

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DRUG REQUIREMENTS AND REPLACEMENT

POLICY:

This policy addresses the System's drug requirements and drug replacement process between the System's Vehicle Service Provider agencies and the receiving hospital facilities. Drugs will be replaced on an item-for-item basis. See Policy 300-4, 300-5, 300-6, and 300-9 for required medication lists.

I. Drug Exchange

- A. Each System Resource, Associate and Participating Hospital will replace all drugs used by a System authorized Vehicle Service Provider agency during the course of an ambulance run that terminates at the receiving hospital. The exchange will take place in the Emergency Department, or designated area of the receiving hospital after the termination of the run. All Region/System drugs (per the SMOs) will be exchanged on a one-for-one basis. Costs for additional supplies dispensed at the time of the run will be deferred to the Vehicle Service Provider agency.
- B. When an agency transports to an out of system hospital, it is the agency's responsibility to obtain a one-for-one drug supply exchange. If the drug supply exchange cannot be completed at the receiving hospital, the provider agency must obtain the proper supplies as soon as possible, either through an Associate or Resource Hospital.
- C. To replace expiring or order new drugs, print the most current Pharmacy Order Form directly from www.silvercrosssems.com (NEVER USE OLD COPIES) and fax it to the Silver Cross Pharmacy. Wait 24 hours then bring the form to pick-up pre-ordered drugs. Expired narcotics **must be exchanged** at Silver Cross Hospital's pharmacy by bringing the expired vials on a one-for-one basis. The System may take expired non-scheduled System drugs for training. New vehicle narcotics must be obtained through Silver Cross Pharmacy with a script from the System's EMSMD.
- D. The FDA may extend the expiration date of a drug by name and lot number. The System allows our Vehicle Service Provider agencies to utilize the FDA's website to carry a drug past its expiration date only if verified on the FDA's website: [Search List of Extended Use Dates to Assist with Drug Shorthttps://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortagesages](https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortagesages) | FDA. A printed copy of the FDA's verification showing drug name, lot number, and extended expiration date must be kept with the drug.
- E. System Agency inventory/inspections of drug box contents and **non**-scheduled drugs must be completed at a minimum of once per month by System authorized EMS Personnel.
- F. Scheduled drugs (i.e. Versed, Fentanyl, and Ketamine) must be accounted for on a daily basis, at the start of every shift by the ALS EMS personnel assigned. EMS personnel may be suspended/removed from the System for non-compliance. The scheduled drugs must be locked under 2 (key, code, or biometric) locks AND must have a **tightened** break away tag to allow for a tamper-proof system of accountability. **ANY DISCREPANCY INCLUDING ANY SHORTAGE OR EVIDENCE OF TAMPERING MUST BE REPORTED IMMEDIATELY TO THE SYSTEM USING THE OUT-OF-BALANCE REPORT FORM.** System Agencies are responsible for the security of their drug boxes and their contents at all times.
- G. Agencies must retain original drug box inventory forms and Controlled Substance Inventory Logs for not less than 2 years and shall make them available to the System/IDPH upon request.

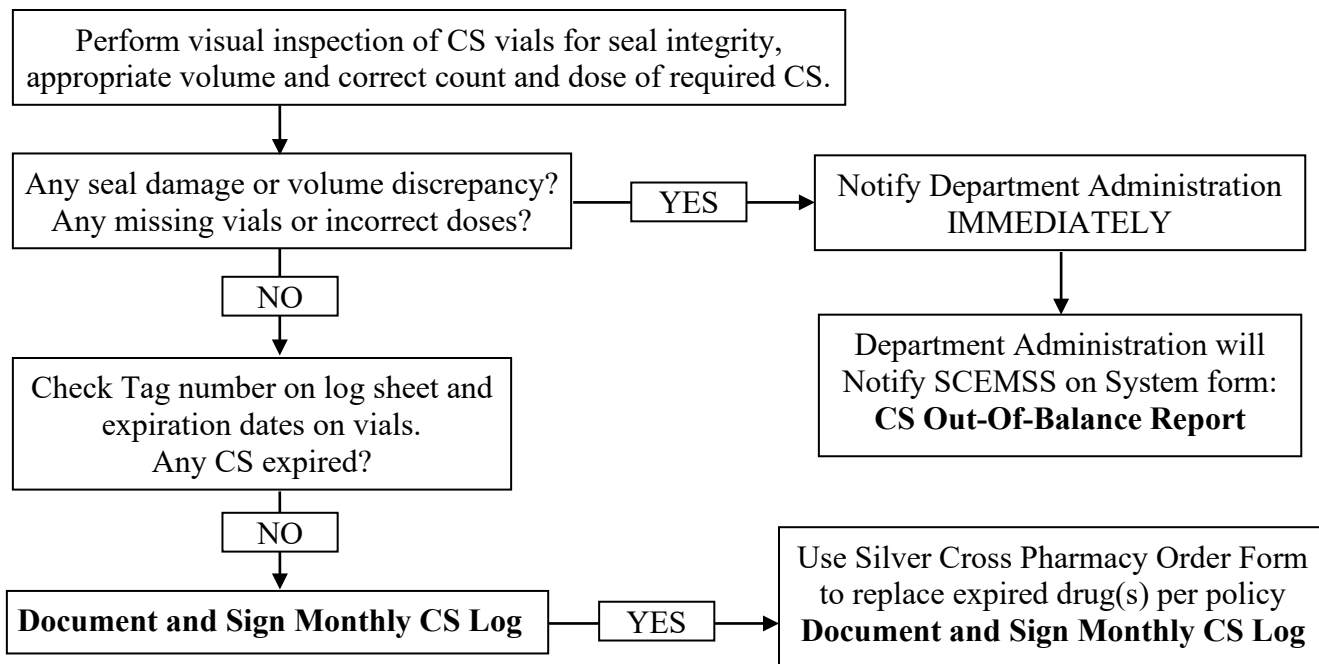
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II. MONTHLY CONTROLLED SUBSTANCE (CS) INVENTORY LOG

Agencies must use the attached Monthly CS Inventory Log only. EVERY TIME a CS is used it must be documented on the Log and on the PCR with the amount used and amount wasted. Wasted drugs must be witnessed by at least 2 people and documented on the PCR. One Log form per licensed ALS and CCT vehicle is required. The agency will send an electronic copy of the Log form to the System on a monthly basis **by the 25th of the following month.**

DOCUMENTATION AND INSPECTION

Administration of Controlled Substances (CS) will be uniformly documented to accurately reflect usage and waste. CS will be visually inspected for seal damage and volume discrepancies.



SCEMSS will audit each unit to assure proper procedure and documentation of CS administration. Audits may be random and/or at time of annual IDPH inspection.

EMS Agencies shall forward complete Monthly CS Inventory Logs to SCEMSS on a monthly basis by the 25th day of the following month.

Vehicles that are out-of-service (OOS) should have their controlled substances secured and shall document OOS with signature each OOS day on the Monthly CS Inventory Log.

Investigations that lead to the theft or diversion of Controlled Substances shall have a report filed with Police as indicated on the Out-of-Balance form. **The System will notify IDPH REMSC.**

**ATTACHMENTS: 300-3c PHARMACY ORDER FORM
300-37d MONTHLY CONTROLLED SUBSTANCE INVENTORY LOG**

EFFECTIVE DATE: 08-15-89

REVISED DATE: 01-09-24

Silver Cross EMS System

CONTROLLED SUBSTANCE OUT-OF-BALANCE REPORT

This form is to be used for any instance of shortage, broken, missing, lost, or stolen CS drugs. This includes replacement narcs for patient's not transported to a hospital (deceased/Air).

Out-of-Balance controlled substance (check one)

- Fentanyl 100mcg/2ml
 Ketamine 500mg/10ml
 Versed 10mg/2ml
 Versed 5mg/ml

Out-of-Balance discovered Date _____ Time _____

Department _____ Vehicle Plate# _____

Paramedic Name _____ System# _____ Signature _____

Name of Department Administrator Notified _____

Out of Balance occurred due to Out-of-State hospital not replacing **OR** used on a patient that SCEMSS agency did NOT transport (patient deceased/helicopter transported). Skip Investigation section and email this form and PCR, to the System Manager and Operations Coordinator.

Investigation required for all other shortages or possible tampering.

- Confirm accuracy of the Monthly Controlled Substance Inventory Log signatures and tag numbers. Review PCRs for every patient that received Controlled Substances and compare date, dose and waste accuracy to Log. Attach relevant PCRs and Monthly Controlled Substance Inventory Logs to this submission.
- If Out-Of-Balance still not corrected, attach a separate list of all Paramedics working on this unit since the last accurate drug count.
- Attach a narrative with an explanation from the previous documented paramedic(s) and the current documented paramedic(s) citing what occurred to cause the out-of-balance between when they signed the form and now.
- If possibility of tampering or stolen vials, attach copy of police report.
- Submit this form and required attachments to the Operations Coordinator within 24 hours.

Comments from Agency _____

System resolution _____

Replacement CS Meds will only be issued once this form and required documents are received.