The TJEMS Drug Box Program Best Practices relate to the use of the TJEMS Drug Box. These best practices serve to provide 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 drug box program is based on the full understanding and support of the system by EMS providers, hospital pharmacists, Operational Medical Director and emergency department attending physicians. Please contact Thomas Jefferson EMS Council at (434) 295-6146 if you have any questions or need assistance.

1. Exchanging Used Drug Boxes
   1.1. A printed or written call sheet with documented administered medication must accompany a drug box when being exchanged. Every effort should be made to include the patient’s name, date of birth, incident date and Attendant-in-Charge name. A physician signature is ONLY required if there is a variance from standing protocol. The pharmacy representative will open the outgoing drug box and verify with an EMS provider the count of controlled substances (CII-V) and seal the drug box.

   1.2. If a patient is transported to a hospital not participating in the TJEMS drug box exchange, pronounced dead on scene or transferred to another agency and the drug box cannot be immediately exchanged, the following steps should be taken:
       1.2.1. Verify all unused controlled substances (CII-V)
       1.2.2. Seal the box with a different colored tag not utilized by participating hospitals
       1.2.3. Document new tag number on/in PPCR/ePPCR
       1.2.4. Write “used" across a piece of tape and place on top of box
       1.2.5. Place competed PPCR/ePPCR with used drug box
       1.2.6. Secure drug box in approved area until exchange
       1.2.7. Every effort should be made to exchange used drug box within 48 hours.
2. **Broken Drug Box Seals or Missing Controlled Substances**

2.1. Drug boxes are to be sealed at all times.

2.2. Should a seal be accidentally broken, or a drug box opened but not used, the controlled substances (CII-V) should be immediately verified and the box returned to the hospital/pharmacy to be exchanged.

2.3. Should an EMS provider find a box with a broken seal, the contents need to be inspected and inventoried. If there are controlled substances missing (Fentanyl®, morphine, Ketamine® or Versed®) or the drugs appear to have been tampered with, take the following actions:

   2.3.1. Limit additional handling the box.
   
   2.3.2. Notify local law enforcement.
   
   2.3.3. Notify the hospital pharmacy where the box was packed.
   
   2.3.4. Notify the agency Chief or Captain.
   
   
   2.3.6. Have drug box inspection forms ready for police, pharmacy and Office of EMS personnel.

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

   2.4.1. Continue patient care, you may continue to utilize the contents of the box.
   
   2.4.2. If the drug needed is not present consider requesting another unit to meet en route, but do not delay transport.
   
   2.4.3. Follow the procedures listed above.

3. **Drug Box Content Problems**

3.1. 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 TJEMS (434-295-2009) and a copy should be retained by the EMS agency. “Drug diversion” should also be reported to the Virginia Office of EMS (refer to section 2.3.5).

3.2. If the problem with a drug box is found by pharmacy staff, the “Drug Box Incident Report” should be completed and forwarded to TJEMS.

3.3. The “Drug Box Incident Reports” are stocked in the drug boxes.

4. Drug Box Inventory

4.1. 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) expired drug boxes at a time. The boxes should be exchanged prior to the expiration date. Pharmacies are not expected to exchange expired drug boxes after hours and on weekends.

5. Storage and Security of Drugs and Related Supplies

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

5.2. Drug and drug kits shall be maintained within their expiration date at all times.

5.3. Drug and drug 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 drug storage compartment is maintained within the climate requirements specified in this section.

5.4. 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, drug 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.

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

Reference: Virginia EMS Regulations 12 VAC 5-31-520.
6. Drug Box Acquisition and Entry Into the System

6.1. When an agency places an ALS vehicle in service, the agency is required to contact TJEMS for advisement of the appropriate drug boxes to be purchased. Before being placed into the system, the drug boxes are assigned an inventory control number and are labeled by TJEMS. 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.

7. Drug Box Cleanliness

7.1. 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 cleaned and free of blood or other body fluids.

7.2. Before accepting a drug 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 to 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 lockers, the receiving pharmacy should contact that agency and require 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 TJEMS.

8. Drug Box Contamination and Decontamination

8.1. It is recommended that providers access the rug box with clean hands. If possible, providers should change gloves or use hand sanitizer after providing direct patient contact.

8.2. Pharmacies will not accept boxes visibly contaminated with blood/body fluid or that have potentially been contaminated by VRE, GRE, MRSA or C.diff (Clostridium difficile).

8.3. Procedures for cleaning drug boxes that are contaminated with known VRE, GRE, MRSA and C. diff.
8.3.1. Contamination is defined as known or suspected exposure to blood or body fluid.
8.3.2. In order to avoid contamination of the drug box, ensure that the contents of the drug box must only be touched by “clean” hands. If a gloved provider just touched a patient, they would have to remove the gloves, cleanse their hands, handle the drug, and then put gloves back-on. Or the other provider could be considered “clean” and not touch anything dirty and be responsible for handling the medications.
8.3.3. If at any time contamination is suspected, proceed with the following:
   8.3.3.1. Two (2) providers will be needed
   8.3.3.2. First provider holds clean basin (obtain from ED staff). Be sure that clean basin is not placed on any contaminated surface.
   8.3.3.3. Second provider wears gloves and empties all medications in plastic bag into clean basin. All medications that are not in plastic bags will be discarded into Contaminated Material Boxes.
   8.3.3.4. Empty drug boxes along with contaminated surfaces in ambulance must be cleaned with approved cleaner.
      8.3.3.4.1. VRE, GRE, MRSA use hospital provided cleaner
      8.3.3.4.2. C. diff. bleach wipes must be used
   8.3.3.5. Rewrite ambulance report on a clean form. ADD “Drug box has been decontaminated. Medications not in plastic bags have been placed in CMC box and medications in plastic bags have been returned in clean basin.”
   8.3.3.6. If controlled medications (CII-V) were not in plastic bag or have been contaminated, waste the medication in the presence of another EMS provider as witness.
   8.3.3.7. Bring clean drug box, re-written and/or clean call sheet and basin of clean medications to pharmacy for drug box exchange.
   8.3.3.8. Boxes used but not contaminated, it is recommended that they be completed wiped down externally before exchanging in pharmacy after use.

9. Disposal of Partially-Used Controlled Medications
   9.1. Partially used controlled substances (CII-V) not administered to the patient will be discarded at the hospital. The disposal must be witnessed by an EMS provider. The
witness must counter-sign the Patient Care Report or designated form, where the advanced life support (ALS) provider has clearly indicated the medication wasted.

10. Variance of Drug Box Contents
10.1. Any variance of drug box contents should be communicated to TJEMS Pharmacy Committee group via email. Variances should include:
10.1.1. Decrease in par level due to shortage
10.1.2. Substitution of drug or supply contents
10.1.3. Medication variances will be noted on the white sticker located on top of the drug box.