

Medication Policy and Procedures

Procedure for Documenting and Controlled Drugs /Medications

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

Whoever's 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.

6. All controlled substances shall be replaced or in an emergency drugs can be replaced by the transporting or receiving hospital pharmacy if allowed by that facility.
7. 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.
8. All scheduled drugs carried and administered by _____ are listed below including name of the medication with the *total milligrams* for *each*.

- a)
- b)
- c)
- d)
- e)
- f)
- g)
- h)

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____
and DEA Form 222 signed _____
by _____ and no other person, and may only
be handled by _____ and _____
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and other
forms related to scheduled drugs shall be secured in the
department's safe, located at the location of _____
- c) _____ 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 for the physician must have a
power of attorney signed by _____
(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.

Narcotic drugs are owned by the doctor (registrant), this
inventory and expired narcotics destruction should have
Involvement.

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____ and DEA Form 222 signed _____ and no other person, and may only be handled by _____ and _____
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and other forms related to scheduled drugs shall be secured in the department's safe, located at the location of _____
- c) _____ 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 for the physician must have a power of attorney signed by _____ (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.

Narcotic drugs are owned by the doctor (registrant), this inventory and expired narcotics destruction should have _____ Involvement.

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____ and DEA Form 222 signed _____ and no other person, and may _____ by _____ and only be handled by _____ and
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and other forms related to scheduled drugs shall be secured in the department's safe, located at the location of _____
- c) _____ 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 for the physician must have a power of attorney signed by _____ (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.

Narcotic drugs are owned by the doctor (registrant), this inventory and expired narcotics destruction should have _____ Involvement.

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____ and DEA Form 222 signed _____ and no other person, and may _____ by _____ and _____ only be handled by _____ and _____
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and other forms related to scheduled drugs shall be secured in the department's safe, located at the location of _____
- c) _____ 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 for the physician must have a power of attorney signed by _____ (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.

Narcotic drugs are owned by the doctor (registrant), this inventory and expired narcotics destruction should have _____ Involvement.

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____ and DEA Form 222 signed _____ and no other person, and may only be handled by _____ and _____
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and other forms related to scheduled drugs shall be secured in the department's safe, located at the location of _____
- c) _____ 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 for the physician must have a power of attorney signed by _____ (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.

Narcotic drugs are owned by the doctor (registrant), this inventory and expired narcotics destruction should have _____ Involvement.

Service Director Signature: _____

Medical Director Signature: _____

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

- a) _____ is purchased only from _____
and DEA Form 222 signed _____
by _____ and no other person, and may
only be handled by _____ and _____
*(if licensed registered nurse or licensed paramedic)
- b) _____ DEA Form 222 (unused), and
other forms related to scheduled drugs shall be secured in the
department's safe, located at the location of _____
- c) _____ 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 for the physician must have
a power of attorney signed by _____
(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.

Narcotic drugs are owned by the doctor (registrant), this
inventory and expired narcotics destruction should have
Involvement.

Service Director Signature: _____

Medical Director Signature: _____

9. Controlled drugs shall be stored aboard the locked container, to assist in temperature control, with a 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.

10. All documentation and records shall be maintained at the office of _____ and shall be in file cabinets. The file cabinets shall be of commercial grade.

11. All records and documents related to controlled substances administered by the EMS Division shall be maintained for a period of at least 5 years.

12. These procedures may be revised from time to time as deemed necessary by governing agencies and the administration of _____ and **the Medical Director,**

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____

Destruction of Expired Narcotics

1. All controlled drugs lost, expired or wasted shall be documented per Drug Enforcement Agency (DEA) policy on Loss/Waste Form and DEA-41.
2. All Damaged or expired controlled drugs shall follow the DEA destruction policy.
3. EMS Services shall provide a brief description of their policy below

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____

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 _____ 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: _____

Officer: _____

Date: _____

Security of Medications:

All prescription Medications will be secured in a location where there is a temperature controlled environment.

_____ or his/her designee will have a key and will be able to restock as necessary.

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____

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). Medical Director shall notify the Office of Pharmacy Services and Drug Control, Arkansas Department of Health (501-661-2325), the DEA using web the site www.dea.gov 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 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 company's drug screening policy in the event any of the above situations should occur.**

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____

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 Crew member(s). The drug administered, amount administered and any amount wasted. This shall also be documented on the encounter form. As per state guidelines an inventory will be conducted on the first day of business and every two years afterward.

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

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____

Job description for Persons Responsible for Handling Drugs:

Any person who is responsible for handling controlled substances shall be a Licensed Registered Nurse or licensed 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: _____

Officer: _____

Date: _____

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: _____

Officer: _____

Date: _____

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: _____

Officer: _____

Date: _____

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: _____

Officer: _____

Date: _____

Purchase of Drugs:

All drugs will be purchased by _____
If in an emergency, _____ will arrange the
purchase from a hospital pharmacy and will be responsible.

The above policy APPROVED:

Medical Director: _____

Officer: _____

Date: _____