



Regional Medication | Narcotics

Accountability and

Control Policy

FY 2024

Lord Fairfax EMS Council, Inc.
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Winchester, VA 22602
www.lfems.vaems.org

**LORD FAIRFAX EMERGENCY MEDICAL SERVICES COUNCIL, INC.
REGIONAL MEDICATION | NARCOTICS ACCOUNTABILITY AND CONTROL POLICY**

Revision History

Description of Change	Change Effective Date
Original Document	12/2009
Approved by Board of Directors	12/2009
Approved by Board w/minor revisions	2/2011
Approved by Board with revisions	3/2012
Approved by Executive Committee with revisions	3/2013
Approved by Board of Directors	8/2013
Approved by Board of Directors	5/2014
Approved by Executive Committee w/minor revisions	6/2015
Approved by Board w/minor revisions	4/2016
Approved by Executive Committee with minor revisions	6/2017
Approved by Board of Directors with one (1) minor revision	4/2018
Approved by Board of Directors w/minor revision	4/2019
Approved by Executive committee w/no revisions	6/2020
Approved by Board of Directors w/ revisions	5/2021
Approved by the Board of Directors w/no revisions	4/2022
Approved by Board of Directors w/revisions	4/2023

A. Description

In order to provide a medication and controlled substance accountability and control system, the Lord Fairfax EMS Council (LFEMSC) and their Medical Direction Board has adopted the following policy. This policy shall establish regional guidelines for drug and controlled substance exchange, security, and storage.

B. Background

The Commonwealth of Virginia does not license emergency medical service pre-hospital providers. Instead, the Commonwealth of Virginia certifies providers to meet national standards at both the Advanced and Basic Life Support levels. All EMS agencies in the Commonwealth of Virginia are required to have an Operational Medical Director (OMD) who is responsible for proper patient care in the jurisdiction they serve. This responsibility rests through a cooperative effort of the LFEMSC Medical Direction Board. Additionally, part of the system is the administration and oversight of controlled substances, regulated medical devices and their use, security, and control which are governed by the laws of the Commonwealth of Virginia and require rigid security.

C. Goal

Effectively implement a policy within the LFEMSC region regarding the exchange, security, and storage of medication and controlled substances by establishing a Council-wide guideline.

D. Medication Box/Bag Description

The medication boxes/bags in the Lord Fairfax EMS Council region will be described as indicated below:

1. The medication boxes/bags will remain the property of the Lord Fairfax EMS Council for grant accountability. The Council will **not** continue to replace damaged boxes/bags.
2. The LFEMSC or Agency **EMS Physician** approved medication box/bag will be used to store medications on ALS permitted vehicles.
3. A separate controlled substance pack will be used to store ALL controlled substances within the LFEMSC approved medication box/bag.

E. Exchange

1. All agencies in the LFEMSC region **were** required to adopt the one for one medication exchange program by **October 1, 2013**. The pack containing the controlled substances must be exchanged as a complete unit with the appropriate documentation.
2. After the initial Council-wide training, each agency shall be responsible for the training of all new ALS and BLS providers on the one for one medication exchange program prior to the provider being cleared as an Attendant-In-Charge (AIC).

3. The EMS agency in which the EMS vehicle is permitted to and its providers shall be responsible for replacing used and/or expired medications.
4. The agency which the vehicle is permitted to shall be responsible for the medications, regardless of volunteer or career staffing.
5. Medications shall be exchanged or replenished prior to the expiration date or per Pharmacy recommendations and utilizing the correct form.
6. The agency the EMS vehicle is permitted to will be responsible and billed for any damaged and/or expired medications.
7. This policy shall not replace any existing policies regarding required signatures for medication or controlled substance utilization.
8. The Pre-Hospital Patient Care Report (PPCR) or Electronic Patient Care Report (e-PCR) with the physician signature for medication utilization shall be left in the designated location to account for all medication utilization within 12 hours.
9. The licensed physician whose name appears on the Board of Pharmacy license shall supervise the one for one medication exchange program in the LFEMSC region.
10. The Regional EMS Systems Coordinator will be the primary contact between the LFEMSC region, the licensed physician whose name appears on the Board of Pharmacy license, and the Virginia Board of Pharmacy. All questions and problems will be reported in writing or via email, lfemspi@vaems.org.
11. When an ambulance transports a patient to Sentara Rockingham Memorial Hospital Medical Center and the medication box requires a restock of any content, Sentara RMH has asked that the provider(s) use the appropriate form for medication exchange. An example of this form can be found as Attachment E within this document. The original copy comes in triplicate form. These forms can be obtained at Lord Fairfax EMS Council.

F. Security and Storage

1. The medication boxes/bags shall be sealed and stored within a locked medication compartment onboard the EMS permitted vehicle. When the medication box/bag is removed from the medication compartment, it must be maintained under the control of an ALS or EMT provider.
2. IV supplies shall be stored in a secured, locked compartment.
3. When the unit is out of service temporarily, the medication boxes/bags must be stored in a locked cabinet with access limited to those personnel authorized to have access to the medication boxes/bags.

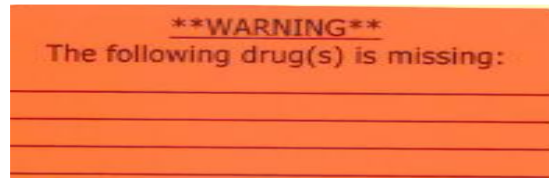
4. The agency the EMS vehicle is permitted to is responsible for ensuring the security of the medication cabinet key or change the cabinet combination when an EMS provider loses his/her privilege to practice EMS or leaves the agency.
5. The medication box/bag and controlled substance pack shall be checked and documented at the start of each duty shift or per schedule approved by the local jurisdiction and Regional EMS Systems Coordinator. The security feature shall be checked for integrity and documented at least weekly. (Example forms are included as Attachment A – daily/weekly/shift or Attachment B weekly and Attachment C-- monthly). This documentation shall be maintained by the responsible agency and be made available for review by the Regional **EMS Physician** and Regional EMS Systems Coordinator upon request.
6. The medication box/bag and controlled substance pack shall be inventoried at least monthly to verify box accuracy and medication expiration. (An example form for documenting monthly inventories is included as Attachment C—monthly and Attachment D—Expiring Inventory Exchange Form). This documentation shall be maintained by the responsible agency and made available for review by the Regional **EMS Physician** and Regional EMS Systems Coordinator upon request.
7. Any time that the controlled substance pack is removed from storage on the EMS unit, it shall be maintained by a released ALS provider or stored in accordance with the Virginia Board of Pharmacy Regulations.
8. All un-used, drawn up controlled substances shall be disposed of in accordance with the Regional Administrative Policies and Procedures within the Pre-Hospital Standard Patient Care Treatment Protocols and shall be documented on the PPCR or e-PCR and signed by the provider and witnessed by another appropriate source. There is to be no opened or drawn up controlled substance sent to the pharmacy.
9. The electronic health record shall have the original signature of the physician and EMS provider. Electronic signatures are not valid according to the Virginia Board of Pharmacy.
10. Agencies are responsible to ensure that IV supplies, medications, and controlled substances are stored in such a manner that they will not undergo extreme temperatures or extreme temperature changes, as per Virginia EMS Regulations, 12 VAC5-31-520 “Storage and security of medications and related supplies”.
11. At a minimum, the agency the EMS vehicle is permitted to shall follow the Virginia Board of Pharmacy Regulations for proper storage and security of all medications.
12. Each agency is encouraged to use, as needed, additional security measures for the medication boxes/bags, i.e. security numbered locking mechanisms.
13. The Chief Rescue Officer or Chief Operating Officer shall have the responsibility for maintenance, storage, and security of the medication boxes/bags.

G. Medication Shortage

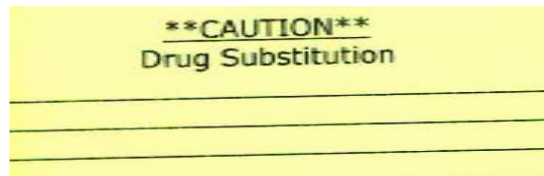
The hospital pharmacist-in-charge has the authority to alter the quantities of medications supplied, concentration of a medication, or substitute another medication within the same class of medications due to shortage.

The pharmacist or pre-hospital provider shall place a sticker on each box/bag when a change has occurred. These stickers have been created and disseminated throughout the Lord Fairfax EMS Council Region, a supply will be kept in each medication box for instant indication of any change.

Shortage/Substitution Sticker information is as follows:



- 1) The Orange sticker indicates that the medication(s) is missing from inventory due to shortages, when there is no substitution for the medication available.



- 2) The Yellow sticker indicates that a substitution has been made for a medication when the original one used is not available for restock.

Attachment A – Daily/Weekly/Shift

_____ COUNTY / CITY
DAILY/WEEKLY/SHIFT MEDICATION BOX BAG VERIFICATION FORM
STATION / BATTALION _____

WEEK: _____ TO: _____

UNIT: _____ DATE: _____

	MON	TUE	WED	THUR	FRI	SAT	SUN
BOX#							
SEAL#							
EXPIRES							
INITIAL							
BOX#							
SEAL#							
EXPIRES							
INITIAL							
BOX#							
SEAL#							
EXPIRES							
INITIAL							
BOX #							
SEAL#							
EXPIRES							
INITIAL							
BOX#							
SEAL#							
EXPIRES							
INITIAL							
BOX#							
SEAL#							
EXPIRES							
INITIAL							

Attachment B – Weekly

_____ COUNTY / CITY WEEKLY MEDICATION BOX BAG VERIFICATION FORM STATION / BATTALION _____

UNIT: _____ MONTH/YEAR: _____

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
BOX#					
SEAL#					
EXPIRES					
INITIAL					
BOX#					
SEAL#					
EXPIRES					
INITIAL					
BOX#					
SEAL#					
EXPIRES					
INITIAL					
BOX#					
SEAL#					
EXPIRES					
INITIAL					
BOX#					
SEAL#					
EXPIRES					
INITIAL					

Attachment C – Monthly Inventory

_____ COUNTY / CITY MONTHLY MEDICATION INVENTORY
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Date of Inventory: _____ ALS Tech: _____

Company: _____ Unit: _____

Med Box # _____

Med Box Security Tag # _____

Controlled Substance Pack Security Tag # _____

ITEM DESCRIPTION	Quantity Requested		ITEM DESCRIPTION	Quantity Requested
Acetaminophen			Methylprednisolone (Solu-Medrol) 125mg act-o-vial (2)	
Adenosine vial (3)			Metoprolol 5mg/5mL ampule (3)	
Albuterol Sulfate 2.5mg/3mL (5)			Midazolam (Versed) 5mg/1mL vial (2)	
Amiodarone 150mg/3mL vial (3)			Morphine Sulfate 10mg/mL vial (2)	
Aspirin 81mg tablets (1 bottle)			Naloxone (Narcan) 4mg/10mL vial	
Atropine 1mg/10mL syringe (3)			Naloxone (Narcan) 0.4mg/1mL vial	
Calcium Chloride 100 mg (1)			Nitroglycerin Ointment 2% with paper (2)	
Cefazolin (Ancef®) 1 gm vial			Nitroglycerin 0.4mg (SL) tablets 25 ct. (1 bottle)	
Dextrose 50% 50mL syringe (2)			Norepinephrine (Levophed®) 4mg	
Diltiazem (Valium®) 50 mg vial			Ondansteron (Zofran) 4mg/2mL 2mL vial (2)	
Diphenhydramine (Benadryl) 50mg vial (1)			Ondansteron (Zofran) 4mg ODT (2)	
Dopamine premixed 800mg/250mL 3200mcg/mL (1)			Promethazine (Phenergan®) 25mg	
Epinephrine 1:1,000 ampules(2)			Sodium Bicarbonate 50mEq/50mL syringe (2)	
Epinephrine 1:1,000 30mL vial (1)			Tranexamic Acid (TXA) 1,000mg/10mL (optional)	
Epinephrine 1:10,000 prefilled syringe (4)				
Epinephrine Auto Injector 0.15mg (1)			IV FLUIDS	
Epinephrine Auto Injector 0.3mg (1)			0.09% Normal Saline 1,000 mL (1)	
Fentanyl 100mg/2mL (2)			Dextrose 5% 100mL bag (1)	
Glucagon 1mg/mL vial (2)			IV DRIP SET	
Haloperidol 5mg/mL (2)			MicroDrip Set – 60gtts	
Hydroxocobalamin (Cyanokit®)5g/200mL(1)			COMMENTS:	
Ipratropium Bromide (Atrovent) 0.5mg/2mL (1)				
Ketamine (Ketalar) 500mg/10mL (1)				
Lidocaine 1% or 2% 40mg/2mL vial (1)				
Magnesium Sulfate 1gm/2mL vial (4)				

Attachment D- Expiring Inventory Exchange Form

Expiring Medication Exchange Form (4/2023)

City County	
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MONTHLY MEDICATION INVENTORY

Date: _____	ALS Prov. _____	Unit: _____	Company _____
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Med Box #: _____	Med Box Security Tag #: _____
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Controlled Substance Pouch Security #: _____
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ITEM DESCRIPTION	Quantity Requested		ITEM DESCRIPTION	Quantity Requested
Acetaminophen			Metoprolol 5mg/5mL ampule (3)	
Adenosine vial (3)			Midazolam (Versed) 5mg/1mL vial (2)	
Albuterol Sulfate 2.5mg/3mL (5)			Morphine Sulfate 10mg/mL vial (2)	
Amiodarone 150mg/3mL vial (3)			Naloxone (Narcan) 4mg/10mL vial	
Aspirin 81mg tablets (1 bottle)			Naloxone (Narcan) 0.4mg/1mL vial	
Atropine 1mg/10mL syringe (3)			Nitroglycerin Ointment 2% with paper (2)	
Calcium Chloride 100 mg (1)			Nitroglycerin 0.4mg (SL) tablets 25 ct. (1 bottle)	
Cefazolin (Ancef®) 1 gm vial			Norepinephrine (Levophed®) 4mg vial	
Dextrose 50% 50mL syringe (2)			Ondansteron (Zofran) 4mg/2mL. 2mL vial (2)	
Diltiazem (Valium®) 50 mg vial			Ondansteron (Zofran) 4mg ODT (2)	
Diphenhydramine (Benadryl) 50mg vial (1)			Promethazine (Phenergan®) 25mg Vial	
Dopamine premixed 800mg/250mL 3200mcg/mL (1)			Sodium Bicarbonate 50mEq/50mL syringe (2)	
Epinephrine 1:1,000 ampules(2)			Transexamic Acid (TXA) 1,000mg/10mL (optional)	
Epinephrine 1:1,000 30mL vial (1)				
Epinephrine 1:10,000 prefilled syringe (4)			IV FLUIDS	
Epinephrine Auto Injector 0.15mg (1)			0.09% Normal Saline 1,000 mL (1)	
Epinephrine Auto Injector 0.3mg (1)			Dextrose 5% 100mL bag (1)	
Fentanyl 100mg/2mL (2)			IV DRIP SET	
Glucagon 1mg/mL vial (2)			MicroDrip Set – 60gtts	
Haloperidol 5mg/mL (2)			COMMENTS: PLEASE FAX 24 HOURS PRIOR TO PICK-UP Fax (540) 536-8948	
Hydroxocobalamin (Cyanokit®)5g/200mL(1)				
Ipratropium Bromide (Atrovent) 0.5mg/2mL (1)				
Ketamine (Ketalar) 500mg/10mL (1)				
Lidocaine 1% or 2% 40mg/2mL vial (1)				
Magnesium Sulfate 1gm/2mL vial (4)				
Methylprednisolone (Solu-Medrol) 125mg act-o-vial (2)				

Medication Exchange Form (rev. 12 April 2023)

Patient Sticker or
Name: _____
DOB: _____

Agency:	Box #:	Incident #:	Date of incident:
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Controlled Medication Usage		
Medication Name	Amount Administered	Amount Wasted
Diazepam (Valium®) 10mg/2mL (2)		
Fentanyl (Sublimaze®) 100mcg/2mL (2)		
Midazolam (Versed®) 5mg/1mL (2)		
Morphine 10mg/1mL or 2mL (2)		
Ketamine (Ketalar®) 500mg/10mL (1)		

ALS provider (print):	Signature:
EMS Crew Witness (print):	Signature:
Physician (print):	Signature:

Non-controlled Medication Usage			
Medication	Qty used	Medication	Qty used
Acetaminophen (Tylenol) 325 mg		Glucagon (Glucagen®) 1mg	
Adenosine (Adenocard®) 6mg/2mL (3)		Haloperidol (Haldol®) 5mg/1mL (2)	
Albuterol (Proventil®) 2.5mg/3mL (5)		Hydroxocobalamin (Cyanokit®) 5g/200mL (1)	
Amiodarone (Cordarone®) 150mg/3mL (3)		Ipratropium Bromide (Atrovent®) 0.5mg/2.5mL (1)	
Aspirin 81mg chewable		Ketorolac Tromethamine (Toradol®) 30mg/1mL	
Atropine 1mg/10mL (3)		Lidocaine (Xylocaine®) 40mg/2mL (1)	
Calcium Chloride 10% 1g/10mL (1)		Magnesium Sulfate 1g/2mL (4)	
Cefazolin (Ancef®) 1 gm vial		Methylprednisolone (SoluMedrol®) (2)	
Dextrose (Glucose®) 25g/50mL (2)		Metoprolol (Lopressor®) 5mg/5mL (3)	
Dextrose 5% 100mL		Naloxone (Narcan®) 4mg/10mL (1)	
Diltiazem (Cardizem®) Vial 50 mg/1mL		Nitroglycerin (Nitropaste, Nitro-Bid) 1g (2)	
Diphenhydramine (Benadryl®) 50mg/1mL (1)		Nitroglycerin (Nitrostat®) 0.4mg (one bottle)	
Dopamine (Intropin®) 800mg/250mL (1)		Norepinephrine (Levophed®)	
Epinephrine 1:1,000 1mg/1mL (2)		Ondansetron (Zofran®) 4mg/2mL (2)	
Epinephrine 1:1,000 30mg/30mL (1)		Ondansetron (Zofran®) 4mg tablets	
Epinephrine 1:10,000 1mg/10mL (4)		Promethazine (Phenergan®) 25mg/1mL	
EpiPen® 0.3mg (Not provided by RMH)		Sodium Bicarbonate 8.4% 50mEq/50mL (2)	
EpiPen Jr.® 0.15mg (Not provided by RMH)		Tranexamic Acid 1000mg/10mL (1)	
Furosemide (Lasix®) 40mg/4mL		Micro Drip (60gtt) set	
		0.09% Normal Saline 1000mL	

See Back

EMS Crew Member (print):	Sign:
Pharm. Tech (Print):	Sign:
Pharmacist (print):	Sign:

Pharmacy Fax Numbers

PAGE MEMORIAL HOSPITAL, PHARMACY	(540) 743-8029 (NOT THE FAX #)
SENTARA ROCKINGHAM MEMORIAL HOSPITAL, PHARMACY	(540) 689-2414
SHENANDOAH MEMORIAL HOSPITAL, PHARMACY	(540) 459-1103
WARREN MEMORIAL HOSPITAL, PHARMACY	(540) 636-0345
WINCHESTER MEDICAL CENTER, PHARMACY	(540) 536-7819