

North Yarmouth Fire Department - Standard Operating Guidelines	Code: A-128
Out of Box Medications	
Developed: 01/08/2016	Approved By: <i>GAP</i>
Revised:	Pages: 3
Policy Signed:	

1. Medication Storage

A. Non-scheduled medications are approved for out-of-drug-box storage by the Maine EMS Board in accordance with the *Standard for Out-of-Drug-Box Medication Storage*, revised April 4, 2012. The following non-controlled medications will be stored outside of a pharmacy sealed drug box in the manner prescribed in # 3 below: Naloxone, Baby Aspirin, Albuterol, Nitroglycerin, D-50, and Oral Glucose.

B. Scheduled medications are not approved for out-of-drug-box storage. A service must comply with the requirements of the Maine EMS Rules, Chapter 6, regarding the acquisition, storage, accountability and documentation of scheduled medications.

2. General

A. North Yarmouth Fire Rescue authorized by Board license or permit to handle drugs or medications shall use as the source of drugs and medications a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board. The system of drugs and medications distribution will be overseen by a responsible pharmacist, or by a regional medical director or his/her physician designee.

B. A service must have written authorization from the pharmacist (who is responsible for that service's sealed drug box), and the service's medical director, or the regional medical director in order to initiate and maintain out-of-drug-box storage of nonscheduled medications. The signatures at the end of this agreement indicate written authorization by the pharmacist and regional or service medical director.

3. Storage of North Yarmouth Fire Rescue Out-of-Drug-Box (ODB) Drugs

A. ODB medications shall be stored:

1. In packaging as dispensed by [name] pharmacy. Labeling shall include the expiration date of the medication.
2. With provision for reasonable climate control.
3. In an area that provides for limited access (e.g. jump kit or cabinet).

Out of Box Medications

B. North Yarmouth Fire Rescue shall maintain a written policy indicating:

1. ODB medications will be stored in the top pull out drawer (under the work station and above the IV Drawer) on the driver's side of Ambulance 56 (A-56), the EMS jumpkit on A-56, and the jumpkit on Engine 52
2. North Yarmouth Fire Rescue EMT-B, EMT-A, and EMT-P personnel are authorized to receive, handle, and account for ODB medications.

4. Accountability

A. A log for each ODB medication storage location will be kept by North Yarmouth Fire Rescue, indicating the:

1. Description and quantity of medications kept outside of the drug box;
2. Date and time that an ODB medication container is received by the service and placed in the service's designated ODB medication storage location(s);
3. Use and disposal of ODB medications including applicable MEMS patient/run record number; and,
4. Legible signature of person making the log entry.

B. To ensure that ODB medications have not expired or been tampered with, the integrity of the pharmacy packaging, as approved by the issuing pharmacist, and the expiration date, must be checked at least weekly and recorded in the ODB log. Any discrepancy noted will be immediately reported to North Yarmouth Fire Rescue's Chief of Department

C. The ODB log, the service's written policy for ODB medications, and the pharmacist's written authorization for ODB medication storage, will be checked at the annual service inspection, or as requested by Maine EMS.

5. Prescribing, Ordering and Recording

The administration of all medications to a patient shall be determined by applicable protocols and recorded on the run report.

6. APPROVAL

North Yarmouth Fire Rescue is authorized to initiate and maintain out-of-drug-box storage of non-scheduled medications in accordance with the requirements set forth in this Standard Operating Procedure.

Out of Box Medications

Date: _____

Print: _____

Signature: _____
Director, Maine Medical Center Pharmacy

Date: _____

Print: _____

Signature: _____
Regional Medical Director or Service Medical Director

Date: _____

Print: _____

Signature: _____
North Yarmouth Fire Rescue Chief