



CSEMS / TJEMS Regional Drug Box Program Best Practices

Updated: May 16, 2011



The Regional Drug Box Program Best Practices relate to the use of the CSEMS/TJEMS regional medication and IV kits. These best practices serve to provide regional guidance on the acquisition, storage, usage and maintenance of the drug box system. Local pharmacies may issue policies that supersede or supplement these best practices. The success of the regional drug box program is based on the full understanding and support of the system by EMS providers, hospital pharmacists, Operational Medical Directors and emergency department attending physicians. Please contact the CSEMS Council at (540) 886-3676 or the TJEMS Council at (434) 295-6146 if you have any questions or need assistance.

1.1 Broken Drug Box Seals

Drug boxes are to be sealed at all times. Should a seal be accidentally broken, or a drug box opened but not used, the drug box should be immediately returned to the hospital/pharmacy to be exchanged.

Should an EMS provider find a box with a broken seal, the contents need to be inspected and inventoried. If there are medications missing or the medications appear to have been tampered with, take the following actions:

1. Avoid handling the box.
2. Notify local law enforcement.
3. Notify the hospital pharmacy where the box was packed.
4. Notify the agency Chief or Captain.
5. Complete and file a drug diversion form with the Office of EMS (see 12 VAC 5-31-520, D of the Virginia EMS Rules and Regulations)
http://www.vdh.virginia.gov/OEMS/files_page/regulation/DrugDiversionForm.pdf
6. Have drug box inspection forms ready for police, pharmacy and Office of EMS personnel.

If the seal is on the drug box is discovered missing while performing patient care or after arriving at the hospital:

1. Continue patient care, you may continue to utilize the contents of the box.
2. If the medication needed is not present consider requesting another unit to meet en route, but do not delay transport.
3. Upon arrival at the hospital, notify the E.D. Nursing Supervisor of the problem.
4. Follow the procedures listed above.

1.2 Drug Box Inventory

An inventory of all drug boxes is to be performed by each EMS agency on a routine basis. The inventory should track drug box expiration dates and be performed with a frequency such that drug boxes do not expire. An agency may only exchange two (2) drug boxes at a time. The boxes should be exchanged prior to the expiration date. Regional pharmacies are not expected to exchange drug boxes after hours and on weekends.

1.3 Storage and Security of Medications and Related Supplies

An area used for storage of medications and administration devices and a medication kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage.

Medications and medication kits shall be maintained within their expiration date at all times.

Medications and medication kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior medication storage compartment is maintained within the climate requirements specified in this section.

An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.

An EMS agency shall protect EMS vehicle contents from climate extremes.

Reference: Virginia EMS Regulations 12 VAC 5-31-520.

1.4 Drug Box Acquisition and Entry Into the System

When an agency places an ALS vehicle in service, the agency is required to contact the regional EMS Council office to purchase the necessary drug boxes. Before being placed into the system, the drug boxes are assigned an inventory control number and are labeled by the regional EMS Council office. After receiving inventory control numbers and labeling, the boxes are taken by the agency to the closest pharmacy for initial stocking. The pharmacy will advise when the stocked drug box may be picked up by the agency.

1.5 Drug Box Cleanliness

When a drug box is used, the EMS provider is responsible for disposing of all opened or used sharps and other trash that may be in the box prior to returning the box to the pharmacy for exchange. In addition, the boxes should be clean and free of blood or other body fluids.

Before accepting a drug and/or I.V. box for exchange, pharmacy staff should check to ensure that the box is clean and free of exposed sharps. If it is not, pharmacy staff should advise the EMS provider of this and require the box be cleaned before making the exchange. In the event the box is left at the hospital during hours the pharmacy is not open, or in an ED exchange locker, the receiving pharmacy should contact that agency and request that a representative of the agency respond immediately to clean the box. Pharmacy personnel should also complete a Drug Box Incident Report and forward the report to the regional EMS Council.

1.6 Disposal of Partially-Used Controlled Medications

Partially used controlled medications not administered to the patient will be discarded at the hospital. The disposal must be witnessed by an EMS crew member, registered nurse or pharmacist. The witness must counter-sign the Patient Care Report or designated form, where the advanced life support provider has clearly indicated the medication wasted.

Note: On May 3, 2011, nurses at UVA Medical Center were not witnessing the disposal of partially used controlled medications.

1.7 Drug Box Contaminated with VRE, GRE or MRSA

Procedures for cleaning rescue squad drug boxes that are contaminated with VRE, GRE and MRSA.

1. Two providers will be needed. First provider holds clean basin (obtain from ED staff). Be sure that clean basin is not placed on any contaminated surface. Second provider wears gloves and empties all drugs in plastic bags into clean basin. All drugs that are not in plastic bags will be discarded into Contaminated Materials Boxes.
2. Clean the empty drug box using the hospital-recommended disinfectant and cleaning procedure.
3. Rewrite ambulance report form on a clean form.
 - a. ADD: "Drug box has been decontaminated. Drugs not in plastic bags have been placed in CMC box and drugs in plastic bags have been returned in clean basin."
 - b. If narcotics were not in plastic bags or have been contaminated, waste the drugs in the presence of the shift manager and have shift manager sign as witness.
4. Bring clean drug box, rewritten call sheet (signed by M.D.) and basin of clean drugs to pharmacy for drug box exchange.

1.8 Drug Box Content Problems

From time to time the field provider may open a drug box to find certain medications, fluids or other supplies missing or the box may not be stocked appropriately. In these cases, a Drug Box Incident Report should be completed by the field provider finding the problem. After completion, the form should be returned to the pharmacy in the drug box, a copy should be faxed to the regional EMS Council and a copy should be retained by the EMS agency. "Drug diversion" should also be reported to the Virginia Office of EMS.

If the problem with a drug box is found by pharmacy staff, the Drug Box Incident Report should be completed and forwarded to the regional EMS Council office.

The Drug Box Incident Reports are stocked in the drug boxes and can be downloaded from the regional EMS Council's web sites.