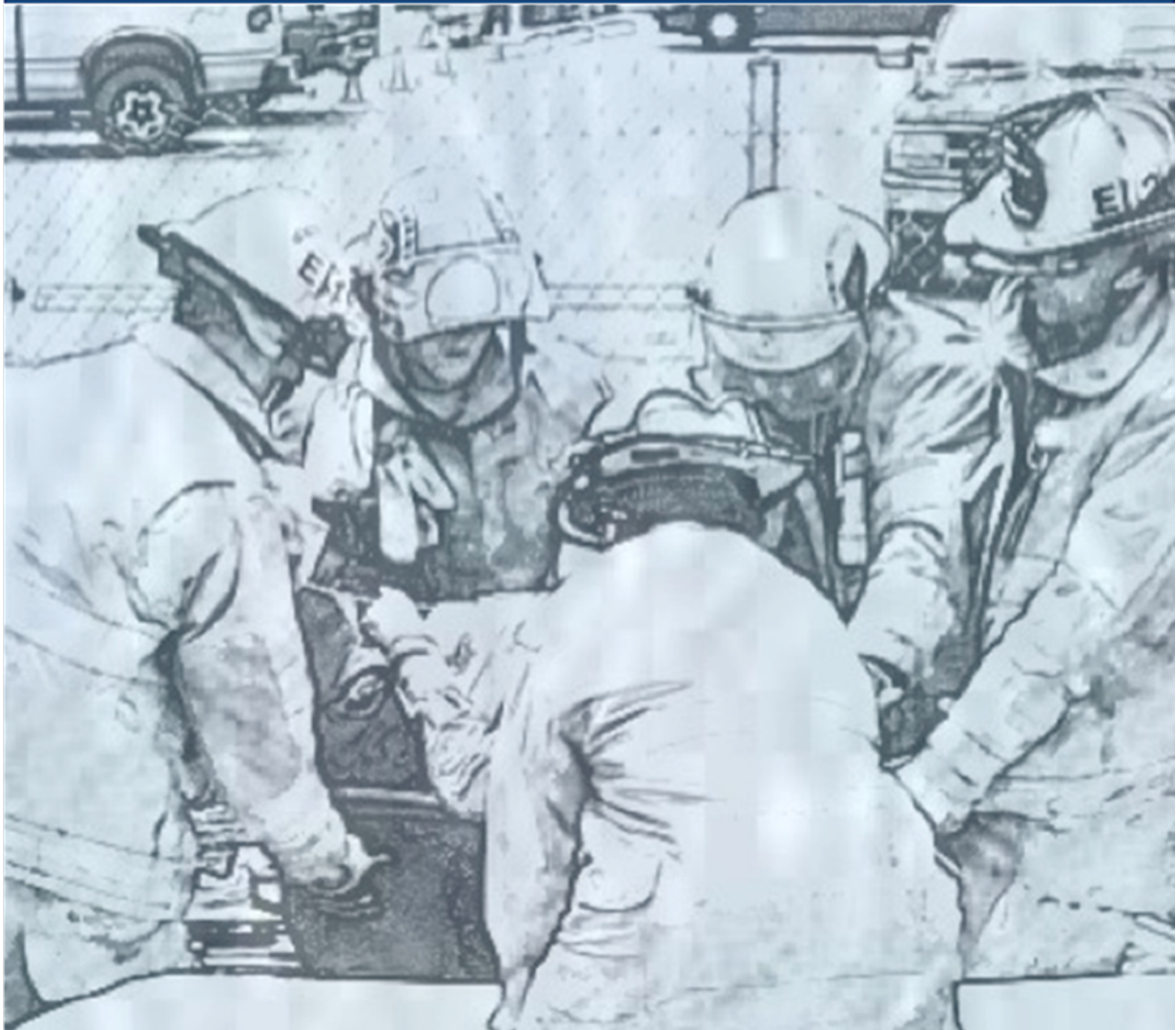




Peninsulas
Emergency
Medical
Services Council, Inc.



2018 Regional Medication Kit Plan

Revised: 05 February, 2020

I. INTRODUCTION

The regional medication box of the Peninsulas EMS Council, Inc. (PEMS) is a critical component of the emergency medical services (EMS) system for the treatment of sick or injured persons. The basis for restocking these medication boxes is contained in this Regional Medication Box Plan signed by participating acute care hospitals and out-of-hospital agencies.

II. PURPOSE AND SCOPE

The purpose of this document is to delineate the policies and procedures for the management of the 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 similar 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 this Regional Medication Box Plan, which have been approved by all eight acute-care hospitals and all eligible out-of-hospital EMS agencies in the PEMS region.

All eight acute-care hospitals in the PEMS region are signatories to the PEMS Regional Ambulance Restocking Agreement. Only those licensed EMS agencies within Planning Districts 17, 18 and 21 and those hospitals specifically approved as part of the referral program that have signed that agreement and policies are entitled to participate in the medication box exchange and, therefore, come under this Plan.

III. OVERSIGHT AND OWNERSHIP

Oversight of the Regional Medication Box Plan will rest with the Pharmacy Committee, the Pharmacy Committee, representing hospital and prehospital components, will be nominated by the hospital pharmacy directors and the PEMS EMS Operations Committee.

The Pharmacy Committee will meet quarterly and will maintain all PEMS related pharmaceutical plans. 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 and those hospitals specifically approved as part of the referral program.

IV. POLICY GOALS:

The goals and objectives of these policies and procedures are:

1. To provide a safe, secure, and effective method for the distribution of medications by prehospital EMS providers in cooperation with hospital pharmacies.
2. To create a method of communications and cooperation between hospital pharmacies, emergency department staffs and prehospital 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 PEMS 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 Advisory Committee (MAC) for use in this region.
 1. The PEMS regional medication box is a Fuertes box (UK-416) with clear Lexan panel, lockable with hinge for bottom of box (installed), yellow in color. Inside the (UK-416) box will be Velcro holding a custom TT 300 Modified (red, no center flap) Thomas Pack. An individual number is located on both sides of the box.
 2. 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 box is the Otter Box Model 4500, yellow in color.
 3. The PEMS regional RSI medication box is a Health Care Logistics Inc. Drug Storage Case, Large (1573K). 14"W x 3-1/4"H x 11"D Black colored. An individual number is located on both sides of the box.
- The Council reserves the right to change, add, or delete a specific medication box, after providing sufficient notice to system participants.
- The PEMS medication box system involves a one-for-one exchange of 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 Plan.
- The medication box contains medications designated by the MAC for the treatment of patients under the PEMS Prehospital Patient Care Protocols. The list of contents is determined by the 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 yellow medication boxes also contain a clear plastic sleeve on the inside, 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 was 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 this Plan as signed by hospitals and agencies.

VI. MEDICATION BOX ACQUISITION

1. Only approved EMS agencies that have signed the regional Ambulance Medication Box Regional Restocking Agreement will be qualified to apply for and receive a new medication box from PEMS.
2. Requests for a medication box will be in the form of a request letter from the EMS agency signed by the agency's president or executive 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.
3. The agency will be sent to the closest pharmacy to pick up a stocked medication box once payment for the box has been received by PEMS.
 - a. Designated Emergency Response Agencies (DERA) will not be charged for the internal contents of the PEMS medication box filled by the designated pharmacy.
 - b. Non-DERA may be charged for the internal contents of the PEMS medication box filled by the designated pharmacy.
 - c. 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.
4. It is the responsibility of the applying agency to arrange with a pharmacy to have the medication box filled in accordance with the PEMS regional medication box inventory approved by the PEMS MAC. 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 closest hospital pharmacy.

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 then responsible for the storage, security, and climate control of the box outside the hospital. 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. The responsibility of missing drugs legally belongs to the pharmacy even when in possession by EMS personnel and agencies. Therefore, the pharmacy must complete a theft/loss report for any missing drugs (Schedule II – V) that were stolen or lost.*

* Interpretation of 18VAC 110-20-100 per Caroline D. Juran, Executive Director, Board of Pharmacy, 03-2012

2. 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.
3. The individually numbered seal verifies the security of each box supplied by the hospital pharmacies. This will allow the box to remain un-lockable until returned to an appropriate pharmacy for restocking and reissue. There are five individually numbered seals required for each medication box. The pharmacy will only be required to inventory the areas within the medication box when a seal is broken or a medication is known to be expiring. The seals will be located: 1. Outer shell of the yellow UK-416 case 2. Clear Lexan divider inside UK-416 case 3. Outer zipper red TT-300 Thomas Pack 4. Bottom zipper inside red TT-300 Thomas Pack. 5. Small pouch inside top section of TT-300 Thomas Pack.
4. Two bar code stickers with the medication box PEMS number will be located on each medication box. The pharmacy and/or emergency room at the hospital will have a scanning tool, inventory tracking program, and spreadsheet that will be used to scan the medication box into the facility or when it is issued to an agency.
5. All medications administered to patients must be recorded on the Prehospital Patient Care Report (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.
6. All exchanges will comply with the provisions of the PEMS Regional Ambulance Restocking Agreement signed by participating hospitals and out-of-hospital EMS agencies.
7. Information and documentation of all medication used from the medication box will be placed in the PPCR with the Medical Control physician's signature when controlled medications are ordered 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.
8. 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 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 controlled substances, whether or not they were used.
 - b. The certified provider will verify by physical inventory all controlled substances in the medication box in the presence of a **licensed professional**. For purposes of this plan, licensed professionals include: pharmacist, nurse, Nurse Practitioner (NP), Physician Assistant (PA), or physician.
 - c. If controlled substances have been used; **wastage should be performed in the hospital emergency department** in the presence of a certified professional in conformance with State Board of Pharmacy regulations. For the purposes of this plan, certified professionals include: Pharmacist, nurse, prescriber, or a second EMS provider. 18VAC110-20-500 and 12VAC5-31-520.

- d. An event during which a medication is drawn or prepared and not used should also be documented on the run sheet.
- e. The amount of controlled substances administered and the amount (if any) wasted should be recorded by the licensed professional and recorded in an appropriate location on the PPCR.
- f. The discrepancies shall also 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 as appropriate. Refer to 12VAC5-31-520.
- g. PEMS will ensure all **Prehospital Medication Box Incident Report** received is audited by the PEMS at least every six months and a written report is made available to the Pharmacy Committee.
- 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 PPCR must show, in addition to the patient's name, the name of the destination to which he or she was transported, if known.

IX. HOSPITAL PHARMACY RESPONSIBILITIES

Each participating hospital pharmacy agrees to the following:

- a. To purchase, store, control and dispense all pharmaceuticals and related supplies contained in the medication boxes in quantity sufficient to meet the needs of the Regional Patient Care Protocols.
- b. To ensure all drug and supplies contained or replaced in the medication boxes are generically equivalent to those approved by the MAC.
- 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 supply changes are communicated to PEMS.
- f. To ensure all pharmaceuticals and supplies are within expiration dates (**for which the earliest expiration date is beyond three months as practical**), and that the PEMS Medication Box Inventory / Report Form/ PEMS Medication Use/Wastage 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 PEMS Medication Box Inventory, 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 Prehospital Medication Box Incident Report 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 sealed with numbered seals attached in five sections of the box and Thomas Pack within. The seals will be located: 1. Outer shell of the yellow UK-416 case 2. Clear Lexan divider inside UK-416 case 3. Outer zipper red

- TT-300 Thomas Pack 4. Bottom zipper inside red TT-300 Thomas Pack. 5. Small pouch inside top section of TT-300 Thomas Pack. 6. Outer shell of the black (1573K) case. Once each inventory sheet is completely filled, (Use/Waste and Inventory sheet) it should be maintained in the pharmacy for a period of 2 years (Board of Pharmacy).
- k. To ensure when a system-wide shortage of a medication occurs, the medication box has a card placed in the outside plastic holder to identify this shortage and notification is sent to PEMS.
 - l. To document medication box transactions and inventory using the PEMS inventory management tracking system.
 - m. Audits: The Pharmacies in the PEMS Region will submit random physical inventory of the PEMS Medication Boxes to PEMS upon request and on their own at least every other month or more to ensure continuity of movement in the inventory tracking website: www.clearlyinventory.com.
 - n. To ensure that damaged medication boxes are emptied, PEMS is notified to coordinate the repair or replacement and returned.

X. PREHOSPITAL LICENSED AGENCY/CERTIFIED PROVIDER RESPONSIBILITIES

Each participating licensed prehospital agency in the PEMS region agrees to the following:

- a. To store medication boxes only In Accordance With (IAW) the Virginia Board of Health, the Virginia Board of Pharmacy, and VA OEMS regulations 12 VAC 5-31-520.
- b. To manage medication boxes carried on a vehicle as necessary to minimize expiration of medication.
- c. To ensure medications are only handled or administered by Virginia certified providers or licensed medical personnel.
- d. To ensure, at the beginning of a duty shift, check medication boxes in the possession of their respective agencies to ensure they are sealed and are within medication expiration dates. Medication boxes due to expire within **one week** should be taken for exchange at the pharmacy.
- e. To ensure any medication box which is unsealed or has expired medications are 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.
- f. To ensure the administering certified provider fills out and files a PPCR when the contents of a medication box are used during a call.
- g. To ensure an opened medication box is taken to the pharmacy with a copy of a signed PPCR, PEMS Pharmacy Exchange Form, and the PEMS Medication Box Use/Wastage Form for restocking and exchange immediately after the call.
- h. To ensure the medication box used on a call is cleaned and free of any dirt, blood, or other fluids or biohazards (including sharps), and is otherwise safe to handle before it is returned to the pharmacy for replacement. **If the provider cannot ensure the cleanliness of the PEMS 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 PEMS.

- i. To ensure the certified provider disposes of all waste from the medication box in appropriate containers.
- j. To document medication box transactions and inventory using the PEMS inventory management tracking system.
- k. Audits: The agencies in the PEMS Region will submit random physical inventory of the PEMS Medication Boxes to PEMS upon request and on their own daily to ensure continuity of movement between shifts and randomly in the inventory tracking system.
- l. To ensure when significant packaging problems are discovered by EMS personnel that they are documented on a PEMS Prehospital Medication Box Incident Report Form. The pharmacy and PEMS should be given a copy of the form with the medication box in question upon exchange and an original maintained by the agency. This form can be obtained from hospital emergency rooms, pharmacies, the PEMS office and on the PEMS web site.
- m. To ensure damaged medication boxes are turned into the servicing hospital so they may remove contents and send to the manufacturer for repairs.

XI. PEMS RESPONSIBILITES

The Peninsulas EMS Council Inc. agrees to the following:

- a. To properly prepare and mark new medication boxes for entry into the system.
- b. To ensure damaged, mislabeled, and replacement of medication boxes happen in a timely fashion as needed and requested by hospital pharmacies. The new medication box is warranted by the manufacturer and PEMS will assist in contacting the manufacturer to ensure shipping labels are emailed and a carrier picks up the medication box to ship for repair or replacement.
- c. To receive repaired or replaced medication boxes, inspect for proper labeling, and ship by a courier to the hospital the box originated.
- d. To provide electronic forms and other documentation as needed and requested by hospital pharmacies.
- e. To forward electronic incident forms to the last-filling hospital and agency in a timely manner after such reports are filed by hospitals or individuals.
- f. To coordinate the reporting process when there has been a discrepancy, as defined by the Pharmacy Committee and VA EMS Regulation 12-531.
- g. To ensure medication box audits (at least bi-monthly), medication box inventory results, and other appropriate reports are available to the Pharmacy Committee.
- h. To respond to complaints or problems from hospital or out-of-hospital providers/agencies and provide needed assistance to mitigate problems until the Pharmacy Committee can take appropriate action.
- i. To coordinate between the Pharmacy Committee and other standing committees regarding proposed changes to the medication box contents.
- j. To facilitate meetings of the Pharmacy Committee and ensure meeting notices and meeting minutes are distributed in a timely fashion.

- k. To ensure the pharmacies participating in the medication box exchange program have the inventory tracking software, scanning capabilities, training necessary to operate the software and a log sheet to help track the location of the medication boxes.

XII. COMPLIANCE AND MODIFICATION

Compliance with these policies will be monitored by PEMS and reported regularly to the PEMS Pharmacy Committee. 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 PEMS Regional Medication Box Plan. 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 final action.

Peninsulas Emergency Medical Services Council, Inc. Regional Medication Box Plan

Attachment

- 1. PEMS Medication Box Inventory**
- 2. PEMS Medication Box Schematic**
- 3. PEMS Prehospital Medication Box Incident Report**
- 4. PEMS RSI Medication Box Inventory**
- 5. PEMS Medication Box Exchange Form**
- 6. PEMS Medication Box Use/Wastage Form**