



# North Region EMS System

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	<b>AD 207</b>	<b>Date 9/2023</b>
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**Purpose** To establish and maintain a standard process for obtaining, securing, monitoring, and documenting the storage and use of System approved drugs in accordance with federal and state regulations and the safe administration of such medications.

**Policy**

1. Hospitals and EMS providers must comply with all federal, state, and local laws, rules, and guidelines regulating the provision, storage, exchange, and inventory management of drugs and medical supplies, including the laws relating to the handling of controlled substances.
2. EMS personnel must maintain their competency in the management of drugs and ensure their familiarity with and compliance with changes to therapeutic guidelines as they are adopted in the SOPs.
3. EMS personnel may only administer/handle approved drugs in dosages and routes to their level of certification as outlined in the Region X SOPs or with verbal orders from OLMC.
  - a. All patients receiving administration of controlled substances, including, but not limited to, morphine, fentanyl, midazolam, or ketamine, must be placed on capnography to monitor for respiratory depression.
  - b. EMS personnel must complete a witnessed waste of any remaining controlled substances and document it in the patient care report.
    - i. The preferred witness to waste is a registered nurse at the receiving facility.
      1. If unable to obtain an RN witness, another ALS provider on the call for service may be witness to waste
    - ii. EMS personnel shall complete a Witness to Waste form in ESO to include the amount wasted (mg or mcg), and the witness's signature.
4. Drugs stocked for EMS use shall be of suitable quality, quantity, concentration, and formulation for approved routes of administration per the SOPs and ALS Medication List. Only those drugs listed in the SOPs, the ALS Medication List, or approved by the EMS Medical Director in written format shall be carried on EMS vehicles and given by NMnrEMSS personnel.
5. Drugs shall be issued and stored in their original manufacturer's packaging or if reformulation is necessary, in packaging produced and labeled by a hospital pharmacist.
6. EMS personnel shall be responsible for checking their drugs and solutions daily to ensure that there are sufficient numbers of each in accordance with the ALS Medication List, that the packaging is System appropriate and intact, and that they are well within their expiration dates.



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- a. Drug Replacement: controlled and non-controlled
  - i. At least ten working days from the drug expiration date, EMS personnel shall submit a Pharmacy Restocking Form to the System for replacement directly from the Pharmacy.
  - ii. The Pharmacy will complete the order and contact EMS personnel for pickup within five working days from completion.
  - iii. EMS personnel are not to replace expired drugs from the ED supply or the EMS pyxis.
  - iv. All drugs and solutions should be checked for compliance with EMS specifications before being placed into service, including but not limited to expiration within 30 days of receipt, differing concentrations, and approved drugs for shortages.
- b. Drug Procurement: new ALS vehicle
  - i. Non-controlled drugs shall be ordered from the Pharmacy before System ALS vehicle inspection. EMS personnel shall submit a Pharmacy Restocking Form to the System requesting a full complement of non-controls per the appropriate ALS Vehicle Medication List.
  - ii. Controlled substances shall be issued by the System following a successful ALS inspection.
  - iii. Note: If the new ALS vehicle replaces a previous ALS vehicle, drugs may be transferred from the previous vehicle to the new vehicle.
- c. Drug Restocking: one-for-one exchange
  - i. Both controlled and non-controlled drugs used for patient care must be restocked in a one-for-one exchange at the receiving facility. Follow each individual facility process for exchange.
  - ii. If the receiving facility is unable to restock during business hours, EMS personnel may submit a Pharmacy Restocking Form and the completed patient care report to the Resource Hospital pharmacy for restocking. If medications must be restocked after hours, please contact the EMS Coordinator or restock the medications the following day.
  - iii. The Resource Hospital pharmacy must restock non-controlled drugs used for a patient not transported via EMS. EMS personnel must submit a Pharmacy Restock Form and the patient care report to the System for replacement.



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- d. Drug Restocking: broken vials or damaged seals
  - i. Non-controlled drugs that are broken or are found to have damaged seals may be removed from the EMS vehicle and disposed of. For replacement, EMS personnel must submit a Pharmacy Restock Form to the System and pickup from Pharmacy when completed.
  - ii. Controlled substances found to be broken or with damaged seals must be reported to the department Medical Officer immediately. Medical officers should contact the EMS Coordinator for replacement. Broken/damaged vials should be kept until after replacement.
7. Provider Chiefs/Administrators or their designees are responsible and accountable for the day-to-day safe and secure handling of drugs within the operational environment of their agency. They must ensure that staff understand and are competent to carry out the duties described in this policy.
8. Hospitals and EMS providers shall take all reasonable precautions to mitigate risks to patients and staff arising from the use of drugs, including but not limited to the safe use and security of those items.
  - a. Controlled substances are permitted to be stored in a drug bag, providing they are stored separately from non-controlled substances and are secured with a tamper-evident device such as a plastic seal.
  - b. Controlled substances stored in an EMS Vehicle must be kept in "a securely locked cabinet of substantial construction." This requirement extends to storage within the EMS Agency facility if medications are removed from vehicles for storage.
    - i. Vehicles must be secured if not occupied or parked in a secure building.
    - ii. Vehicles taken out of service for maintenance should have controlled substances removed and secured in the station. These medications shall still have a daily check performed and documented.
    - iii. Controlled substances can only be carried or stored in ALS-licensed vehicles.



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- iv. It is strongly recommended, though not mandated, that the EMS Agency utilizes available technology for electronic monitoring of access to controlled substances. This technology allows the provider to limit access to controlled substances to a select number of authorized individuals and real-time tracking of which individuals have accessed these substances.
- c. EMS personnel must maintain daily controlled substance logs and administration logs on every vehicle with controlled substances, including vehicles that are out of service or not staffed.
  - i. Controlled substance logs will be signed by both incoming and outgoing ALS providers and will include the following information:
    - 1. Vehicle identifiers
    - 2. Seal number (if applicable)
    - 3. Drug quantities/concentrations
    - 4. Provider name/signature
  - ii. A department officer will sign as the second provider if there is no incoming ALS provider to sign the controlled substances log.
  - iii. The administration log will include, at minimum, the medication used, the provider's signature, and the run number documented on the patient care report.
  - iv. Inventory and administration discrepancies must be addressed immediately and reported to the EMS Agency Administration and the EMS System Coordinator for investigation.
  - v. Suspicion of controlled substance diversion must be immediately reported to the EMS Agency Administration and EMS System Coordinator.
- d. Controlled substance logs will be maintained monthly and filed for at least two years.
  - i. Controlled substance logs must be forwarded to the EMS offices by the end of the following month for record-keeping.
  - ii. These logs must also be kept in-station and available for audit.
  - iii. If a department obtains technology to monitor, track and secure controlled substances electronically and wishes to use it in place of a written controlled substances, log, a written plan for controlled substance tracking and inventory must be submitted to the EMS System for approval.



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