

Medication Policy and Procedures

Procedure for Documenting and Handling Drugs, Medications and Intravenous solutions used by **Company Name**:

1. Only authorized personnel are allowed to receive and/or administer drugs, medications and intravenous solutions.
 - a) Personnel authorized to receive drugs, medications, and intravenous solutions are:
 - Medical Director of
 - Licensed Paramedics of
 - Licensed Nurses of **Company Name** EMS/
 - EMS Supervisors of **Company Name**
 - b) Personnel authorized to administer drugs, (as ordered by a physician at the transporting facility or a physician at the receiving facility or the Medical Director's written protocols) medications and intravenous solutions are:
 - Medical Director
 - Licensed Paramedics of **Company Name**
 - Licensed Nurses of **Company Name**
 - EMS/Supervisors of **Company Name**
2. DEA registration of the Medical Director shall be posted at the office of **Company Name** in the administrative office, which is located at **Address where Controlled Drugs are stored**.
3. All drugs and medications administered shall be documented on the **Company Name** patient record form, on the Controlled Drug Record Forms, on the Run Log Book, and the Monthly EMS report forms.
4. The **Company Name** copy of the drug order form shall be presented to the Medical Director for his signature and date, for all dispersed controlled drugs and/or medications. This shall be accomplished within five working days of dispersement. This form will then be placed on file located in the administrative offices of **Company Name**.
5. All intravenous solutions administered shall be documented on the **Company Name** Patient Record, Run Log Book, and the Monthly EMS Report.
6. All controlled/scheduled drugs shall be inventoried on the Daily Controlled Drug Record and the Controlled Drug Check Sheet.

Whenever responsibility and accountability for the controlled drug(s) change, the on-coming crew shall be responsible for the controlled drugs until relieved by the next on-coming crew or until signed back into the secured storage lock box.

7. All controlled drugs lost or wasted shall be documented on the Loss/Waste Form. Complete full doses to be wasted must be turned into the Arkansas Department of Health for destruction.
8. All damaged or out of date controlled drugs shall be sent to the Arkansas Department of Health for proper disposal by the **Supervisor Name**. The Drug Destruct Form (IPHA-DC-1) must be included with drugs surrendered to the Arkansas Department of Health.
9. All drugs, medications, and intravenous solutions shall be replaced by **Company Name**, or in emergency drugs can be replaced by the transporting or receiving hospital pharmacy.
10. The only scheduled drugs carried and administered by **Company Name** are listed below including name of the medication with the total **milligrams** for **each**.

a)

b)

c)

d)

e)

f)

List Only One Drug per Page that require a 222 (fields auto populate)

11.

- a) **List of all controlled substances** is purchased only from **Pharmacy Name** using DEA Form 222 signed by the Medical Director and no other person, and may only be handled by the Medical Director for **Company Name** and **Name of Supervisor** (if licensed registered nurse or licensed paramedic)
- b) **List each Drug**, DEA Form 222 (unused), and other forms related to scheduled drugs shall be secured in the department's safe, located at the location of **Company**
- c) **List each Drug** will be replaced when used by authorized personnel only, on an as needed basis and with appropriate documentation completed (drug and supply order form and waste form if applicable)
- d) Any person signing DEA Form 222 must have a power of attorney signed by DEA Registrant (Medical Director) and a copy of the power of attorney must be on file at the registrant's address. Our policy will be only the Medical Director will sign DEA Form.

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- d) Any person signing DEA Form 222 must have a power of attorney signed by DEA Registrant (Medical Director) and a copy of the power of attorney must be on file at the registrant's address. Our policy will be only the Medical Director will sign DEA Form.

- e) At no time shall an ambulance inventory exceed 20mg of Morphine Sulfate and every milligram of this drug shall be accounted for at all times.
12. Audits shall be performed weekly to ensure inventory accuracy for all drugs medications and intravenous solutions. This audit shall be performed by the **Company Name and name of Supervisor** or his designated representative.
 13. Audits shall be performed weekly to ensure proper documentation of all treatments administered by Nurses and Certified Paramedics of **Company Name**. This will be reviewed by the **Company Name** Supervisor or **Name of Medical Director** in the absence of the **Company Name** employee.
 14. No drug, medication or intravenous solution shall be added to the inventory list unless it has been approved for ambulance use by the Arkansas Department of Health, Office of EMS and the Medical Director.
 15. Controlled drugs shall be stored aboard the **aircraft/vehicle** in a container, to assist in temperature control, with a **name lock**. The keys if applicable will be kept by the **on-duty Nurse or licensed Paramedic** responsible and accountable for all drugs and medications on that aircraft/vehicle.
 16. All documentation and records shall be maintained at the office of **Company Name** and shall be in the file cabinets. The file cabinets shall be of commercial grade.
 17. All records and documents related to drugs, medications and intravenous solutions administered by the EMS Division shall be maintained for a period of at least 5 years.
 18. These procedures may be revised from time to time as deemed necessary by governing agencies and the administration of **Company Name** and **the Medical Director**.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Availability of Drugs/Inventories/Records for Inspection by all
Regulatory Agencies:

All Drugs, inventories and records will be maintained on-site (see drug security policy) of **Company Name** and will be made available for inspection by all regulatory agencies. (i.e., Office of Pharmacy Services, Arkansas Department of Health, and Drug Control)

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Security of Medications:

All prescription Medications will be locked in a drug control cabinet in the office in a temperature controlled environment. The **Company Name** Supervisor or his/her designee will have a key and will be able to restock as necessary.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

In case of Theft, Loss, and/or Diversion of Controlled Substances:

In the event of a theft, loss, and/or a diversion of controlled substances (drugs). Each **Company Name** crew member / Medical Director shall notify the Office of Pharmacy Services and Drug Control, Arkansas Department of Health (501-661-2325), the **DEA at 501-217-6500 or fax at 501-217-6597**, and the local Police Department immediately upon discovery of any suspected loss, theft, and/or other diversions of any controlled substance under their supervision. A copy of DEA Form 106 will be completed and forwarded to the Office of Pharmacy Services and the local DEA Office. Additionally, an investigation will be conducted by the **Company Name** Supervisor or his/her designee and the outgoing crewmember. Statements will be obtained from all employees on duty at the time of the discovery of the theft, loss, and/or diversion of a controlled substance. In the event of theft, loss, and/or a diversion of controlled substances (drugs) all employees should be drug screened. **Please outline or attach your companies drug screening policy in the event any of the above situations should occur.**

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Records of Drug Usage:

The record shall be kept daily and shall include a receipt of order on all drugs to include the disposition of the drug. A daily inventory form will be turned in at the beginning of each shift and shall be maintained in a secure office in a fireproof cabinet. The disposition record will include the following information: Patient Name, Date, Time and signature of the **Company Name** Crew member. The drug administered, amount administered and any amount wasted. This shall also be documented on the **Company** encounter form. As per state guidelines an inventory will be conducted on the first day of business and every two years afterward.

The Medical Director is responsible for maintaining all records and will make them available for inspection upon notice.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Job description for Persons Responsible for Handling Drugs:

Any person who is responsible for handling drugs shall be a Licensed Registered Nurse or Certified Paramedic, and have read and signed the Drug Handling Policy. A current inventory will be done at the beginning of each shift as well as the appropriate forms filled out after use and at the beginning of each shift.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Grounds for Discipline for Violations of Drug handling Policy:

Any person who violates the drug handling policy is subject to disciplinary action. This may include suspension or termination. Any person who fails to maintain proper control of any drug will be terminated.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Penalties for Violation of Rules and Regulations:

Any person who violates the Rules and regulations of the State of Arkansas shall be subject to disciplinary action. This action may include suspension and termination. Any person who fails to maintain proper certification will be automatically terminated.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Storage to Meet Manufacturers Standards:

In order to meet manufacturers' specifications for heat and cold in the **aircraft/vehicle** medications will be stored in a temperature controlled **hanger/building** to maintain the correct manufacturer's temperature specifications for heat and cold.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____

Purchase of Drugs:

All drugs will be purchased by the Medical Director from **from Pharmacy** Pharmacy.

If in an emergency, the Medical Director will arrange the purchase from a hospital pharmacy and will be responsible.

The above policy APPROVED:

Medical Director _____

Company Name Officer: _____