

WEST MICHIGAN REGIONAL PROTOCOL

PHARMACY, DRUG BOX AND IV BAG EXCHANGE PROCEDURE

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Purpose: The purpose of this policy/procedure is to provide accountability for the handling and dispersing of medications by all providers, and to ensure that the pharmacies receive all appropriate paperwork in order to be compliant with applicable rules, regulations, policies and laws and for billing purposes.

I. Participants

This policy applies to all hospital pharmacies, EMS agencies and MCAs participating in the West Michigan Regional Drug Bag Exchange.

II. Pharmacy Responsibilities

- A. The pharmacy is responsible for ensuring that re-stocked EMS drug bags, IV kits and narcotics boxes are available to EMS units who bring in a used bag/box for replacement. The Administrative Rules of the Michigan Board of Pharmacy (R 338.486(4) (c) require that "The pharmacist shall routinely inspect these medications and, after use, shall verify the contents and replace the medications as necessary".
- B. Pharmacies are responsible for providing a secure environment for restocked drug bags, IV kits and narcotics boxes awaiting pickup by an EMS unit and used bags/boxes brought back for restocking.
- C. Upon receiving a used bag/box from an EMS service, the pharmacy will check to assure that the bag is properly sealed (narcotics boxes will not be sealed when presented for restocking) and documentation of medication use, signed by a physician for drug exchange, is in the bag/box or other designated location. The documentation will be checked by the pharmacist against the remaining contents of the bag/box to assure accountability for all medications.
- D. Discrepancies found on pharmacy inspection of the bags and/or narcotics boxes should be forwarded to KCEMS utilizing a KCEMS Incident form. This includes missing medications and supplies, improperly or unlabeled bags, trash left in bags and any contaminated items or unsecured sharps left in the bags. Incident forms are available from KCEMS or online at www.kcems.org. Please ensure that when describing contaminated materials and/or unsecured sharps that the report specifically addresses any potential risk of exposure.
- E. The pharmacy will replace the used contents of the drug bag, IV kits and/or narcotics boxes, and verify that all supplies and medications listed on the medical control authority drug box inventory form are present. Contents lists for drug bags and IV kits are attached to this policy. The bag/box will be sealed and secured utilizing tamper proof numbered seals.
- F. The refilled drug bag, IV kits and narcotics boxes will then be relabeled with a pharmacy label which contains, at a minimum:
- The hospital name
 - The name or initials of the pharmacist checking the box
 - The date the box was restocked and checked.
 - The expiration date of the first drug to expire in the box (month/year). The tag number of the locks assigned to the box (narcotics boxes only).
- (Labels for narcotics boxes must be placed inside the box in a visible location.)
- G. Drug bag/box contents remain the property of the participating pharmacy. The bag itself is owned by the entity (EMS or hospital) that purchased it and entered it into the system. KCEMS will maintain a listing of the drug bag numbers currently "in service", and will assign new drug bag/box numbers, as needed.

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- H. Medications with a month/year expiration dates must be replaced prior to, or during the indicated expiration month (the medication is considered to expire on the last day of the month). Medications with day/month/year expiration must be replaced prior to the listed expiration date.
 - I. The Director of Pharmacy, or equivalent, at each participating hospital is responsible for assuring compliance with this policy.

III. EMS Responsibilities

- A. The EMS personnel turning in used drug bags, IV kits and/or narcotics boxes are responsible for ensuring the safety of the bag/box including the removal of all trash, contaminated waste and the securing of all needles, catheters and potential sharps.
- B. EMS agencies are responsible for the cleaning of bags that become soiled or contaminated. In the event that you have a bag that needs to be decontaminated or cleaned, you may sign out a replacement and contact the hospital pharmacy to inform them that they will be short a bag until it can be cleaned. Contact KCEMS at (616) 451-8438 and leave a message on the QI hotline indicating that your agency has a bag belonging to the hospital that will be short one bag. Once the bag is cleaned and returned, please contact KCEMS and again leave a message indicating that the bag was returned.
- C. EMS agencies are responsible for ensuring that the bags in their possession are current and without expired medications as are listed on the drug bag labels. Bags should not be opened / unsealed unless they are to be used for a patient or for training purposes. Unsealed bags must be returned to pharmacy for inspections and restocking/resealing. EMS agencies may not reseal bags once opened.
- D. Unsecured, contaminated sharps and biohazard materials left in/on bags may result in disciplinary actions consistent with a level 2 protocol violation as outlined in the Medical Incident Review and Corrective Action Policy.
- E. EMS personnel are responsible for the proper labeling of the bag that is being turned in. Failure to properly label used bags may result in the hospital pharmacy billing the agency a restocking fee. Drug bag slips must contain the following information:
 - a. Full Patient Name
 - b. Time
 - c. EMS Agency Name
 - d. Medcom Number (or agency run number)
 - e. EMS Unit Number
 - f. Bag Number
 - g. Date
 - h. Printed Name and Number of EMS provider turning in the bag
- F. The pharmacy copy of the EMS form must be placed in the designated location at each hospital, or be placed in the bag that is being turned in. This form is the legal prescription for the medications that were administered and for IV's established; by law the pharmacy must have a copy of the EMS form on file.
- G. All applicable sign in/out sheets must be fully completed for both bags and narcotics boxes.

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IV. Controlled Substance Boxes

- A. Narcotics boxes that are exchanged or refilled must be sealed with two seals and must be inspected by the EMS provider that is signing the box out to ensure that the box is properly sealed, is inaccessible, and is fully restocked.
- B. Narcotics boxes will contain:
 - a. 2 ampoules of Morphine Sulfate 10mg/mL (1mL each)
 - b. 2 vials of Midazolam 5mg/mL (1mL each)
 - c. 1 vial of Diazepam 5mg/mL (10mL total)
 - d. 2 ampoules of fentanyl 100mcg/mL (4mL total)
- C. The Controlled Substance Record must be completely filled out prior to exchanging narcotics boxes. This includes physician signatures for medications administered and witness signatures for all wasted medication. Wasted medication amounts must also be included in the documentation of the call on the EMS report.
- D. EMS providers exchanging narcotics boxes at the pharmacy must be in uniform and have valid picture ID including either a driver's license or KCEMS issued ID.
- E. In the event that the Controlled Substance Box, and/or the Controlled Substances become damaged or missing a report to the KCEMS Exposure/ Pharmacy line will be made immediately, (616) 451-8438.
 - 1. Notification of missing Controlled Substances will be made immediately by KCEMS to the Pharmacy that issued the controlled substances.
 - 2. Report of missing controlled substances will be made to the State of Michigan Pharmacy Board and to the U.S. Drug Enforcement Agency by the Pharmacy that was notified by KCEMS.
 - 3. The Medical Control, in cooperation with pharmacies, may elect to require that narcotics waste be tested either randomly or specified criteria (time period, specific medication, specific agency or individual, etc.).
- F. The exchange of the Controlled Substance Box must take place prior to going back into service. Under NO circumstance will an open box go into service.
- G. The management at each participating EMS agency is responsible for assuring compliance with this policy.

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Kent County Emergency Medical Services, Inc
Controlled Substance Record

Full Patient Name _____

EMS Agency	_____	Unit No	_____
Date	_____	Time	_____
MedCom No	_____	Medic Name	_____
Box No.	_____	KCEMS No	_____

Drugs Used	Amount Administered	Amount Wasted
Morphine Amp 10mg/ 1ml (2)	_____	_____
Versed Vial 5mg/ 1ml (2)	_____	_____
Diazepam Amp 50mg/ 10ml (1)	_____	_____
Fentanyl Amp 100mcg/2mL (2)	_____	_____

Witness signature for wasted medication

Physicians Signature

Paramedic Signature

Full Patient Name _____

EMS Agency _____ Unit No _____

Date _____ Time _____

MedCom No _____ **Drug Bag No** _____

Name _____ KCEMS # _____

I have checked this bag and removed all contaminated waste.