

HEMS MCA
System Protocol
Urban Search and Rescue Medical Response Team
Medication Box and Exchange Procedure

Date: 10/1/2024

Section: 12-5

USAR Medication Box and Exchange Procedure

EMS Service Stock

1. Each EMS Agency will be responsible for the security and storage of the supply of USAR drug boxes for their vehicles.
2. All drugs, needles, syringes and supplies will be stored in a securely locked, temperature-controlled location in the base station. Drug boxes will remain sealed at all times except when in actual use.
3. USAR drug boxes are to be inspected on the first of each month by the USAR Medical Specialist Paramedic for the expiration date listed on the label. Expiring or used drug boxes are to be taken to the designated participating emergency department within 7 days for exchange.
4. USAR drug boxes are to be inspected daily by the USAR Medical Specialist Paramedic for evidence of loss, theft, discrepancy and expiration date. It is recommended that this inspection be included in a standard documented check list.
5. When responding on mutual aid call, USAR will take a SEM medication box with them and follow the **SEM Medication Box Protocol** for replacement.

Hospital Stock/Expired/Used Box Exchange

1. Any replacement USAR drug box must be maintained in a locked area, under the control of hospital staff available 24 hours per day. This area will be located in the emergency department of the participating hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
2. USAR drug boxes stocked in the emergency department will be checked regularly by pharmacy staff for expiration and updated as needed.
3. Expiring/used drug boxes will be exchanged for an updated drug box in the emergency department. At the time of exchange, the medical specialist paramedic will notify the charge nurse. If present, the white pharmacy lock will be removed, and the drug box supplies with morphine and diazepam from ED supplies and the green lock applied.

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Use/Replacement/Exchange

1. USAR drug boxes will only be opened by a paramedic who has met the criteria for USAR protocol training and who is responding to an USAR incident. The broken green numbered lock will be placed in the drug box to be delivered when exchanging the boxes.
2. Use of any supplies contained in the USAR drug box will be documented on the USAR Use Replacement Form and submitted with the used drug box.
3. In cases of contamination of the drug box it should be treated as any other contaminated object even if the means destruction of the box. Prior to disposal, the narcotics should be destroyed and attested to by a witness and documented on the run report.

Box Cleaning

1. All empty containers and packaging and used materials will be properly disposed of on site by the USAR team with used the drug box.
2. The paramedics, using standard hard surface decontamination techniques, will clean any blood or body fluid contamination to the exterior of the drug box.
3. If there is blood or body fluid or hazardous material contamination to the interior of the box, or to any unused materials or packaging, the paramedics will contact the receiving hospital pharmacy or emergency department staff for direction in cleaning and disposal of contaminated materials.
4. All unused, uncontaminated supplies will be returned to the drug box.
5. Any used USAR drug box should be relocked with the red numbered lock contained in the box prior to return to a participating facility.
6. In the event that controlled substances are prepared for use and not used or the entire contents of a container are not used, the remaining medications will be appropriately wasted by the USAR personnel in the presence of licensed personnel. The following will be recorded on the Documentation of Use form:
 - a. The name and amount of the medication wasted.
 - b. The initials of the paramedic personnel and hospital personnel witnessing the waste.
7. In the event of a serious USAR incident the boxes may have to be left at the participating facilities for several days for restocking. This is due to the large quantities of drugs carried in the drug boxes that are not considered "normal" supplies in the pharmacy or emergency department.

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8. Should a delay in refilling the boxes occur the pharmacy restocking the boxes will call the respective USAR member to arrange a pickup of the restocked drug boxes.

Expiration of Drugs/Solutions

1. All items in an USAR drug box will have expiration dates not less than 120 days after the box is prepared, provided that the products are available with a 120-day dating.
2. Each USAR drug box will have a label securely attached to the outside of the box containing the following information:
 - a. The name of the participating hospital pharmacy which restocked the box
 - b. The date the box was restocked
 - c. The printed name and initials of the pharmacists or pharmacy technician who inventoried and restocked the box
 - d. The expiration date is the last day of the month of the earliest expiring medication. The box will include the month/day/year in the "Use or Replace by" section.
 - e. The red and green lock numbers
 - f. The box number
3. After the inventory/restocking is complete, a red lock bearing the number appearing on the external label will be placed in the box to be used by the USAR paramedics after it has been issued.
4. Expired, unopened drug boxes are to exchange within seven (7) days of the "Use or Replace by" date.

Discrepancies

1. Definition: for purposes of this policy a "discrepancy" is any breakage, expiration, shortage, theft or diversion of an USAR drug box or any contents thereof.
2. A standard "Medication Discrepancy Report" will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
3. The medical control copy of the discrepancy report will be sent to the MCA in which the discrepancy occurred, which will serve as the central filing point.
4. A copy of the USAR incident report on which the discrepancy occurred/was

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discovered is to be attached to each copy of the discrepancy report where applicable.

5. The participating hospital pharmacist is to be notified immediately if controlled substances are involved in a discrepancy. The participating hospital pharmacist will determine if the discrepancy constitutes a diversion or controlled substances.
6. In addition, the following are to be notified of controlled substance diversion:
 - a. The MCA in which the diversion occurred
 - b. Drug Enforcement Agency
 - c. Michigan State Board of Pharmacy
 - d. Appropriate local law enforcement agency
 - e. Michigan Department of Health and Human Services.