

## DHS QR Policy For Drug Box Check

An administrative medical director for an emergency medical services provider or ambulance service shall ensure that: 1. An EMCT for whom the administrative medical director provides administrative medical direction: a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT, consistent with requirements in Article 5 of this Chapter; b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and

c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;

2. Policies and procedures for agents to which an EMCT has access: a. Specify that an agent is obtained only from a person: i. Authorized by law to prescribe the agent, or

ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;

b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to: i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;

ii. Document the time and date that each individual takes physical control of the supply of agents;

iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;

iv. Document any of the conditions in subsection (F)(2)(b)(iii);

v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;

vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and

vii. Record each administration of an agent on a prehospital incident history report;

c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and

d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is: i. Secured in a dry, clean, washable receptacle;

ii. While on a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and

iii. If a controlled substance, in a hard-shelled container that is difficult to breach without the use of a power cutting tool and: (1) Locked inside a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service,

(2) Otherwise locked and secured in such a manner as to deter misappropriation, or

(3) On the person of an EMCT authorized access to the agent;

3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and

4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.