
R5MCAN EMS Medication Replacement, Exchange and Security Procedure

DEFINITIONS:

- R5MCAN: Region 5 Medical Control Authority Network
- EMS: Emergency Medical Service
- LOCAL: EMS agencies and hospitals that commonly work together as defined in appendix 7
- MCA: Medical Control Authority
- ALS: Advanced Life Support
- ADM: Automated Dispensing Machine (e.g. Pyxis® or Omnicell®)
- EMS Provider: An emergency medical technician (EMT) or paramedic
- Paramedic: An advanced provider of pre-hospital emergency medical care with formal training that includes, but is not limited to, human physiology, pharmacology and medication administration techniques.

LEGAL AUTHORITY:

This procedure has been developed in accordance with the State of Michigan EMS Protocols and, where delegated tasks and responsibilities are concerned, with section 333.16215 of the Michigan Public Health Code and R 338.490(5) of the Pharmacy – General Rules adopted by the Michigan Board of Pharmacy.

PURPOSE:

The R5MCAN EMS medication bag and controlled substance box regional exchange program is designed to improve the efficiency of the pre-hospital care system through the standardization of the EMS formulary of medications (type, quantity, and concentrations), simplification of the restocking procedures for perishable supplies, and the reduction of EMS personnel and pharmacy management time through the ability to re-stock at various transport destinations throughout Region 5. This procedure outlines the **participation, responsibilities, exchange procedures, accountability, and oversight** processes for the Region 5 EMS medication bags and controlled substance boxes. The procedure also provides guidance to ensure that the pharmacies receive all appropriate paperwork, thereby remaining compliant with applicable rules, regulations, policies and laws. All activities undertaken through the implementation of this procedure are to promote and ensure the universal ability for Region 5 EMS agencies to restock/exchange EMS medications at any participating hospital in the region. Despite procedural variance among the region's hospitals, a mechanism will be in place to allow for timely medication bag/box exchange for Region 5 EMS agencies including those not serving as primary EMS affiliates to hospitals.

PARTICIPATION:

1. This procedure applies to all hospital pharmacies, EMS agencies and MCAs participating in Region 5 as members of the Region 5 Medical Control Authority Network (R5MCAN).
2. Selection of the R5MCAN EMS Medication Bag and Controlled Substance Box Regional Exchange Program as a pick option in the MCA agreement will signify adoption of this procedure and will allow an MCA and its corresponding EMS agencies/pharmacies to enter into the medication bag exchange system.
3. Each participating EMS agency should have a replenishment agreement with the hospital(s) it plans to exchange with. See Appendix 2 for a sample agreement.
4. Each participating MCA must have a minimum of one identified representative and one alternate to serve on the R5MCAN EMS Medication Bag Oversight Committee. Each MCA is encouraged to have an EMS and a pharmacy representative on the Oversight Committee.
5. The R5MCAN EMS Medication Bag Oversight Committee will meet on a regularly scheduled basis to review incident reports / concerns, follow up on inquiries, evaluate system performance and evaluate process improvement opportunities.
6. A regional formulary, based on the State of Michigan EMS Protocols, will be used to stock the bags/boxes in a uniform configuration to ensure interoperability between Region 5 pharmacies and EMS agencies. See Appendix 3 for contents lists, including pictures, for R5MCAN medication bags and controlled substance boxes.

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7. MCA's electing to participate in the R5MCAN EMS medication bag and controlled substance exchange program are required to approve this system protocol by checking the appropriate MCA box below and submitting the adopted protocol for approval with a formal effective date to the MDHHS along with a medical director signature on the corresponding physician signature page presented in appendix 12.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Allegan County MCA | <input checked="" type="checkbox"/> Barry County MCA | <input checked="" type="checkbox"/> Berrien County MCA |
| <input checked="" type="checkbox"/> Branch County MCA | <input checked="" type="checkbox"/> Calhoun County MCA | <input checked="" type="checkbox"/> Cass County MCA |
| <input checked="" type="checkbox"/> Kalamazoo County MCA | <input checked="" type="checkbox"/> St. Joseph County MCA | |
| <input checked="" type="checkbox"/> Van Buren County MCA | | |

RESPONSIBILITIES:

1. MCA Responsibilities:

- A. Participating MCAs will promote a relationship with local hospital pharmacies and EMS agencies ensuring communication pathways are in place to optimize system performance and accountability with regard to medication use and exchange.
- B. MCA physicians and staff agree to communicate changes in EMS medication bag/box formulary to system providers and pharmacists as changes are made by the R5MCAN EMS Medication Bag Oversight Committee.
- C. In collaboration with local EMS agencies and local pharmacies the MCA will ensure a process is in place to allow for EMS agency medication exchange.
- D. MCAs agreeing to participate in the EMS Medication Replacement and Exchange procedure must agree to enforce the provisions of this procedure.
- E. Each medical director or his/her designee at each participating MCA is responsible for ensuring MCA compliance with this procedure.

2. Pharmacy Responsibilities:

- A. Pharmacies will ensure a process is in place to restock and exchange EMS medication bags and controlled substance boxes.
- B. Pharmacies will ensure that EMS medication bags and controlled substance boxes are stocked in compliance with the regional medication formulary.
- C. Pharmacies will arrange for a secure environment for EMS medication bags and controlled substance boxes that are restocked and awaiting pickup or are used and have been dropped off for exchange.
- D. In collaboration with local EMS agencies and the local MCA, pharmacies may elect to have a process in place that delegates limited re-stock of common use items within the EMS medication bags to paramedics who have received appropriate, documented training. At a minimum, a process for "full-bag" exchanges with local and regional EMS agencies will be in place at each participating hospital.
- E. Pharmacies may have a separate exchange process for local EMS agencies versus non-local regional EMS agencies.
 - i. **Example:** A paramedic from a local EMS agency who has been granted access to the EMS Pyxis (or the designated, secured EMS restock cabinet) may perform limited paramedic re-stock when transporting to their local hospital(s). When transporting away from their local hospital(s) to another hospital in the region, the paramedic would do a full-bag (1 for 1) exchange.
- F. Pharmacies are required to routinely inspect EMS medication bag and EMS controlled substance box contents in compliance with the administrative rules of the Michigan board of pharmacy (R 338.486(4)(c)) and replace medications as necessary.
 - i. Pharmacies are responsible for verifying that all pharmacy-stocked supplies and medications listed on the regional medication and equipment formulary are present and in-date upon stocking/restocking. See Appendix 4 for a sample pharmacy EMS bag restocking sign-off form.
 - ii. Whenever possible, medications that are 60 days or less away from

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- expiration will be rotated out of the medication bags and controlled substance boxes.
- iii. After restocking, controlled substance boxes and the pharmacy-stocked compartments of the medication bags will be secured by pharmacy, utilizing numbered green tamper-resistant locks.
 - iv. In instances where the medication bag comes to pharmacy for restocking, pharmacy staff will *also* verify that all EMS agency stocked medications listed on the regional medication formulary are present and in-date. That pouch will then be sealed with a green lock with the item name and expiration date of the next item to expire in the compartment written on it.
 - v. Each EMS medication bag and controlled substance box shall have a label indicating the bag/box number, stocking hospital/pharmacy that filled it, fill date, next medication to expire, date of expiration, and the name or initials of the individuals that filled/checked it.
- G. Medication bag and controlled substance box contents remain the property of the participating pharmacies.
 - H. The Pharmacist in charge at each participating hospital is responsible for assuring compliance with this procedure.

3. EMS Agency Responsibilities:

- A. Paramedics are responsible for turning in used medication bags and/or controlled substance boxes in a serviceable condition free from trash, contaminated waste and any potential sharps. Unsecured sharps and biohazard materials left in / on bags may result in disciplinary action by the agency.
- B. Paramedics will complete the appropriate documentation for medications/supplies used.
- C. Paramedics will use the numbered red seal provided in the medication bag or controlled substance box to secure and tag a used/expired bag/box, alerting the pharmacy that attention to the bag/box is needed.
- D. EMS agencies are responsible for cleaning bags that become soiled or contaminated. In the event that a bag needs to be decontaminated or cleaned, an EMS agency may contact its local hospital pharmacy to arrange for securement of medications and to sign out a temporary replacement bag for use during the cleaning process.
- E. In collaboration with local pharmacies and their local MCA, EMS agencies will have the option to establish a process for limited paramedic re-stock of common use items within the EMS medication bags. At a minimum, a process for "full-bag" exchanges will be in place at participating region 5 hospitals.
- F. EMS agencies, in collaboration with the R5MCAN EMS Medication Bag Oversight Committee, will ensure paramedics receive documented training in the procedure for limited paramedic restocking and appropriate alternatives in case of omission/error in restocking before being delegated the authority to perform limited paramedic restock.
- G. EMS agencies will provide an end user agreement (Appendix 5) to the appropriate hospital pharmacy representative at each hospital granting access for each paramedic who will have access to an ADM or locked cabinet for the purpose of medication bag and controlled substance box exchange.
- H. EMS agencies are responsible daily for ensuring that all medication bags and boxes in their possession are current, without expired medications, and have appropriate seals and labels in place. Expired medications will be exchanged with the local hospital pharmacy.
- I. EMS agencies are accountable for the security of the bags / containers and the contents therein issued to their control by the participating pharmacies.
- J. EMS agencies are responsible for maintaining a chain of custody for EMS controlled substance boxes, including a procedure for documenting a dual sign off at least every 24 hours using the R5MCAN EMS Agency Controlled Substances Box Log Sheet (see Appendix 6) or an acceptable equivalent that has been approved by the R5MCAN EMS medication bag oversight committee.

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- K. EMS agencies that do **not** have a one-to-one controlled substance box-to-truck assignment process will maintain a locked cabinet or safe in a fixed location. The cabinet will require TWO access means/keys and TWO State of Michigan Licensed EMS providers one of whom must be a paramedic to be present simultaneously for access.
- L. All applicable sign in/out documents (agency/hospital) must be fully completed for both bags and controlled substance boxes being issued/returned.
- M. The participating EMS agency director/manager or his/her designee is responsible for assuring compliance with this procedure.

Issuance of R5MCAN EMS Medication Bags and Controlled Substance Boxes

1. R5MCAN EMS medication bags will be uniquely numbered in a permanent fashion, both inside and outside, using the format 5D-YY-###. Controlled substance boxes will also be uniquely numbered in a permanent fashion using the format 5D-YY-###, and will be configured in such a way as to permit a visual inspection of the contents without opening the box.
2. Each medication bag and controlled substance box will have a restocking label prominently affixed to the outside of the bag/box, following the format below.

<p>REGION 5 MEDICAL CONTROL AUTHORITY NETWORK</p> <p>HOSPITAL NAME AND PHARMACY PHONE # PRE-PRINTED</p> <p>FILL DATE: _____ TECH/RPH: _____</p> <p>GREEN LOCK #: _____ RED LOCK #: _____</p> <p>NEXT TO EXPIRE: _____ EXP DATE: _____</p> <p>BAG/BOX #: _____</p>

3. Refer to Appendix 3 for contents lists for R5MCAN medication bags and controlled substance boxes.
4. Any supplemental regional medication kits (such as the "TXA Kit") must be individually labeled. Contents of these kits may be detailed in Appendix 3 or included as an additional appendix.
5. The R5MCAN EMS Medication Bag Oversight Committee will assign each EMS agency a number of bags and boxes consistent with their number of licensed ALS vehicles.
6. The R5MCAN EMS Medication Bag Oversight Committee will assign each participating hospital pharmacy a number of bags and boxes consistent with their expected volume of exchanges.
7. Additional bags and/or boxes will be issued to EMS agencies at the discretion of the local EMS Medical Director or his/her designee.
8. For special events requiring additional ALS vehicles or EMS staff to be in service, EMS agencies may contact their local hospital pharmacy to arrange to sign-out additional medication bags and/or controlled substance boxes temporarily.

EXCHANGE PROCEDURES:

1. EMS Medication Bags

- A. R5MCAN EMS medication bags contain the following pockets:
 - i. Blue pocket – IV supplies, restocked by paramedic / EMS provider.
 - ii. Green pocket – Frequently used medications and supplies, paramedic or pharmacy restocked depending on facility/agency agreement and paramedic qualifications.
 - iii. Black (main) pocket – Medications restocked by pharmacy
 - iv. Red pocket – Sharps container
 - v. Yellow pocket – Controlled substance box restocked by pharmacy
- B. Refer to the R5MCAN EMS Medication Bag and Controlled Substance Box Exchange Matrix (Appendix 7) for exchange procedures specific to each participating hospital. Hospitals without 24 hour on-site pharmacy services may have procedures for "after

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- hours” that differ from those during normal business hours.
- C. Paramedics must fill out the R5MCAN EMS Medication Bag Refill Form (Appendix 8) for any medications or supplies used from the black or green compartments when turning in the bag for restocking by pharmacy. The R5MCAN EMS Medication Bag Refill Form should be placed in the used bag after completion.
 - D. When paramedic stocked compartments of the EMS medication bag are opened in the course of patient care, paramedics may restock those compartments following hospital-specific procedures with the following stipulations.
 - i. Paramedics must have successfully completed the R5MCAN limited paramedic restock training module before being granted ADM or medication cabinet access (if available).
 - ii. The hospital is one of the EMS agencies local hospital(s) as defined in appendix 7 and must allow limited paramedic restock.
 - iii. Paramedics are responsible for verifying that all paramedic stocked supplies and medications listed on the regional medication and equipment formulary are present and in-date upon stocking.
 - iv. Paramedic stocked compartments must be secured by a white lock with the identifier of the EMS agency, the name or initials of the paramedic restocking the compartment, and the name and expiration date of the next item to expire in the compartment written on it.
 - E. When the pharmacy stocked compartment of the EMS medication bag is opened in the course of patient care, paramedics are to exchange the medication bag itself for another bag at the destination hospital.
 - i. When turning in a used medication bag, the paramedic must ensure trash, contaminated waste and any potential sharps have been removed from the bag and then seal the pharmacy stocked compartment with the included red tag.
 - ii. The paramedics must remove the LOCKED controlled substance box, sharps box, and IV kit from the open bag, moving those items to the new medication bag obtained from the destination hospital.
 - iii. If the bag exchange is occurring at a hospital in the region that is NOT the agency’s “local” hospital, or one without a provision for paramedic restock, a full bag exchange will be done. In those cases, any used compartments will be sealed with a red tag and the paramedic will remove the LOCKED controlled substance box, sharps box, and IV kit from the open bag, moving those items to the new medication bag obtained from the destination hospital.

2. EMS Controlled Substance Boxes

- A. Refer to the Regional EMS Medication Bag and Controlled Substance Box Exchange Matrix (Appendix 7) for exchange procedures specific to each participating hospital. Hospitals without 24 hour on-site pharmacy services may have procedures for “after hours” that differ from those during normal business hours.
- B. EMS ALS units should only operate with a confirmed LOCKED controlled substance box on board. Under NO circumstances will an open box go into service.
- C. Paramedics exchanging controlled substance boxes must be in uniform and have a valid picture ID (either a driver’s license or agency/regionally issued ID).
- D. When a controlled substance box is used, the R5MCAN Controlled Substances Documentation Form (Appendix 9) must be completely filled out prior to exchanging the box.
 - i. Any medication waste and/or disposal of empty vials must be witnessed and cosigned on the controlled substances documentation form by a registered nurse, pharmacist, or physician.
- E. A copy of the **EMS patient care record (PCR) or 5th District EMS Field Notes (appendix 1)** must be placed in the controlled substance box being turned in.
 - i. The PCR/5th District EMS Field Note serve as a record of the prescription for the administration of medications given to a patient as prescribed in protocol or by

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- ii. PCR/5th District EMS Field Note must list the date of service, EMS agency run number, medication(s) administered, any wasted medication(s), name of the paramedic administering the medication and the corresponding controlled substances box number.
 - iii. PCR/ePCR/5th District EMS Field Note must include the wasted medication type, amounts, and volumes in addition to the narcotics box number and broken green tag number.
- F. When turning in a used controlled substance box, the paramedic must ensure trash, empty vials, contaminated waste and any potential sharps have been removed from the box and then seal it with the pharmacy-included, numbered red lock. The red lock number must match the one written on the box's label.
- G. Upon receiving a used box from an EMS service, pharmacy staff will check to assure that it is properly sealed with a red tag and includes a fully completed R5MCAN Controlled Substances Documentation Form and EMS PCR/5th District EMS Field Note. The submitted documentation will be checked by the pharmacist against the remaining contents of the box to assure accountability, with deficiencies reported as described in the next section.
- H. Pharmacies must carefully document paramedic narcotic utilization and restocking of controlled substance boxes. See Appendix 10 for a sample documentation log. PCRs/Field Notes, R5MCAN Controlled Substances Documentation Forms, and restocking logs must be saved for five years.
- I. Restocked controlled substance boxes must be secured by the pharmacist with a numbered green lock. Prior to taking a new controlled substance box, the paramedic must ensure that the box is properly secured/stocked, drugs are inaccessible, and that the green lock number matches the one written on the box's label.

ACCOUNTABILITY:

1. Incident Reporting

- A. Controlled substance boxes that appear damaged from routine use / normal wear and tear must be reported to the R5MCAN EMS medication bag oversight committee via the R5MCAN on-line occurrence form and the box must be taken to the EMS agency's local hospital pharmacy for change out.
- B. Discrepancies found on pharmacy inspection of the medication bags should be reported to the Oversight Committee via the R5MCAN on-line occurrence form.
- C. Any suspected system diversion of controlled substances including but not limited to a missing controlled substance box, missing controlled substance vials in a box, evidence of tampering with controlled substance vials (including missing caps or vial breakage), or evidence of suspicious damage to / tampering with a controlled substance box, will immediately be reported to Kalamazoo County Medcom at **(269)-226-3366** .
 - i. Kalamazoo County Medcom will notify the on-call R5MCAN EMS medication bag oversight committee member.
 - ii. The R5MCAN EMS medication bag oversight committee member will immediately notify the local MCA medical director, EMS agency manager / director, and the appropriate hospital pharmacy.
 - iii. The R5MCAN EMS medication bag oversight committee member will assist local level entities in the coordination of a timely formal investigation. Law enforcement investigation will be included as needed.
 - iv. Report of missing controlled substances will be made to the State of Michigan Board of Pharmacy and to the U.S. Drug Enforcement Agency by the pharmacy in accordance with State and Federal laws and regulations.
 - v. Pharmacies may, based on hospital policies, test patients that have received pre-hospital narcotics.
- D. Local Medical Control Authorities in cooperation with pharmacies may require that EMS controlled substances be tested prior to waste at any time.
- E. Suggestions for process improvement should be forwarded to the R5MCAN EMS

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Medication Bag Oversight Committee.

2. EMS Medication Bag and Controlled Substance Box Audits:

- A. All EMS medication bags and controlled substance boxes used in the regional exchange program must be accounted for on a monthly basis. On the first Tuesday of each month, each EMS agency, MCA or pharmacy having EMS medication bags or controlled substance boxes must perform an accounting of medication bags and controlled substance boxes between 6AM and 9AM and then log the bag or box numbers into the R5MCAN on-line audit form prior to noon that same day.

APPENDICES:

1. 5DMRC Field Note
2. SAMPLE DOCUMENT ONLY--R5MCAN EMS Agency Replenishing Agreement
3. R5MCAN EMS Medication Bag Contents List with Images
4. Sample R5MCAN Pharmacy EMS Bag Restocking Sign-off Form
5. R5MCAN Medication Bag and Controlled Substances Regional Exchange Program End User Agreement
6. Sample R5MCAN EMS Agency Controlled Substances Log Sheet
7. R5MCAN EMS Medication Bag and Controlled Substance Box Exchange Matrix
8. R5MCAN EMS Medication Bag Refill Form
9. R5MCAN Controlled Substances Documentation Form
10. Sample Hospital Controlled Substance Box Restocking Log
11. Sample R5MCAN EMS Medication Bag Exchange Log
12. R5MCAN Medical Director Signature Page

Appendix 1 5th District EMS Field Note

5th District EMS Field Notes MFR/AMB. Run # _____ / _____

Date _____ Incident Location _____

MFR Agency _____ Amb.Svc./Unit _____

Destination _____ Med. Control _____ Time _____

Patient Name _____ Age/Sex _____ M F

Address _____ DOB _____ / _____ / _____

City/State/Zip Code _____ Phone (____) _____

Med/Surg Hx _____
None Asthma Cancer Cardiac CHF COPD CVA Diabetes ETOH HTN Renal Seizures

Meds _____
None ASA Lasix Lipitor Lisinopril Metformin Norvasc Synthroid Vicodin Warfarin Zocor

Allergies _____
NKDA PCN Sulfa Keflex Codiene Morphine Demerol Vicodin ASA Motrin Latex Tape

IV: Time _____ : _____ Location _____ Size _____ ga. Att. _____ Rate _____

VITALS						MEDICATIONS/PROCEDURES		
Time	P	R	B/P	SpO2	BLG	Time	Med/Proc	Amt/Size

Notes _____

Hospital Personnel Name/Signature

EMT/Paramedic Name/Signature

Appendix 2
SAMPLE R5MCAN EMS Agency Replenishing Agreement
(Agreement between EMS Agencies and local/primary pharmacy)



Region 5 Medical Control Authority Network

EMS Agency Replenishing Agreement

Date: _____

EMS Agency Name: _____

EMS Agency Address: _____

EMS Agency Manager: _____

EMS Agency Manager Phone Number: _____

EMS Agency Manager Email: _____

Email: _____

Hospital Name: _____

Hospital Address: _____

Hospital Representative: _____

Hospital Representative Phone #: _____

Hosp. Representative

Please accept this letter as a formal contract for _____, a State of Michigan licensed hospital herein identified for the purposes of this contract ("**Contract**") as "**Hospital**", to provide to _____, a State of Michigan licensed emergency medical services (EMS) provider herein identified for the purposes of this Contract as the "**EMS Agency**", medications, medical supplies, and other items (collectively, the "**Supplies**") necessary for the care and transport of patients.

1. Replenishment of Supplies. Hospital agrees to provide Supplies to EMS Agency on a "replenishment" basis, to replace EMS Agency's medications, medical supplies, and other agreed upon items used in the transport of a patient by EMS Agency to a Hospital facility. To request the replenishment of non-pharmaceutical Supplies, EMS Agency will provide a report to the Hospital as requested detailing the specific type and amount of Supplies used on the transported patient and requested for replenishment. With respect to pharmaceutical Supplies, EMS Agency will complete a Pharmacy Requisition Form, requesting only those pharmaceutical items used in the transport of a patient and necessary for replenishment. EMS Agency shall present the Pharmacy Requisition Form to Hospital's Pharmacy Department for fulfillment. Hospital will make reasonable efforts to promptly provide the requested Supplies; however Hospital makes no guarantee regarding the availability of any particular Supplies.

2. Purchase Price; Payment. Hospital will provide Pharmaceutical Supplies to an ambulance

provider at no charge. Hospital will charge flat service fees on each EMS bag replenished based on recommendations by the Region 5 Medical Control Authority Network (R5MCAN) and will be invoiced on a regular agreed upon frequency. Payment is due within thirty (30) days of the date of the invoice. The parties represent that the purchase price for the Supplies is the fair market value for such Supplies and that this Contract does not take into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made under any state or federal health care program.

3. Record Keeping. The parties mutually agree to maintain records detailing the type, and amount, of Supplies used as well as the patient transport to which the purchase of Supplies related ("**Records**"). The parties agree to maintain the Records for a period of at least five (5) years from the date the Records were created. Each party further agrees to provide copies of the Records to the other party within **48 hours** of a written request. The parties shall promptly make

Appendix 2
SAMPLE R5MCAN EMS Agency Replenishing Agreement
(Agreement between EMS Agencies and local/primary pharmacy)

the Records available to the Secretary of the Department of Health and Human Services upon request.

4. **Patient Billing.** The parties agree that EMS Agency shall have the sole right to bill patients, insurance providers, and/or state or federal health care programs for use of the Supplies. EMS Agency agrees to issue all bills for the Supplies in compliance with applicable state and federal health care program payment and coverage rules and regulations.

5. **Representations and Warranties.** EMS Agency represents and warrants that (i) it has all necessary licenses and/or permits to use the Supplies; (ii) it will use all Supplies in accordance with the manufacturer's instructions or in the manner specified by direct medical control oversight; (iii) it will use all Supplies in accordance with all local, state, and federal laws and regulations; (iii) all reports, records, and documents, in whatever form or format, provided to Hospital will be true and complete; and (iv) it will only request the Supplies necessary to replenish items used in the transport of a patient to Hospital's facility. Hospital expressly disclaims all warranties, express or implied, with respect to the Supplies, including the warranty of fitness for a particular purpose. Hospital makes no representations regarding the quality or safety of the Supplies and disclaims all liability for the Supplies and EMS Agency's use of the Supplies.

6. **Insurance.** EMS Agency will obtain and maintain insurance, at its own cost and expense, during the term of this Contract in coverage amounts no less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate, naming Hospital as an additional insured, and covering, at a minimum, (a) general liability; (b) professional liability; (c) workers' compensation with statutory limits; and (d) any other coverage reasonably necessary to protect EMS Agency and Hospital, as well as their agents and employees from any claims arising from its obligations under this Contract. EMS Agency agrees to provide certificates of insurance, evidencing required

insurance coverage, upon execution of this Contract.

7. **Indemnification.** Each party agrees to indemnify, hold harmless and defend the other and its affiliates, officers, directors, agents and employees from and against any claims, damages, liabilities, expenses, or losses (including attorneys' fees) arising from the performance or breach of this Contract by the indemnifying party or the acts or omissions of the indemnifying party or its employees or agents; provided that neither party shall assume any liability for any act or omission of the other party or its employees or agents. EMS Agency will indemnify, hold harmless and defend Hospital and its affiliates, officers, directors, agents and employees from and against any third party claims, damages, liabilities, judgments (including related attorneys' fees) arising from EMS Agency's use or misuse of the Supplies. The parties expressly agree that Hospital's liability under this Contract shall be limited to the total amount paid by EMS Agency to Hospital for Supplies.

8. **Independent Contractor.** Nothing in this Contract is intended to create an employer/employee relationship or a joint venture relationship between the parties.

9. **Corporate Compliance.** Through the implementation of this Contract, each party acknowledges the commitment to legal compliance and agrees to conduct all transactions which occur pursuant to this Contract in accordance with all applicable federal, state and local laws and regulations. Any material violations of applicable law will be considered a breach of this Contract. By signing this Contract, EMS Agency represents and warrants that neither it nor any of its employees is, or has been, excluded from participation in any federally and/or state funded health care programs, including but not limited to Medicare, Medicaid, and CHAMPUS. EMS Agency agrees to promptly notify Hospital of any proposed or actual exclusion, of it or any of its employees, from any federally and/or state funded health care program.

Appendix 2
SAMPLE R5MCAN EMS Agency Replenishing Agreement
(Agreement between EMS Agencies and local/primary pharmacy)

10. **No Exclusivity.** Each party acknowledges that no representation, inducement or condition not set forth herein has been made or relied upon by either party, and that the Contract will in no way be construed or interpreted to be an exclusive arrangement between Hospital and EMS Agency.

11. **Confidentiality.** EMS Agency agrees not to disclose to third parties any nonpublic or proprietary information regarding Hospital or its business, operations, plans, strategies or patients, including the existence and terms of this Contract, or to use such information itself for any purpose other than performing this Contract, without Hospital's prior written approval. Except as otherwise expressly provided in this Section, Hospital and EMS Agency hereby mutually covenant and agree (i) to keep the terms of this Contract, including the pricing (collectively, the "**Confidential Information**"), strictly confidential, and (ii) not to disclose the Confidential Information to any third party. Hospital and EMS Agency may disclose the Confidential Information to any entity with which they are affiliated, in the usual and customary operation of business, including, but not limited to, disclosure to third party auditors and attorneys. In addition, the foregoing confidentiality obligation shall not apply to information that is required to be disclosed by law; provided, however, that the receiving party so required to disclose shall first notify the disclosing party to enable it to seek relief from such requirement, and render reasonable assistance requested by the disclosing party in connection therewith. This Section and the confidentiality obligations contained herein shall survive the expiration or earlier termination of this Contract.

12. **HIPAA.** EMS Agency agrees to comply with the health information privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and all regulations thereunder ("**HIPAA**"), as well as all policies, procedures and practices of the Hospital relating to HIPAA privacy, confidentiality and security of patients' health information. EMS Agency further acknowledges and agrees that from time to time

HIPAA may require modification of this Contract for compliance purposes. Each party will cooperate with, and assist, the other party to ensure full compliance with HIPAA with regard to this Contract. EMS Agency agrees to execute a HIPAA Business Associate Agreement or similar agreement upon request by Hospital.

13. **Access to Records.** The parties agree to treat this Contract as falling under Section 1861(v)(1)(I) of the Social Security Act and the regulations issued at 42 C.F.R. Part 420, and to make available to the Comptroller General of the United States, the Department of Health and Human Services ("**HHS**") and their authorized representatives, for a period of five (5) years after the latest furnishing of Supplies under this Contract, access to the books, documents and the records, and such other information as may be required by the Comptroller General or the Secretary of HHS to verify the nature and extent of the cost for Supplies provided by EMS Agency.

14. **Term/Termination.** The term of this Contract will commence on the date this Letter is fully executed by the parties and shall continue for a term of one (1) year. This Contract shall automatically renew for successive one (1) year terms, unless terminated earlier. Either party may terminate this Contract at any time, by thirty (30) days' prior written notice. In addition, this Contract may be terminated immediately by Hospital if Hospital determines in its sole discretion that EMS Agency has violated a state or federal law or regulation, or that this Contract no longer complies with state or federal laws or regulations. EMS Agency shall have continued liability upon termination for the amounts accrued and owing under the Contract as of the termination date.

15. **Governing Law.** The terms and conditions of this Contract shall be governed, construed, interpreted and enforced in accordance with the domestic laws of the state of Michigan, excluding choice of law principles. No waiver by either party of any right or remedy under this Contract, or

Appendix 2
SAMPLE R5MCAN EMS Agency Replenishing Agreement
(Agreement between EMS Agencies and local/primary pharmacy)

delay in the exercise thereof, will constitute a waiver of any other right or remedy.

16. **Assignment.** EMS Agency will not assign this Contract or delegate any duties without prior written consent of Hospital. Hospital may assign this Contract to any of its subsidiaries.

17. **Arbitration.** Hospital may, at its exclusive option, require that any controversy or claim arises out of or relating to this Contract be settled by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association by one arbitrator appointed in accordance with said rules. Any controversy or claim will be arbitrated on an individual basis and will not be consolidated in any arbitration with any claim or controversy of any other party. The parties specifically instruct the arbitrator to consider rulings, orders, and awards (either interim, interlocutory, partial or final) of equitable relief, including directing specific performance or issuing an injunction, particularly if an award of money damages alone would not sufficiently compensate the claiming party. Judgment on the arbitrator's award may be entered in any state or federal court having subject matter jurisdiction and located in the Western District of Michigan, and the parties hereby irrevocably consent to the jurisdiction of such courts for the purpose of enforcing any such award. The arbitrator will allocate in the final award all costs incurred in conducting the arbitration in accordance with what the arbitrator deems just and equitable under the circumstances provided that each party will pay for and bear the cost and expense of its own experts, evidence, and legal counsel.

18. **Survival.** Contract terms and rights under the Sections of this Contract titled Representations and Warranties, Insurance, Indemnification, Confidentiality and Arbitration will survive any termination or expiration of this Contract.

19. **Use of Hospital's Name.** EMS Agency will not use the names, trademarks, service marks or

logos of Hospital or any of its affiliates in any written materials, including without limitation, press releases, advertisements, websites or other promotional materials, without Hospital's prior written consent.

20. **Entire Agreement.** This Contract constitutes the entire agreement between the parties with respect to its subject matter and supersedes any prior oral or written agreements concerning same. This Contract may be modified only by a writing executed by both parties. The Contract may be executed in two or more counterparts (including by means of faxed or e-mailed signature pages), each of which will be deemed an original, and all of which together will constitute one and the same instrument. Photocopies, facsimile transmissions and other reproductions of this executed original (with reproduced signatures) will be deemed original counterparts of this Contract. Electronic signatures and electronically transmitted documents are binding.

Appendix 2
SAMPLE R5MCAN EMS Agency Replenishing Agreement
(Agreement between EMS Agencies and local/primary pharmacy)

Please execute this Contract and return a copy to _____ via email, sent to: _____
_____ Any notice to the above mentioned hospital under this
Contract must also be provided to this email address.

AGREED AND ACCEPTED:

EMS AGENCY Representative

HOSPITAL Representative

By: _____
(Signature)

By: _____
(Signature)

(Type or Print Name)

(Type or Print Name)

Its: _____
(Type or Print Title)

Its: _____
(Type or Print Title)

Date: _____

Date: _____

EXHIBIT A
PHARMACY REQUISITION FORM
ATTACHED

Appendix 3 Drug Bag Contents Map

Appendix 3

R5 MCMAN EMS Medication Bag Contents List V1.36

PAR	Medication / Item	Description	TXA - KIT - Hospital Stock	Controlled Substance Box - LAYOUT	Green Pocket Interior UNFOLDED LAYOUT	Green Pocket Interior FOLDED LAYOUT	Main Compartment - Hospital Stock	Main Compartment LAYOUT	IV KIT LAYOUT																																																																																																																		
1	Syringe	10ml																																																																																																																									
1	Microdrip IV set	60gts/ml																																																																																																																									
1	18 gauge needle																																																																																																																										
1	TXA	1g/10ml																																																																																																																									
1	Sodium Chloride 0.9%	100ml																																																																																																																									
3	Fentanyl	100mcg/2ml																																																																																																																									
4	Midazolam	5mg/2ml																																																																																																																									
1	Ketamine	500mg/10ml																																																																																																																									
1	Red Bag	Used to seal used box																																																																																																																									
3	Acetaminophen	160mg/5ml																																																																																																																									
3	Acetaminophen	325mg tab																																																																																																																									
4	Albuterol	2.5mg/2ml																																																																																																																									
4	Aspirin	81mg blister pack/tab																																																																																																																									
2	Dextrose 10%	250ml w/micro set each																																																																																																																									
1	Diphenhydramine	50mg/1ml																																																																																																																									
2	Duoneb Albuterol / Ipratropium	0.5mg/2ml																																																																																																																									
1	Ibuprofen Liquid	100mg/5ml (15ml)																																																																																																																									
3	Ibuprofen	200mg tab																																																																																																																									
1	Ketorolac (toradol)	15mg/1ml vial																																																																																																																									
1	Methylprednisolone	125mg/2ml																																																																																																																									
4	Naloxone	2mg/2ml																																																																																																																									
1	Nitroglycerin	0.4mg (25 count bottle)																																																																																																																									
2	Ondansetron Vial	4mg/2ml																																																																																																																									
2	Ondansetron ODT	4mg single-dose																																																																																																																									
1	Prednisone	50mg oral tablet																																																																																																																									
4	Medication Canulas, Needleless																																																																																																																										
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Appendix 4
Sample EMS Medication Bag Restocking Sign-Off Sheet



Date: _____

Bag Number: _____ Green Lock Number: _____

Technician: _____ Pharmacist: _____

EMS Medication Bag Main (Black) Compartment

Medication/Supply Item	Quantity	Refill	Earliest Exp. Date (Min of 1 month)
Adenosine 6mg/2mL vial	3		
Atropine 1 mg/10 mL syringe	2		
Calcium chloride 1 gm/10 mL syringe	1		
Epinephrine 1mg/1mL vial	2		
Epinephrine 1mg/10mL syringe	8		
Glucagon 1mg vial w/1mL sterile water	1		
Lidocaine 2% 100mg/5mL syringe	3		
Lidocaine 2% jelly 5mL tube	1		
Magnesium sulfate 1g/2mL vial	2		
Sodium Bicarb 50mEq/50mL syringe	2		
Tetracaine 0.5% ophthalmic 2mL bottle	1		
TXA Kit	1		
Racemic epinephrine 2.25% 0.5mL vial + Sodium chloride 0.9% 5mL vial for nebs	1 of each		
Red lock	1		N/A

(Over – Page 1 of 2)

Appendix 4
Sample EMS Medication Bag Restocking Sign-Off Sheet

EMS Medication Bag Frequently Used (Green) Compartment)

Medication/Supply Item	Quantity	Refill	Earliest Exp. Date (Min of 1 month)
Acetaminophen 160mg/5mL	3		
Acetaminophen 325mg tab	3		
Albuterol 2.5mg/3mL	4		
Aspirin 81mg blister pack tab	4		
Dextrose 10% 250mL & Macro drip IV tubing set	2ea.		
Diphenhydramine 50mg/1mL	1		
Duoneb (albuterol/ipratropium) 3mL	2		
Ibuprofen liquid 100mg/5mL (15mL)	1		
Ibuprofen 200mg tablet	3		
Ketoralac 15mg/1mL vial	1		
Methylprednisolone 125mg/2mL	1		
Naloxone 2mg/2mL syringe	4		
Nitroglycerin 0.4mg (25 count bottle)	1		
Ondansetron 4mg/2mL vial	2		
Ondansetron ODT 4mg single dose	2		
Medication cannula - needleless	2		
Microdrip IV set 60gtts/mL	1		
Nebulizer	1		
Needles 18/19ga 1.5" safety	2		
Needles 22/23ga 1.5" safety	2		
Piggyback labels colored	2		
Syringe 3mL	2		
Syringe 5mL	2		
Syringe 10mL	2		
Syringe 20mL	2		
Sodium chloride 0.9% 10mL syringe	4		

Appendix 5
Paramedic Certification of Training for Drug Bag/Box Exchange



_____ (**EMS agency**) certifies that _____
(Paramedic) has completed the formal training required for participation in the R5MCAN medication bag and controlled substance box regional exchange program. By signing this agreement the aforementioned parties acknowledge the importance of maintaining correct and proper levels of pre-hospital supplies and medications as prescribed by the R5MCAN. Further, both parties agree to maintain bag integrity, ensure medication expiration compliance, and participate with ongoing medication bag / controlled substance box audits as necessary to ensure end user accountability and overall program success. The above listed parties agree to document and report any issues related to the medication exchange program or those affecting the delivery of patient care to their local medical control authority and the R5MCAN medication exchange program oversight board in a timely manner. The above listed EMS agency agrees to inform the appropriate pharmacy representative at any hospital who has received this agreement if the above listed paramedic no longer meets the regional medication bag and controlled substances exchange program criteria or is no longer employed with the agency.

EMS Agency Name: _____

Paramedic Name: _____

Paramedic Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Appendix 6 EMS Agency Controlled Substance Accountability Log

Appendix 6 - Sample

Date: _____		 EMS Agency Controlled Substances Log Sheet		Supervisor Verification _____		Boxes Pending _____					
Date	Unit#	Box #	Green Tag #	Versed, Fentanyl, Ketamine	Exp Date	Boxes Left in Cabinet (list)	# of Boxes	Paramedic Name	Employee #	Witness Name	Employee #
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	
		<input type="checkbox"/> In <input type="checkbox"/> Out		VER, FEN, KET □4, □B, □L				Signature Print		Signature Print	

Appendix 7
EMS Medication Bag and Controlled Substance Exchange Matrix

Hospital	Inpatient Pharmacy Hours	Used Bags Taken/Left Where?	New Bags Obtained From Where?	Medic Self-Stock Allowed?	Approved "Local" EMS Agency(ies)	Medic Self-Stock Items Obtained From Where? (Or N/A)	Used Narcotic Boxes Taken/Left Where?	New Narcotic Boxes Obtained From Where?
Allegan General Hospital	M-F: 0700-1900 SAT: 0800-1800 SUN/HOL: 0800-1600	See ED RN for exchange bag clipboard, use padlocks to lock used bags & leave in dirty utility closet.	Locked closet next to security office/ED entrance (key on exchange bag clipboard)	No	Wayland EMS Life EMS AMR Plainwell EMS	N/A	Ortho ADM (see pharmacy staff or house supervisor @ night shift)	Ortho ADM
Borgess Lee	M-F: 0700-1800 WE/H: 0800-1200	ED RN (locked med room)	ED RN (locked med room)	No	N/A	N/A	ED ADM (RN obtains)	ED ADM (RN obtains)
Borgess Medical Center	24/7	EMS ADM (flip sign to "used")	EMS ADM	Yes	Wayland EMS Plainwell EMS Life EMS	EMS ADM	EMS ADM	EMS ADM
Borgess PIPP	0800 - 1630	EMS ADM	EMS ADM	Yes	LifeCare SCEMS PrideCare	EMS ADM	EMS ADM	EMS ADM
Bronson Battle Creek	24/7	EMS Pyxis	EMS ADM	Yes	LifeCare	EMS ADM	Inpatient Pharmacy	Inpatient Pharmacy
Bronson Lakeview	M-F: 0730-1700 WE/H: 0730-1200	Locked cabinet in ED	ED ADM (VBEMS access, others RN access)	No	VBEMS Life EMS PrideCare	N/A	EMS bag, which is then placed in the locked cabinet in ED	EMS bag, which is then placed in the locked cabinet in ED
Bronson Methodist	24/7	ED Pharmacist Workstation	EMS ADM	Yes	Life EMS PrideCare SCEMS	EMS ADM	EMS ADM	EMS ADM
Bronson South Haven	M-F: 0730-1700 WE/H: 0800-1200	EMS ADM	EMS ADM	No	SHAES PrideCare Van Buren Covert	N/A	EMS ADM	EMS ADM

M-F = Monday-Friday

WE/H = Weekends and Holidays

ADM = Automated Dispensing Machine (Pyxis, Omnicell, etc.)

Appendix 7
EMS Medication Bag and Controlled Substance Exchange Matrix

Hospital	Inpatient Pharmacy Hours	Used Bags Left Where?	New Bags Obtained From Where?	Medic Self-Stock Allowed?	Approved "Local" EMS Agency(ies)	Medic Self-Stock Items Obtained From Where? (Or N/A)	Used Narcotic Boxes Taken Where?	New Narcotic Boxes Obtained From Where?
Promedica Coldwater Regional Hospital	M-F: 0600-2200 WE/H: 0730-2000	Locked cabinet in ED (Medic obtains key from ADM)	Locked cabinet in ED (Medic obtains key from ADM)	No	LifeCare	N/A	ED ADM	ED ADM
Lakeland Niles	0700 to 1900	EMS ADM	EMS ADM	Yes	Medic 1 PrideCare SMCAS	EMS ADM	Inpatient pharmacy (if open), otherwise with RN from ED ADM	
Lakeland St. Joseph	24/7	Inpatient Pharmacy	Inpatient Pharmacy	Yes	Medic 1 PrideCare SMCAS	EMS ADM	Inpatient Pharmacy	Inpatient Pharmacy
Lakeland Watervliet	0730 to 1600	Locked cabinet in ED	Locked cabinet in ED	Yes	Medic 1 PrideCare SMCAS	EMS ADM	ED ADM (with RN)	ED ADM (with RN)
Oaklawn	24/7	Inpatient Pharmacy	Inpatient Pharmacy	No	N/A	N/A	Inpatient Pharmacy	Inpatient Pharmacy
Spectrum-Pennock Hospital	M-F: 0630-2300 WE/H: 0730-1600	Inpatient Pharmacy during open hours, NO EXCHANGE after hours		No	N/A	N/A	Inpatient Pharmacy during open hours, NO EXCHANGE after hours	
Sturgis	M-F: 0730-1600	Locked cabinet in ED (Medic obtains key from ADM)	Locked cabinet in ED (Medic obtains key from ADM)	Yes	LifeCare	Locked cabinet in ED (Medic obtains key from ADM)	ED ADM (with RN)	ED ADM (with RN)
Three Rivers	M-F: 0600-1800 WE/H: 0700-1700	Locked area outside of the ED (inform Pharmacy)	Locked area outside of the ED	Yes	LifeCare SCEMS Three Rivers FD	ED ADM	ED ADM	ED ADM

M-F = Monday-Friday

WE/H = Weekends and Holidays

ADM = Automated Dispensing Machine (Pyxis, Omnicell, etc.)

**Appendix 8
EMS MEDICATION BAG REFILL FORM**



Date: _____ Incident #: _____ EMS Bag Number: _____ EMS Agency: _____

Unit #: _____ Paramedic Name (print): _____ Paramedic Employee #: _____

EMS Medication Bag Main (Black) Compartment (Stocked by Pharmacy)

Quantity Used (Quantity Stocked):

- | | |
|---|---|
| _____ (3) Adenosine 6mg/2mL vial | _____ (3) Lidocaine 2% 100mg/5mL syringe |
| _____ (2) Atropine 1 mg/10 mL syringe | _____ (1) Lidocaine 2% jelly 5mL tube |
| _____ (1) Calcium chloride 10% 1 gm/10 mL syringe | _____ (2) Magnesium sulfate 1g/2mL vial |
| _____ (2) Epinephrine 1:1000 1mg/1mL vial | _____ (2) Sodium Bicarb 8.4% 50mEq/50mL syringe |
| _____ (8) Epinephrine 1:10,000 1mg/10mL syringe | _____ (1) Tetracaine 0.5% ophthalmic 2mL bottle |
| _____ (1) Glucagon 1mg vial w/1mL sterile water | _____ (1) TXA Kit |
| _____ (1) Racemic epinephrine 2.25% 0.5mL vial + (1) Sodium chloride 0.9% 5mL vial for nebulization | |

Paramedic to secure the compartment with the enclosed **RED** lock **before** turning in the bag.

Notes to Pharmacy:

EMS Medication Bag Green Compartment (Stocked by Paramedic)

Quantity Used (Quantity Stocked):

- | | |
|---|---|
| _____ (3) Acetaminophen 160mg/5mL | _____ (2) Ondansetron 4mg/2mL vial |
| _____ (3) Acetaminophen 325mg tab | _____ (2) Ondansetron ODT 4mg single dose |
| _____ (4) Albuterol 2.5mg/3mL | _____ (2) Medication cannula - needleless |
| _____ (4) Aspirin 81mg blister pack tab | _____ (1) Microdrip IV set 60gtts/mL |
| _____ (2) Dextrose 10% 250mL w/10gtts set | _____ (1) Nebulizer |
| _____ (1) Diphenhydramine 50mg/1mL | _____ (2) Needles 18/19ga 1.5" safety |
| _____ (2) Duoneb (albuterol/ipratroprium) 3mL | _____ (2) Needles 22/23ga 1.5" safety |
| _____ (1) Ibuprofen liquid 100mg/5mL (15mL) | _____ (2) Piggyback labels colored |
| _____ (3) Ibuprofen 200mg tablet | _____ (2) Syringe 3mL |
| _____ (1) Ketoralac 15mg/1mL vial | _____ (2) Syringe 5mL |
| _____ (1) Methylprednisolone 125mg/2mL | _____ (2) Syringe 10mL |
| _____ (4) Naloxone 2mg/2mL syringe | _____ (2) Syringe 20mL |
| _____ (1) Nitroglycerin 0.4mg (25 count bottle) | _____ (4) Sodium chloride 0.9% 10mL syringe |

Paramedic to confirm all supplies and medications are present and in date, then secure the compartment with a **WHITE** lock containing the EMS agency name, paramedic employee number, and next expiring medication name/date written **LEGIBLY** on it.

R5MCAN Controlled Substances Documentation Form



Controlled Substances Documentation Form

Date: _____ Patient Name: _____ Green Lock #: _____

EMS Agency: _____ Unit: _____ Incident #: _____ Red Lock #: _____

Description	Expiration Date(s)*	Amount Administered	Amount Wasted	Paramedic Name/Signature	Name/Signature of Wasting Witness
Ketamine 500mg/10ml (1)					
Midazolam 5mg/1 ml (4)					
Fentanyl 100mcg/2ml (3)					

*Paramedic to confirm integrity of, and document expiration dates for, all unused vials.

NOTE: All controlled medication use and wastage must include documentation of a witness, which may be an RN, physician, or a pharmacist.



Controlled Substances Documentation Form

Date: _____ Patient Name: _____ Green Lock #: _____

EMS Agency: _____ Unit: _____ Incident #: _____ Red Lock #: _____

Description	Expiration Date(s)	Amount Administered	Amount Wasted	Paramedic Name/Signature	Name/Signature of Wasting Witness
Ketamine 500mg/10ml (1)					
Midazolam 5mg/1 ml (4)					
Fentanyl 100mcg/2ml (3)					

*Paramedic to confirm integrity of, and document expiration dates for, all unused vials.

NOTE: All controlled medication use and wastage must include documentation of a witness, which may be an RN, physician, or a pharmacist.



Controlled Substances Documentation Form

Date: _____ Patient Name: _____ Green Lock #: _____

EMS Agency: _____ Unit: _____ Incident #: _____ Red Lock #: _____

Description	Expiration Date(s)	Amount Administered	Amount Wasted	Paramedic Name/Signature	Name/Signature of Wasting Witness
Ketamine 500mg/10ml (1)					
Midazolam 5mg/1 ml (4)					
Fentanyl 100mcg/2ml (3)					

*Paramedic to confirm integrity of, and document expiration dates for, all unused vials.

NOTE: All controlled medication use and wastage must include documentation of a witness, which may be an RN, physician, or a pharmacist.



Appendix 10

Sample Hospital Controlled Substance Box Restocking Documentation Log

Date of Use	Used Box #	Versed 5mg/1mL Used	Fentanyl 100mcg/2mL Used	Ketamine 500mg/10mL Used	EMS Agency	Red Tag #	New Green Tag #	New Red Tag #	Technician/Pharmacist Initials
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Sample R5MCAN EMS Medication Bag Exchange Log



EMS Medication Bag Exchange Log (full used-new bag, one for one exchange)

Date/time	Drug Bag # In	Drug Bag # Out	Agency/Unit #	PRINTED name	Signature

Approval of Medical Director from each MCA


Regional Medical Control Authority Network
Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St Joseph & Van Buren Counties
Medical Directors' Acknowledgement/Approval:

To submit the proposed *EMS Medication Replacement, Exchange and Security Procedure* and associated appendices to the State of Michigan Bureau of EMS Trauma and Preparedness for review and approval, so that it may be implemented by the undersigned MCAs in Region 5.

MCA	Name (signature)	Title	Date
Allegan County	 Joshua Mastenbrook, MD	Medical Director	4-11-2018
Barry County	 Matt Scarff, MD	Medical Director	4/13/18
Berrien County	 Jonathan Beyer, DO	Medical Director	4/13/18
Branch County	 David Fuchs, MD	Medical Director	5-2-18
Calhoun County	 Tyler Vaughn, MD	Medical Director	4/15/18
Cass County	 GREG HAMMONS, DO	Medical Director	4/16/2018
Kalamazoo County	 William D. Fales, MD	Medical Director	4.11.18
St Joseph County	 Christopher Milligan, DO	Medical Director	4/16/2018
Van Buren County	 Andrea Allman, DO	Medical Director	4/13/18