

 <p>GEORGIA DEPARTMENT OF COMMUNITY HEALTH</p> <p><b>Division of Emergency Preparedness and Response</b> <b>Office of Emergency Medical Services and Trauma</b></p>	<b>INDEX</b>	<b>PRO-D-01</b>
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**SUBJECT: Pharmaceuticals Related to Emergency Medical Services**

**I. Purpose:**

This procedure provides direction and guidance for licensed air ambulance services, ground ambulance services, medical first responder services and neonatal transport services (hereinafter referred to collectively as emergency medical services or EMS providers) in the procurement, control, handling and accountability of pharmaceuticals as related to emergency services.

**II. General Provisions:**

- A. The EMS Medical Director and the EMS Director shall develop and adopt a policy and procedure for obtaining pharmaceuticals and intravenous fluids (IVs) from a legal source.
  - 1. The policy and procedure will address, at a minimum, the following issues:
    - a. Procurement;
    - b. Handling;
    - c. Storage and security; and,
    - d. Accountability including waste and expiration.
  - 2. The State Office of Emergency Medical Services (OEMS) will review the contract to determine if it satisfactorily meets the license requirements. This office strongly recommends consultation with the legal counsel of the service at the local level.
- B. Emergency medical services in counties with a population less than 12,000 and choosing not to have a medical director shall adopt a policy and procedure for obtaining IVs from a legal source.
  - 1. These services without a medical director shall have an IV solution kit containing at a minimum the following:
    - a. 500 milliliters of D<sub>5</sub>W;
    - b. 1000 milliliters of Ringers Lactate solution; and,
    - c. 2000 milliliters of normal saline solution.
  - 2. The regional EMS medical director shall approve contents of the IV kit as long as it meets the requirements of the Official Code of Georgia Annotated (O.C.G.A.) and Department of Community Health (DCH) Rules and Regulations.

**III. Procurement of Pharmaceuticals:**

- A. Each emergency medical service will be responsible for negotiating a written agreement with a licensed pharmacy to furnish drugs and controlled

substances for the vehicles of their particular services as established by O.C.G.A. §26-4-116.

1. When an emergency medical service has vehicles stationed in multiple counties, it may elect to negotiate additional agreements, not to exceed one (1) per county.
  2. A copy of this agreement must be on file at the emergency medical service base location, the OEMS and the designated source of the pharmaceuticals.
- B. There must be an established list of the pharmaceuticals that will be carried on each ambulance and approved by the service medical director. The list shall be signed by the EMS Director, local EMS Medical Director, and Pharmacist.
- C. Emergency medical services without a local service medical director must adhere to the list established in consultation with the State EMS Medical Director.

#### **IV. Control and Accountability:**

- A. To ensure that the pharmaceuticals are in date and handled appropriately, the EMS Director and EMS Medical Director shall establish a system of accountability and control as established by O.C.G.A. §26-4-116.
- B. All pharmaceuticals shall be stored in a secure and environmentally appropriate manner as established by DCH Rules and Regulations 290-5-30-.10(2) Storage of Pharmaceuticals.
1. Location:
    - a. Drugs and IVs shall be stored in locked (utilizing tamper-proof numbered seals, combination locks, or keyed locks) kits.
    - b. Drugs and IVs may be stored in a vehicle in closed and locked compartments if the vehicle is parked in an environmentally controlled building.
    - c. Drugs and IVs may be stored in a secure facility that is locked and environmentally controlled.
  2. Drugs and IVs shall be maintained at a temperature within the range specified by pharmaceutical manufacturers.
- C. An approved patient care report and/or supplement shall serve as the certificate of disposition for all pharmaceuticals. Information regarding proof of use in accordance with Georgia Code must appear on the report and include:
1. name of the pharmaceutical or IV;
  2. dosage;
  3. name of ordering physician;
  4. name of patient;
  5. date and time of administration; and,
  6. name of EMT-I, Cardiac Technician or Paramedic administering the pharmaceutical(s) or IVs.

7. The patient care report and any supplement must be signed by the ordering physician and provided to the receiving hospital within twelve (12) hours unless the order was issued by a designated base station facility, in which case the medical control patient log number will suffice.
- D. Disposition of expired pharmaceuticals must be addressed in the agreement between the ambulance service and the designated source.

**V. References:**

O.C.G.A. § 31-11-5

O.C.G.A. § 31-11-60

O.C.G.A. § 26-4-116

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.06

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.07

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.08

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.09

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.10

Rules and Regulations for Emergency Medical Services Chapter 290-5-30-.18

**VI. Related Documents:**

Form L-03-A: GA-EMS 1000 Schedule E

**VII. History:**

08/27/1991: Implemented JBO

07/01/1994: Revised RKW

09/30/2003: Revised RDB

11/09/2005: Revised RDB

07/01/2009: Revised BRW