EMS Standard Operating Procedures

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**Purpose:**

To provide guidance in the usage, restocking, disposal and security of drugs and intravenous infusion products for West Des Moines EMS.

All drugs shall be maintained in accordance with the rules of the State Board of Pharmacy as outlined in Iowa Board of Pharmacy Examiners Guidelines; 657 IAC Chapter 11 DRUGS IN EMERGENCY MEDICAL SERVICES PROGRAMS.

**Policy:**

West Des Moines EMS will function under a medical director based pharmacy. All drugs and infusion products shall be provided by a licensed pharmacy or supplier. Ownership of the drugs maintained in and used by the service program remains with the medical director.

- The Medical Director shall be the responsible individual for West Des Moines EMS pharmaceuticals.
- Access to drugs and infusion products shall be limited to authorized personnel as determined by the Medical Director.
- Each ambulance shall have drug kits and intravenous fluids on board to provide ALS care in accordance with WDM EMS protocols.

1. **Drug Storage**

   - PRIMARY PROGRAM SITE: 8055 Mills Civic Parkway, Station #19, will serve as the primary program site for the service. All stock medications will be maintained at this location for distribution to program vehicles and substations.
• PROGRAM SUBSTATIONS: Substations are all other stations where ambulances routinely are housed. Each ambulance will maintain a secured drug kit on board the ambulance for access during patient care activities. Select substations may also have secure medication vending machines which serve as a secondary pharmaceutical storage and have a limited inventory.

• Temperature, all drugs shall be stored at the proper temperature. Drugs that are subjected to extreme temperatures for an extended period of time shall not be administered to patients and shall be immediately removed from usable stock. Extreme temperatures shall be defined as excessive heat greater than 40 degrees Celsius (104 degrees Fahrenheit) and, if the product requires protection from freezing temperatures, excessive cold less than -10 degrees Celsius (13 degrees Fahrenheit).

Meds may also be stored in the secured supply room at Station #19

• Refrigerated drugs shall be secured in a secured refrigerator

• Intravenous fluids shall be stored in designated areas.

2. Inventory

All medications and intravenous fluids will have a complete inventory done on a monthly basis. This shall include expiration dates as well as numbers on hand. West Des Moines EMS shall keep records of these inventories a minimum of two years.

A standard formulary will be maintained at the primary program site, signed by the service medical director.

A perpetual inventory of all Schedule Control II substances shall be maintained at the primary program site. A separate audit, verifying this inventory, will be completed by the Assistant Chief, or his designee, on no less than monthly with copies provided to the Medical Director and Chief. Those audits will be maintained at least two years.

2A. Pediatric Specialty Ambulance

The Pediatric Specialty Ambulance is also staffed with Pediatric Nurses from Blank Children’s Hospital. The Pediatric Nurses are authorized by their Medical Director to carry and administer additional medications which fall outside West Des Moines EMS protocols. While the medications are not supplied or owned by West Des Moines EMS/Iowa EMS Alliance, they may be secured in the same compartment as our medications. Expiration dates and replacement of these medications are the responsibility of Blank Children’s Hospital.
3. Pharmacy Access

A log of employee’s with access to medications will be maintained at the primary program site. The record will include each employee’s printed name and signature, printed and signed initials or other unique identification used in the service program records, and the employee’s level of certification.

4. Medication Access Procedure

- Swipe your Access ID card over the pharmacy vending card reader
- Enter the PIN number that is provided to you, press #
- Enter the assigned call number, press #
- Select the medication (s) you wish to be dispensed
- Up to 10 items may be dispensed with approved authorization.
- Press * when finished.

Dual authentication is required for the dispensing of controlled and "dangerous" medications. A paramedic specialist will need to badge into the pharmacy vending as above. The vending machine will then ask for a second user to swipe their Access ID card over the vending card reader. The second person may be any certification level. The vending unit will then verify the second person’s employment status and the medication or item will be dispensed.

The following medications are considered controlled or "dangerous".

- Fentanyl
- Morphine Sulfate
- Valium
- Versed
- Etomidate
- Succinylcholine keys
- Ativan keys
  - Ketamine
  - Dilaudid

4. Disposal of un-used medications

Disposal or destruction of medications or fluids should be properly documented on the appropriate departmental waste form. Disposal or destruction of unused portions (wasting) of controlled substances shall be documented in writing and witnessed and signed by 2 emergency care providers. The Paramedic administering the drugs shall be responsible for assuring the documentation is completed and accurate as soon as possible after the call is completed. Expired medications shall be returned to one of the pharmacy vending machines for disposal through a DEA registered and state licensed disposal firm.
Any controlled medication that is issued by the hospital for use during a patient transport should be administered as ordered by the sending facility. Upon arrival at the receiving facility the following documentation should take place.

- If the medication is a drip or something that is going to be used by the receiving hospital you should confirm the remaining amount of the medication with the receiving nurse and your partner. That amount should then be documented in your patient care report with the names of who witnessed the transfer.

- If there is remaining medication of a controlled nature you should confirm the remaining amount of medication with your partner and then complete a witnessed waste of that medication and placement of the container holding the medication into a sharps container. An incident report should then be completed indicating the name of the medication, amount of waste and the medic who witnessed the waste. This report should be signed by both medics if a paper copy is used. If an electronic incident report is completed then both medics should complete an incident report with the wasted medication information.

5. Controlled Substances

Controlled substances shall be secured in a separate section of each drug kit and tagged with a numerical security tag. Proper documentation will be required when a tag is removed. A controlled substance form, located in the ambulance with each drug box, will be completed to track the use and disposal of each controlled medication.

- Anytime a discrepancy is noted in one of the number tagged controlled substance boxes in the drug kit, an incident report should be completed and it should be reported immediately to the on-duty EMS Supervisor. Once notified, the supervisor will investigate the discrepancy and decide if any action needs taken.

- This includes when the numbers in Operative IQ and the numbers on the narcotic boxes don’t match, lack of signatures in the narcotic waste log or any other discrepancy. Once the issue is found there should be no further action by the person to correct the problem unless notified to do so by the supervisor.

- If the supervisor does not easily resolve the issue they will notify the Assistant Chief of Operations for further investigation. The Medical Director will be notified within 24 hours of the incident and upon completion of the investigation for any controlled substance.
• Medication Administration

• The service program shall utilize department protocols as the standard of care. Prescription drugs shall be administered pursuant only to a written protocol or oral order by an authorized prescriber.
• Any time a drug or fluid is administered all pertinent information should be documented in the pre-hospital care report. Pertinent information would include which medication was given, who gave it, how it was given, where it was given, the amount given, by what authority it was given and the results of its administration.
• Administration of drugs beyond the limits of a written protocol. Drugs may be administered beyond the limits of a written protocol provided that medical direction from an authorized prescriber has been obtained prior to administration. The authorization shall be recorded in the patient care report documenting the identity of the authorizing prescriber.

7. Storage at substations:

• All drugs stored within a vehicle shall be stored in such a manner to ensure proper temperature at all times.
• Each substation, will be equipped with a high/low temperature marking thermometer, and high/low temperatures will be recorded daily during morning checks. Trends should be identified.
• Each ambulance will have an electronic thermometer installed in the drug cabinet which provides automatic notification to the administrative team if temperatures fall out of the acceptable range. A copy of those notices can be obtained from the EMS administrative offices.
• Medications ideally should be kept between 59°F and 86°F. Efforts to maintain adequate temperature readings should be made as needed.
• If an incident occurs where temperatures have fallen outside the “extreme range” as defined in Section 1 of this policy, an exception report will be completed in the department Ninth Brain Suite and investigated by the Assistant Chief.
• Medication cabinets will be locked at all times except during times of patient care.

8. Adverse Reactions

□ Adverse reactions to drugs and infusion products shall be documented by means of an atypical patient care report found in the department Ninth Brain Suite.
Drug and infusion product defects shall be documented on the proper form.

9. Record Keeping

Records will be maintained in accordance with Board of Pharmacy rules 657-11.34. All records regarding prescription drugs and devices in a service program shall be maintained for two years from the date of the activity or record and be available for inspection and copying by the board, its representative, or any other authorized individual.