

**Chapter:** 700  
**Section:** 700.03  
**Effective Date:** 05/15/2023  
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**Related Guidelines:**  
**Issued By:** Interim Fire Chief, Miles Allen  
**Related Forms:** Administrative Form #1: Organizational Roles, Logistics Form #1: Medication Tracking Record, Logistics Form #2: Medication Discrepancy Reporting Form

### **Purpose**

The Pharmacy Manual is designed to be a reference for all Douglas County Fire/EMS Department personnel in order to identify and insure safe and accurate medication ordering, preparation, distribution and control.

### **Scope**

All Douglas County Fire/EMS Department personnel.

### **Procurement**

Purchase of routine pharmaceuticals is made through online ordering by blanket purchase order. Controlled substances are ordered by email to the contract pharmacy.

Payment will be submitted through Douglas County Finance and Accounting after receipt confirmation, net 30 billing. The Medical Director shall furnish a copy of current Georgia medical license and Drug Enforcement Administration documentation to all approved vendors. Form DEA 222, signed by the Medical Director, shall be submitted to the contract pharmacy for all schedule II purchases.

### **Receiving**

Items purchased from vendors are shipped to Headquarters via US Postal Service, Federal Express, or United Parcel Service. Controlled drugs shall be picked up in person from the contract pharmacy. Any authorized Douglas County Fire/EMS Department employee may sign for items received. Packing slips and receipts are turned over to administration for payment arrangements.

### **Inventory Check Frequency**

Headquarters - Monthly or more often, if necessary, a medication inventory and expiration dates check will be performed on each field drug kit as well as the central supply cabinet.

Field – Each DCFD drug kit shall be issued with the items listed on **Logistics Form #3: Pharmacy Formulary form** in the quantities prescribed. Inventory shall be taken at shift change or when possession is otherwise transferred. All issued items must be accounted for either by physically present or through documented use. All paperwork MUST be accounted for. Any personnel failing to complete the inventory requirements and inclusions of appropriate PCR documentation will be held accountable and may be subject to disciplinary action.

### **Distribution to Field Personnel**

Only personnel designated as a Pharmaceutical Officer (Refer to **Administrative Form #1: Organizational Roles**) are permitted to dispense pharmaceuticals.

Restocking is usually done on a weekly basis. Restocking may be done at Headquarters during regular business hours: Monday through Friday, except holidays and lunch hours, from 08:00 to 17:00.

Routine: ALS units will come to Headquarters to restock drug kits on Thursday during regular business hours or as needed Monday through Friday during regular business hours. Documentation of items used is presented to logistics either from the DCFD drug box report in Image Trend or by **Logistics Form #1: Medication Tracking Record**.

Personnel should contact the Logistics Administrator prior to coming to headquarters unless previously discussed or scheduled.

Alternate:

- The Logistics Administrator or designee may elect to deliver non-scheduled drugs to the stations. All drugs delivered will be secured within the EMS cabinet.
- The EMS Field Supervisors may elect to supply crews with non-controlled drugs. All supplied drugs will be marked through with the supplier's initials on **Logistics Form #1: Medication Tracking Record** with the form retained by the EMS crew.

If a drug kit is below minimum after hours, a spare kit may be issued by the EMS Field Supervisor and the out-of-service kit secured with a white seal and kept in the EMS Field Supervisor's cabinet until restocking can be done. An inventory shall be completed with left with the EMS Supervisor or his/her designee.

### **Storage**

On Advanced Life Support units the kit is to be locked or kept in a locked cabinet if in an unattended vehicle. Keys shall be retained by a responsible crew member. Every effort shall be made to assure a safe environment for storage at stations and on DCFD apparatus to protect from extreme temperature, humidity/moisture, light, damage, or contamination.

Controlled substances issued to ALS units will be kept in a box with a red, numbered seal affixed at the time of issue from central supply. This box will be kept in the drug kit. After being opened by field personnel a white, numbered seal will be placed on the box and the number recorded on the medication tracking log as well as within the ePCR.

If an emergency arises and the paramedic must leave shift without a replacement paramedic, the Station Officer will take custody of the drug kit after conducting an inventory.

All medications will remain in their original packages as required by Georgia Law.

Pre-filled syringes, and multi-dose vials of Sodium Chloride (Normal Saline) as well as Oral Glucose may be stored unsecured (not under lock and key or seal) in Douglas County Fire/EMS Department apparatus. These items may be stored in cabinets, on shelves, in drug and IV boxes and Jump Kits. (Please note written order on file from Dr. Raymond Fowler M.D per direction of Georgia State Office of EMS.

At headquarters, all medications are stored in the pharmacy. New stock should be rotated behind current inventory. Non-schedule items are kept in a locked cabinet in a locked room. Controlled substances are kept in a safe located in the locked cabinet.

The headquarters drugs storage area is temperature and humidity controlled.

The EMS Supervisor cabinet and/or QRV may be stocked with non-scheduled medication to assist crews with medication refilling.

- Medications filled will be documented and retained by the EMS Supervisors until turned into the Logistic Administrator.
- Medications replaced by the EMS Supervisors will be marked through and initialed on the medication tracking form and retained with the EMS crew.

Two spare ALS drug kits and 1 engine drug kit will be maintained at Station 7, in a locked cabinet, assigned to the EMS Supervisor for after hour drug kit exchange. Only authorized personnel will be permitted access and are permitted to exchange them.

If all three of the spare drug kits have been swapped out with used kits, then the EMS Supervisor will notify the Logistics Administrator.

### **Medication Verification**

Any Douglas County personnel who administers medication must verbally verify the medication prior to administration. The first verification shall occur when the medication is taken from the drug kit. The second verification must occur immediately prior to administration. This verification must be stated out loud to your partner or another member of the DCFD team. The verification must include the drug name, dose required and route given.

### **Documentation for Medication Use**

Medication usage shall be documented as follows:

- Within the data fields of the ePCR.
- Within the narrative of the ePCR.
- On the medication tracking form.

### **Waste/Expiration**

Waste – Document in ePCR the drug used, amount administered, expiration date and the amount wasted. A witness, preferable ED personnel, should sign if possible.

Expired Items – Return to headquarters for disposal. Expired items may be offered to DCFD Training or any medical training institution as approved by the Training Division for training purposes. Items not used for training will be taken to the Georgia Bureau of Investigation Headquarters for disposal by incineration.

### **Broken Medications**

In the event a medication is broken or damaged, the following shall apply:

- Document the medication event on the medication tracking form and send a message to “Fire Notifications” explaining the event.
- If the event occurred during patient care, document the medication event within the ePCR.

### **Inventory Discrepancies – Routine**

The following procedures will be conducted if a medication is unaccounted for:

Check the drug kit/ALS unit to see if the item in question was misplaced. Check for ePCR numbers on the Medication Tracking Form to match all items missing from the kit. If the item(s) is/are found or otherwise accounted for, there is no actual discrepancy and operations resume as normal.

If not accounted for, the Station Officer shall complete and submit Logistics **Form #2 Medication Discrepancy Reporting Form**.

### **Inventory Discrepancies – Controlled Substances**

Inventory discrepancies involving controlled substances shall follow the same path as “Inventory Discrepancies – Routine”.

Additionally, if the item is unaccounted for after searching, the drug kit is surrendered to the Station Office and then delivered to the EMS Supervisor. A seal is placed on the kit and the number recorded and included in a inventory discrepancy documentation. Off going personnel and oncoming personnel may be subject to a search of their persons, station, quarters, personal vehicle, etc. by law enforcement officials. Logistics must complete and submit **DEA Form 106**. Instructions from DEA investigators will be followed.

All medication discrepancies which may include missing/broken events are subject to investigation, as required by the state, by a person designated to do so by the Fire Chief. The Medical Director will be made aware of all investigations. Investigations of medication discrepancies may include drug testing for all personnel who could have possibly had access to the drug box.

### **Records**

Dispensing of controlled substances will be reported to the contract pharmacy via email report generated daily through Image Trend. This report will also be delivered to the Logistics Administrator.

The following information is required to be retained at headquarters:

1. Medications received by item description and quantity and date.
2. Medications issued by incident, date, and dispensing medic.
3. Controlled substance records, separate and in addition to routine medications records.
4. Return of expired controlled substances to contract pharmacy.
5. Yearly inspection letter by contract pharmacist.

All written, printed and electronic documentation is to be kept on file for two calendar years, not including the current year. All protected health information will be disposed of by destructive means.

### **Training Medications**

Expired non-narcotic medications can be given to the Training Division for training purposes or for the dissemination to other schools or institutions for training purposes. Medications that have been turned over to the Training Division shall be documented through Central Supply.

When a medication is deemed no longer useable or necessary for training purposes, the medication shall be returned to Central Supply for disposal.