

## **Appendix B**

### **REGIONAL DRUG & IV BOX POLICY (Including MMRS WMD Antidote Kits)**

#### **Documentation of Use**

The Prehospital Patient Care Report (PPCR) is a legal document that must be completed after each and every ambulance call. Its completeness and accuracy are vital to the patient's health care record and provides legal documentation of the provider's actions. It also acts as a vital component in the exchange process of drug and IV boxes in the TEMS region. Each PPCR must be legible and comprehensive.

The PPCR must not only include written documentation of details about the patient's condition, but also basic and advanced techniques performed and pharmacological agents used. On the PPCR form there are several blocks specifically designed for the documentation of ALS adjuncts and techniques. During an ALS call it is imperative that these blocks be filled out thoroughly, with a strong emphasis on attention to details. Each IV and/or drug box number used in patient care needs to be documented on the PPCR as well.

After the EMS provider has completed the PPCR, it should be reviewed for completeness. In all cases where ALS techniques or pharmacological agents were used or ordered, the form is then taken to the attending physician, physician assistant or nurse practitioner for review and signature. After one of these individuals has signed the PPCR, one copy is left in the emergency department for the patient's records and another copy is used for the exchange of drug and/or IV boxes.

#### **Exchange Procedure**

If an IV or drug box was used or opened inadvertently, the prehospital care provider then proceeds to the Pharmacy or designated area for box exchange. Please note on the PPCR that there is a place for the pharmacy staff to sign documenting accountability for the narcotics in the used drug box. Anytime the drug box is opened during the call, the pharmacy staff should review the narcotic contents of the box at the time of the exchange and sign in the appropriate space. This area is just below the accounting of drug and IV box numbers used in the ambulance call.

The new drug or IV box received during the exchange process needs to be documented on the PPCR and a copy left inside the used box for the pharmacy staff. If more than one box is used, all box numbers should be noted on the PPCR.

Review/No revisions, EMS Medical Operations Committee / Nurse Managers, Re-approved OMD Committee, September 2009

SOP Center

## Quarterly Inventory and Reporting

To ensure accountability for the regional prehospital drug, RSI (if applicable) and IV box inventory system, the following policy is adopted:

1. All licensed ALS agencies will perform an inventory of all drug, RSI (if applicable) and IV boxes located within their systems on a quarterly basis. This inventory will be completed on the **third Wednesday** of each **March, June, September and December** by **4:30 p.m.** Once completed, a copy of the inventory will be forwarded to the TEMS office ASAP.

**NOTE:** Norfolk Fire and Rescue will be responsible for Sentara Norfolk General Hospital, Sentara Leigh Hospital, and Bon Secours DePaul Medical Center.

Children's Hospital of the King's Daughters will report their own inventory.

Chesapeake Fire Department will be responsible for Chesapeake General Hospital.

Virginia Beach Emergency Medical Services will be responsible for Sentara Bayside Hospital, Sentara Virginia Beach General Hospital and Sentara Princess Anne.

Portsmouth Fire and Rescue will be responsible for Bon Secours Maryview Medical Center.

Nansemond-Suffolk Volunteer Rescue Squad / Suffolk Fire-Rescue will be responsible for Sentara Obici Hospital, Bon Secours Health Center at Harbour View, and Sentara BelleHarbour.

Franklin Fire and Rescue will be responsible for Southampton Memorial Hospital.

Tidewater Navy Emergency Medical Services will be responsible for Naval Medical Center Portsmouth and all branch medical clinics.

The Eastern Shore Field Coordinator will be responsible for obtaining the inventories for the Eastern Shore agencies including Shore Memorial Hospital.

2. The TEMS staff, on a quarterly basis will review the drug box and IV box inventory and accountability system to ensure compliance by all regional agencies.

### **Quarterly Inventory Reporting Non-Compliance**

- 1 Failure to report: letter from TEMS to the agency's administrator, with a copy to the agency's operational medical director, outlining the discrepancy and the necessary corrective action.
- 2 Second consecutive failure to report: A panel will be convened to review discrepancies and make a final determination about the agency's continued participation in the regional IV and drug box exchange program.

### **Box Repairs; Adding New Boxes**

1. Any agency, when placing any additional ALS vehicles in service in the TEMS region, will be required to purchase two (2) each drug boxes and two (2) each IV boxes per vehicle. (One box of each type for each vehicle, and one box of each type for system exchange to be placed in a local hospital if needed or in surplus for rapid availability.)
2. When placing additional drug or IV boxes into service, agencies will contact the TEMS office and request an inventory number be assigned to the box. It will be the responsibility of the agencies to bring the new box to the TEMS office to have the appropriate TEMS inventory control tag placed on the box.
3. When an IV or drug box is damaged notify the TEMS office. The TEMS staff will make arrangements for pickup and repair or replacement of a box.

Review/No revisions, EMS Medical Operations Committee / Nurse Managers, Re-approved OMD Committee, September 2009

## MMRS WMD ANTIDOTE KIT INVENTORY & STORAGE

### Inventory

To ensure accountability for the WMD Antidote Kit inventory system, the following policy is adopted:

- 1 All licensed ALS agencies will perform an inventory of all WMD Antidote Kits located within their systems on a quarterly basis. This inventory will be done on the **third Wednesday** of each March, June, September, and December, and will be completed by **4:30 p.m.** Once completed, a copy of the inventory including the \*box number(s) and \*\*temperature indicator reading(s) will be forwarded to the TEMS office ASAP.
- 2 The TEMS staff, on a quarterly basis will review the antidote kit inventory and accountability system to ensure compliance by all agencies. Any agency not in compliance will be reported immediately to their operational medical director and the MMRS program manager. Inventory and storage conditions will be compiled on a quarterly basis and reviewed by the MMRS healthcare committee.
- 3 The TEMS staff or its appointee will perform a visual audit of all WMD Antidote Kits no less than annually.

### Storage

- 1 Must be stored in a locked cabinet or room. Kits will have tamper evident, breakable, numbered security lock.
- 2 Must be stored at controlled room temperature, defined as 68-77 degrees F with excursions between 59-86 degrees F. Temperature indicator will be affixed to case.
- 3 Must be readily accessible 24 hrs/day, 7 days/week. Must be able to transport immediately to an incident.

\*Kit numbers are located to the left of the carrying handle just below the bar code. \*\*  
Temperature indicators are located above the box-carrying handle.