

## Appendix B

### **REGIONAL DRUG & IV BOX POLICY (Including MMRS DuoDote Antidote Kits)**

#### **Documentation of Use**

The Prehospital Patient Care Report (PPCR) or Electronic Patient Care Report (EPCR) is a legal document that must be completed after each and every ambulance call. Its completeness and accuracy are vital to the patient's health care record and provides legal documentation of the provider's actions. It also acts as a vital component in the exchange process of drug and IV boxes in the TEMS region. Each PPCR/EPCR must be legible and comprehensive.

The PPCR/EPCR must not only include written documentation of details about the patient's condition, but also basic and advanced techniques performed and pharmacological agents used. On the PPCR/EPCR form there are several blocks specifically designed for the documentation of ALS adjuncts and techniques. During an ALS call it is imperative that these blocks be filled out thoroughly, with a strong emphasis on attention to details. Each IV and/or drug box number used in patient care needs to be documented on the PPCR/EPCR as well.

After the EMS provider has completed the PPCR/EPCR, it should be reviewed for completeness. In all cases where ALS techniques or pharmacological agents were used or ordered, a pharmacy exchange form must accompany the medication boxes for exchange, one (1) for each box used. This can be completed by using an agency-created short form for exchanges or by printing the required page(s) from the Electronic Medical Record (EMR) software that your agency is using. Whichever process your agency uses, you must include the following information:

- Patient's name (Hospital's sticker may be used)
- Your agency name
- Unit number
- Your name
- Date of exchange
- Old and New Box numbers
- Medication used and waste of narcotics with witness information and signature
- \*Signature of medical practitioner

\*To comply with a requirement of the pharmacies, you will need a pen to paper (wet) signature on the pharmacy exchange form by the attending physician, physician assistant or nurse practitioner for all administration of Schedule II-IV medication. After one of these individuals has signed the pharmacy exchange form, the form is to be left with the medication box(es) at the exchange point.

#### **Exchange Procedure**

If an IV or drug box was used or opened inadvertently, the prehospital care provider then proceeds to the Pharmacy or designated area for box exchange. There is a place on the PPCR/EPCR for the pharmacy staff to sign documenting accountability for the narcotics in the used drug box. Anytime the drug box is opened during the call, the pharmacy staff should review

the narcotic contents of the box at the time of the exchange and sign in the appropriate space. This area is just below the accounting of drug and IV box numbers used in the ambulance call.

The new drug or IV box received during the exchange process needs to be documented on the PPCR/EPCR and a copy left inside the used box for the pharmacy staff. If more than one box is used, all box numbers should be noted on the PPCR/EPCR.

## **Quarterly Inventory and Reporting**

To ensure accountability for the regional prehospital drug, RSI (if applicable) and IV box inventory system, the following policy is adopted:

1. All licensed ALS agencies will perform an inventory of all drug, RSI (if applicable) and IV boxes located within their systems on a quarterly basis. This inventory will be completed on the **third Wednesday** of each **March, June, September and December** by **4:30 p.m.** Once completed, a copy of the inventory will be forwarded to the TEMS office ASAP.

**NOTE:** Norfolk Fire and Rescue will be responsible for Sentara Norfolk General, Sentara Leigh, and Bon Secours DePaul Medical Center.

Children's Hospital of the King's Daughters will report their own inventory.

Chesapeake Fire Department will be responsible for Chesapeake Regional.

Virginia Beach Emergency Medical Services will be responsible for Sentara Independence, Sentara Virginia Beach General and Sentara Princess Anne.

Portsmouth Fire and Rescue will be responsible for Bon Secours Maryview Medical Center.

Nansemond-Suffolk Volunteer Rescue Squad / Suffolk Fire-Rescue will be responsible for Sentara Obici, Bon Secours Health Center at Harbour View, and Sentara BelleHarbour.

Franklin Fire and Rescue will be responsible for Southampton Memorial.

Navy Region Mid-Atlantic Fire & Emergency Services will be responsible for Naval Medical Center Portsmouth.

The Eastern Shore Field Coordinator will be responsible for obtaining the inventories for the Eastern Shore agencies including Riverside-Shore Memorial Hospital.

2. The TEMS staff, on a quarterly basis will review the drug box and IV box inventory and accountability system to ensure compliance by all regional agencies.

## **Quarterly Inventory Reporting Non-Compliance**

1. Failure to report: letter from TEMS to the agency's administrator, with a copy to the agency's operational medical director, outlining the discrepancy and the necessary corrective action.
2. Second consecutive failure to report: A panel will be convened to review discrepancies and make a final determination about the agency's continued participation in the regional IV and drug box exchange program.

### **Box Repairs; Adding New Boxes**

1. Any agency, when placing any additional ALS vehicles in service in the TEMS region, will be required to purchase two (2) each drug boxes and two (2) each IV boxes per vehicle. (One box of each type for each vehicle, and one box of each type for system exchange to be placed in a local hospital if needed or in surplus for rapid availability.)
2. When placing additional drug or IV boxes into service, agencies will contact the TEMS office and request an inventory number be assigned to the box. It will be the responsibility of the agencies to bring the new box to the TEMS office to have the appropriate TEMS inventory control tag placed on the box.
3. When an IV or drug box is damaged notify the TEMS office. The TEMS staff will make arrangements for pickup and repair or replacement of a box.

## MMRS DUODOTE ANTIDOTE KIT INVENTORY & STORAGE

### Inventory

To ensure accountability for the DuoDote Antidote Kit inventory system, the following policy is adopted:

1. All licensed ALS agencies will perform an inventory of all DuoDote Antidote Kits located within their systems on a quarterly basis. This inventory will be done on the **third Wednesday** of each March, June, September, and December, and will be completed by **4:30 p.m.** Once completed, a copy of the inventory including the box number(s) and will be forwarded to the TEMS office ASAP.
2. The TEMS staff, on a quarterly basis will review the antidote kit inventory and accountability system to ensure compliance by all agencies. Any agency not in compliance will be reported immediately to their operational medical director and the MMRS program manager. Inventory and storage conditions will be compiled on a quarterly basis and reviewed by the TEMS Staff.
3. The TEMS staff or its appointee will perform a visual audit of all DuoDote Antidote Kits no less than annually.

### Storage

1. Must be stored in a locked cabinet or room. Kits will have tamper evident, breakable, numbered security lock.
2. Must be stored at controlled room temperature, defined as 68-77 degrees F with excursions between 59-86 degrees F.
3. Must be readily accessible 24 hrs/day, 7 days/week. Must be able to transport immediately to an incident.