

**ALBUQUERQUE FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**

EMS Protocols, Forms/Logs

SOG 7-1-01

Page 1 of 1

SOG Committee Action	Implemented 07/01/08	Revision	Implemented 07/01/08
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The link below will take you to the EMS Protocols, EMS supplies/equipment and ordering process, and the Drug Logs.

<http://www.cabq.gov/fire/protocols.html>

**ALBUQUERQUE FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**

Ordering EMS Equipment and Supplies

SOG 7-1-02

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Purpose

The purpose of this guideline is to establish a method by which all Albuquerque Fire Department response units are provided with sufficient and appropriate EMS equipment and supplies to effectively and efficiently deliver EMS services to the citizens of the Albuquerque community.

Guideline

It is the goal of the Albuquerque Fire Department to provide all necessary equipment and supplies to all members operating on the fireground and at emergency scenes. It is the responsibility of each company officer to ensure that those under their command are provided with equipment and supplies appropriate to their respective response capabilities. It is also incumbent upon each member to ensure their own safety by the full and appropriate use of equipment and supplies that has been provided to them.

Fire Station personnel should conduct an EMS Equipment and Supply inventory review of all assigned station EMS response units at least bi-weekly. Whenever EMS equipment and supplies are needed, they should be ordered using the “EMS Order Form” and should be based on their EMS Equipment and Supply inventory review. Fire station personnel should maintain a minimum EMS station inventory level quota at all times.

Operational Guidance

I. The directions for inventory, ordering, and maintenance of effective inventory stores are detailed as follows:

A. Step One.

1. All Fire Department Stations will conduct a bi-weekly inventory of their EMS supplies on the Monday following each pay period detailing the equipment and supplies needed to support EMS response capabilities.
2. Upon determining their EMS inventory replenishment requirements, station personnel should fill out the online “EMS Order Form,” that can be found in Microsoft Office Outlook.

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3. The station member should fill in all contact information on the form, including the date, name, man #, battalion, shift, and station.
- B. Step Two.
1. Using Microsoft Office Outlook (via email), the stations should submit the “EMS Order Form” to the EMS Field Supply Coordinator, by no later than noon on the first Tuesday following each pay period.
 2. The EMS Order Form will be addressed to [AFD EMS](#) (EMS Supply Field Coordinator Office).
- C. Step Three.
1. The EMS Supply Field Coordinator will conduct a quality control assessment of the submitted inventory.
 2. If the EMS Supply Field Coordinator finds any discrepancies or has any concerns with the request the EMS Supply Field Coordinator has the latitude to alter the request to comply with AFD requirements.
- D. Step Four.
1. Once the order is approved, the EMS Supply Field Coordinator will forward the “EMS Order Form” to Logistics for processing.
 2. Logistics will process the submitted inventory request and deliver the request to the appropriate station.
- E. Step Five.
1. Upon reception of the EMS equipment and supply delivery, stations should inventory the distribution to ensure that all items are accounted for.
 2. The receiving station officer will sign the accompanying paper work to show that the station has received the correct allocation.

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Ordering EMS Equipment and Supplies

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F. Step Six.

1. The EMS Supply Field Coordinator will conduct a monthly review to determine the EMS equipment and supply requirements for the restocking of the AFD equipment and supplies issued.
2. Once the review has been completed, the EMS Supply Field Coordinator will fill out a Monthly EMS Order Form and submit the request to Logistics for review.

G. Step Six.

1. After an appraisal of the monthly application, Logistics will forward the request to the contracted EMS vendor(s) to complete the monthly ordering process.

H. Step Seven.

1. Once the request has been processed and completed by the contract vendor, and the supplies are received, Logistics will notify the EMS Supply Field Coordinator.
2. A monthly inventory of the product will be conducted by Logistics and the EMS Supply Field Coordinator to maintain quality control and accountability.

**ALBUQUERQUE FIRE DEPARTMENT
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CISD

SOG 7-1-03

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Under Development

Mass Casualty-Incident Response: MCI

Designation of Condition:

A Mass Casualty Incident may be defined as “any event resulting from man-made or natural causes resulting in illness and/or injuries that exceed the EMS capabilities of a hospital, locality, jurisdiction and/or region”. We must remember that these events typically necessitate a large response and thereby tax the EMS system; creating an inability to resolve the emergency using routine procedures. The High Level Mass Casualty Incident or MCI is any incident involving 25 – 100 patients. A Low level MCI is any incident involving 5 - 25 patients. Although this type of incident has the potential to stress the EMS system, it may still be handled utilizing a localized response. A Disaster is any Incident involving more than 100 patients. A response to a “ Disaster” incident will require notification and request for State and or regional resources. These procedures must be processed first within the framework of the Incident Management System and Local Fire/ EMS Standard operating procedures.

* Triage tags will be used in all incidents where greater than 5 patients have been identified as transportable. Triage tags should be used on smaller incidents to help improve scene organization and to facilitate ease of use during Large incidents such as “High – level” MCI’s.

Note: These incidents may involve Chemical, Biological, Radiological, Nuclear, and or Incendiary/Explosive devices. (CBRNE)

PROCEDURE:

- The first arriving Unit at a High or low level Mass Casualty incident or Disaster shall establish command. It is the responsibility of the first arriving unit to implement the MCI protocol on incidents requiring a Low or High Level MCI designation, also to include a Disaster response. In the event that a unit other than the local Fire department arrives on scene first, command shall be established and then transferred to the Fire Department upon arrival of local Fire Department response units.
- This protocol does not address specific Fire department Standard Operating Guidelines but outlines the specific “ EMS tactical objectives” to be completed during this type of incident.
- **EMS Tactical Objectives:**
 - 1. Completion of a “**Triage Report**”.
 - 2. Declaration of “**All IMMEDIATES transported**”.

The National Incident Management System (NIMS) is designated as the predominant Incident Command System by the Department of Homeland Security and FEMA it will be used at all Mass casualty or Disaster incidents. The Incident Management system will drive the completion of all tactical objectives identified by the Incident Commander.

Arrival:

- Declaration and Notification: The First arriving unit shall communicate with dispatch, ie.. what I have, what I need, what I'm doing, who's in charge. " Initial actions shall be directed toward scene size-up, request of additional resources and scene organization.
- Example: Engine 1 to Alarm, we are onscene, we have a restaurant explosion with multiple victims. This is a High level MCI. Engine 1 is staged at Central and 4th street, We will initiate Triage and extrication. Engine one has command and accountability.
- Note: Initial response units should proceed to the scene, additional resources shall use Level 1 staging (one block away in the direction of travel; awaiting assignment). The onscene Incident Commander should consider Level 2 staging early in the incident (Designated area for responding apparatus, with a designated staging officer) for additional units.
- In the event an Ambulance unit arrives onscene first, a "clear text" message using common language will be used to communicate the type of incident and to request Fire Department response (see above). Remember these events may require extrication and or specialty responders. Training and local Fire/ EMS Standard Operating Guidelines should dictate your actions.
- The first arriving unit must determine the number and condition of patients. The first arriving unit should also consider the resources necessary to mitigate the emergency. Notification of the AFD or BCFD fire communications centers will include:
 1. Type of incident
 2. Estimated number of patients
 3. Additional resources needed
- The AFD or BCFD communications center will notify all other area dispatch centers and Santa Fe Control [Albuquerque Base if patients will be transported to Albuquerque]. Notification of the regional hospitals will be accomplished using EMSsystems® and local dispatch/ Albuquerque base. All facilities on caution or closed status will open or be forced open for the duration of the Incident. All hospitals will utilize EMSsystems® for initial and ongoing capacity updates.
- The Office of Emergency Management (City of Albuquerque and or Bernalillo County; dependent upon jurisdiction and severity of the incident) will be notified for all events designated as a "High Level MCI" or greater. The Office of Emergency Management is instrumental in the coordination and management of essential resources. Consider notification of the Office of Emergency Management for Low level MCI's based upon severity of injuries, number of immediates and or type of incident.
- Ambulance personnel are primarily responsible for transport of injured patients from the incident scene. Ambulance personnel may act in the capacity of Transport officer. Communications with the Transport officer should take place on EMS 1.

| Staging

Additional resources should be requested early in the incident.

- All High level MCI's should result in Level 2 staging. Level 2 staging requires units to park or stage a sufficient distance to keep the scene from becoming congested.
- Non- Fire or outside agencies that are requested to respond to the scene should respond to the designated staging area and report to the staging officer.

Incident Command System

- The Fire Department will have overall control of the EMS and Fire/Rescue operations—Only Fire Department personnel will be involved in rescue/hazmat/fire suppression roles. These roles may be identified as Triage, Extrication, Treatment and or Transport as necessary. Initially, Ambulance personnel may be utilized in essential areas to help rapidly process victims. As Fire Department personnel become available, they can and should replace Ambulance personnel in identified areas as necessary to facilitate transport of injured victims. Let training and equipment dictate your role or actions.
- Due to the number and condition of victims, available onscene resources may quickly become overwhelmed. Triage must begin immediately to enable onscene units to maintain a level of organization and control. Maintain a high index of suspicion with regards to scene safety and potential hazards, i.e. CBRNE.(Chemical, Biological, Radiological, Nuclear, and Explosives).

Patient Management

- Patients will be triaged using the state adopted START Triage System


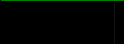




Triage Officer:

- Once Triage is complete, a “**Triage Report**” should be given to the AFD or BCFD communications centers. The “**Triage Report**” is given by the Triage officer and should state the total number of patients, along with the appropriate numbers in each triage category. This report signifies that triage is complete, and also communicates the scope of the incident to all responding agencies . The “**Triage Report**” will also be given to Command identifying the number of patients in each triaged category in this order:
 - Number of Immediate (Red)
 - Number of Delayed (Yellow)
 - Number of Minor (Green)
 - Number of Dead/Dying (Black)
- The Albuquerque Fire Department has two MCI trailers. The MCI Trailer is an additional resource for triage and treatment equipment. It should be requested as early in an incident as possible. Each trailer contains BLS supplies sufficient to treat 50 patients.

START Triage Categorization Criteria

Triage Category	Description
Red Tag (Immediate/Critical)	These are patients of the highest priority which, in most circumstances, are removed and treated first. This categorization <u>EXCLUDES</u> patients that are in cardiopulmonary arrest or are near death and have, in the judgement of the Triage Officer, fatal injuries.
Yellow Tag (Delayed/Serious)	Patients whose condition is serious and needs attention. However, treatment and removal may be delayed until viable Red Tag patients have been treated and transported.
Green Tag (Minor/Stable)	Patients who may have treatment and/or transport delayed, but require treatment and transport. They may be the last to be transported.
Black Tag (Deceased)	Patients who are already dead, or so severely injured, that death is certain within a short time, regardless of treatment given.
<i>Contaminated</i>	These patients may be from any triage category but need to be grossly decontaminated <u>prior</u> to transport.

START Triage Algorithm

Move Walking Wounded	MINOR	
No Resp. After Head Tilt/OPA	DEAD-DYING	
Respirations - Over 30	IMMEDIATE	
Pulse – No Radial Pulse	IMMEDIATE	
Mental Status – Unable to follow simple commands	IMMEDIATE	
Otherwise...	DELAYED	

* Remember Respirations-Pulse-Mentation (RPM) while determining IMMEDIATE patients

Treatment:

All treatment will follow local standard of care-On scene treatment will be minimal and patients will be transported as expeditiously as possible.

Patient Distribution Guidelines: The following is a starting point in determining initial patient transport destinations, as well as a guide for each successive wave of transports in an MCI or Greater incident. The hospitals must, at a minimum, accept the following numbers of patients. Some hospitals may choose to increase their patient allotment, or accept patients with a higher level of acuity. Local hospital capacities may change daily and will require frequent re-evaluation as appropriate. During a declared MCI or greater, any closed facility will automatically be put on open status (unless on black closure), no facilities will be allowed to close, and no facilities will divert patients brought to them based on the protocols below

	Hospital	Trauma	Medical
1. Most severely injured	University	up to 3 Red Tag or 3 Yellow Tag or 3 Green Tag patients (or any combination, not to exceed 3 per wave)	2 Patients/wave
2. Next most injured .	Lovelace Downtown Or	up to 1 Red Tag or 2 Yellow Tag or 3 Green Tag patients (or any combination, not to exceed 3 per wave)	2 Patients/wave
	Presbyterian	up to 1 Red Tag or 2 Yellow Tag or 3 Green Tag patients (or any combination, not to exceed 3 per wave)	2 Patients/wave
3. Any Green Tag Patients	Kaseman Lovelace Women's Lovelace West Mesa VA Heart Hospital	Up to 2 Green Tag patients per wave Heart Hospital will accept 1 Red Tag or 1 yellow tag isolated chest trauma patient if necessary.	2 Patients/wave

Patient distribution will follow above guidelines in initial and all subsequent waves

The Transport Officer will:

1. Assign patients to ambulances and designate appropriate destination.
2. Request dispatch to notify receiving hospitals of patients' arrivals. This notification may take place thru Albuquerque Base or AFD/ BCFD communications centers.
3. The final benchmark or Tactical objective is **“All Immediates Transported”**. This “Tactical Objective” is announced when all patients that have been tagged as immediate (Red Tag), have been transported off scene.
4. Notify command when “All” patients have been transported.

ALBUQUERQUE FIRE DEPARTMENT Standard Operating Guidelines INFORMATIONAL MEMO	Update of the Desktop Pharmacy procedures Manual Number 33 02/12/08 Page 1 of 1 Pages
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INFORMATIONAL MEMO

Purpose:

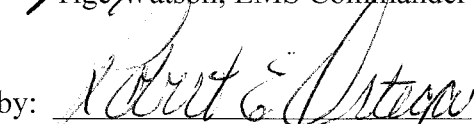
The “Desktop Pharmacy Procedures” have been revised. Discard the previous document. The revised “Desktop Pharmacy Procedures” are to take affect immediately. Below is a list of the changes to our current procedures. Make yourself familiar with these changes as you will be responsible for their adherence.

- Contract Pharmacist inspections - Detailed
- Lost/ Misplaced Key – New procedure, Reporting and Chain of Command
- Stolen Key - New procedure, Reporting and Chain of Command
- Lost or Misplaced Controlled Medications - New procedure, Reporting and Chain of Command
- Lost or Misplaced Non Controlled Medications - New procedure, Reporting and Chain of Command
- Stolen Medications - New procedure, Reporting and Chain of Command
- Controlled Medications Log -
- Security – To include Controlled Medications and The “Lock box” key
- Medication and Device procurement – Expanded
- Expired Medication storage - Expanded

If you have further questions or concerns. Contact the EMS Commander (833-7308) or EMS supply coordinator at 934-1377.



Tige Watson, EMS Commander

Approved by: 

Robert E. Ortega, Fire Chief

Albuquerque Fire Department

Use & Documentation of Medications

Desktop Pharmacy Procedures

To be Reviewed 01/09

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General Statement

The Albuquerque Fire Department hereinafter referred to as the Department, will be licensed as EMS clinics in accordance with current New Mexico Board of Pharmacy Regulations.

As such, personnel will be engaged in the following:

- Administration of non controlled medications, including controlled medications/substances, to patient(s) under care at the “EMS Clinic”.
- Non controlled and controlled medications-procured and stored will be limited to those listed in the EMS Clinic formulary, and posted in the EMS Clinic and the AFD Use and Documentation of Medications Desktop Pharmacy Procedures Manual.
- The Department will contract with a licensed pharmacist to serve as a consultant. This pharmacist will provide services delineated by the Board of Pharmacy Rules and Regulations.

Any inadvertent, incorrect or accidental administration of any medication(s) will be immediately reported to the EMS Commander, the Consulting Pharmacist and the AFD Medical Director.

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Duties of Consultant Pharmacist

The Department will contract with a licensed pharmacist who will serve as a Consultant Pharmacist. The general duties of the Consultant Pharmacist are listed below:

- To abide by the code of ethics of the American Society of Consultant Pharmacists. Must be qualified to practice as a consultant pharmacist and be aware of all federal and state drug laws, rules and regulations related to pharmacy services, and to provide the Department with current information pertaining to drug service.
- Ensure that medications are handled in the Department (EMS Clinics) facilities in which he/she is the consultant pharmacist in a manner that protects the safety and welfare of the patients we serve.
- Set the policy and procedures in the Department (EMS Clinics) as related to all facets of medication handling and distribution: these policies and procedures to be reviewed and updated on an annual basis.
- Visit the Department (EMS Clinics), commensurate with their duties, as specified by Pharmacy Board regulations relative to the facility or by written contract with the administration of the facility not inconsistent with Pharmacy Board regulations.
- Make every effort to assure the maximum level of safety and efficacy in the provision of pharmaceutical services, with the understanding that the primary goal and objective shall be the health and safety of the patient.
- Maintain proper ethical codes by not condoning or participating in any transaction with any practitioner of another health profession, or any other person whosoever under which fees are divided, or rebates or kickbacks paid or causes to be paid, or which may result in financial exploitation of patients or their families in connection with the provision of drugs and medications or supplies of pharmaceutical services.
- Visit the principal place of business and review all instances in which controlled substances were used, and review all or a sample of instances in which other drugs were used, at least every 90 days and report in writing any exceptions to the Medical Director and the Fire Chief within 24 hours or within a reasonable time period upon learning of the same
- Make a written report to the Medical Director and Fire Chief at least annually on AFD's drug handling practices, including corrective action taken on exceptions.

Department (EMS Clinics) Formulary

The medications to be procured and stored by the Department (EMS Clinics), and administered to the patients under the care of the Department will be limited to the following formulary:

IV Solutions

NaCl 0.9%,
Lactated Ringers
Dextrose 5% in Water

Controlled Medication/Substances/ Narcotic

Morphine
Midazolam
Diazepam

Irrigating Solutions

Sterile water for irrigation
NaCl 0.9% for irrigation

Non Controlled Medications

Aspirin	Adenosine
Atropine Sulfate	Albuterol
Dextrose 50%	Diphenhydramine
Dopamine	Epinephrine
Furosemide	Glucose
Lidocaine	Magnesium Sulfate
Naloxone	Neo-Synephrine
Nitroglycerin	Sodium Bicarbonate
Xylocaine	

Modifications may be made to this formulary based on updates of medical protocols. The AFD Medical Director responsible for the Department will determine that the formulary list is consistent with treatment protocols and scope of practice regulations.

Desktop Pharmacy Procedures

Medication Procurement

Medications carried by the Department will be purchased from an appropriate supplier in accordance with State and City procurement requirements.

Medications listed below may only be purchased by the EMS Commander or designee.

- Morphine Sulfate
- Diazepam
- Midazolam

Packaging and Repackaging of Medications

The Department will not package or repackage medications.

Expired Medications Used for Training

Expired, non-controlled medications may be used for training purposes only. Expired medications will not be used on any patient or be stored in a patient care area. All expired medications must be labeled "EXPIRED".

- All expired medications used for training purposes must be recorded in the "Expired Medications Used for Training" log book
- Expired medications must be signed out from the expired medication log as "used for training"
- Expired medications must be signed and dated by licensed EMS personnel.
- Expired medications will not be stored in an area that contains in-date medications.

Exchange of Expiring Medications

All expiring medications will be exchanged with the AFD Pharmacy within 30 days of the expiration date or as soon as practical at the discretion of the EMS Commander or designee.

Universal Precautions

In accordance with training and written medical protocols, universal precautions should be used on all patient contacts, with all sharps, bio-hazards, and medical wastes as per current OSHA

guidelines.

Equipment

The department supplies PPE for all personnel involved in medical care. Eye protection, gloves, masks, and gowns should be used as needed and per current OSHA guidelines.

Medication Storage/Storage of Medication in Jump Kits

All medication used by the Department will be stored in one of the following locations:

1. Storage facility at the Department Pharmacy(s)
2. Rescue unit (EMS clinic)
3. Assigned to approved personnel as part of a “Jump kit” inventory
4. Medications listed below: Storage is limited to the storage facility at the Department Pharmacy(s), Rescue unit and/or pre-approved jumpkit inventory and must have a Department inventory record.

- ◆ Morphine Sulfate
- ◆ Diazepam
- ◆ Midazolam

- A. All medications must be stored with appropriate security to limit access when authorized personnel are not present. Extra precautions shall be provided for security of controlled substances.
- B. Jump kits shall be kept in the possession of a licensed AFD emergency practitioner or in a locked compartment of a mobile unit when not in use.
- C. Jump kits shall be stored in the facility if the mobile unit is parked outside of a secure vehicle bay.
- D. Medications shall be stored in an area: providing proper ventilation, lighting, and temperature controls as specified by the drug manufacturer.
- E. Medications that are outdated or which have been exposed to adverse conditions shall be segregated from the inventory and held for disposition by the consultant pharmacist or designee.

Desktop Pharmacy Procedures**Environmental Control**

AFD EMS Clinic locations are required to assure appropriate environmental controls. This includes a thermometer recording maximum and minimum temperature extremes. Medications must be stored in a clean, well lighted, clutter free area.

AFD EMS Providers will take appropriate steps to store all medications, including jump kits in a manner as to avoid temperature extremes. Drugs are temperature sensitive and will not be subject to extreme hot or cold for lengthy periods.

Security

Medications are stored in only the outlined locations as stated in the section "Medication Storage". When rescue units are not in use they are housed in a temperature controlled locked station. Keys to the station are restricted to authorized personnel only. Jumpkit security will be consistent with requirements in "Regulation 16 NMAC19.24.11 Pharmacist, Limited Drug Clinics and Storage of Dangerous Drugs by EMS".

Medications listed below may only be accessed through a separately keyed lock and stored only on the Rescue unit. Medications may also be held in a pre-approved jump kit while in the physical custody of EMS licensed AFD personnel. A Department inventory record is mandatory.

- ◆ Morphine Sulfate
- ◆ Diazepam
- ◆ Midazolam

A key for the Controlled Medication lock box located on rescue units will remain in the physical possession of the EMT-Paramedic in charge and will be transferred at the beginning of each shift between EMT-Paramedics (face to face exchange) authorized to administer the above medications. The EMS Commander will have a copy of the key for the Controlled Medication lock box to be used for random medication inspections by Fire Administration, Consulting Pharmacist, AFD Medical Director, Board of Pharmacy and/or Drug Enforcement Agency.

It is acknowledged that there is only one key at each fire station, which will be exchanged at shift exchange.

The loss of the key for the Controlled medications lock box will be immediately reported to the Respective Battalion Commander, QA officer, and the EMS Commander or Designee. The Consultant pharmacist will be notified by the EMS Commander or Designee. A written account

Desktop Pharmacy Procedures

of events will then be forwarded to the above mentioned not less than 24hrs after the Controlled Medications key is listed as lost or misplaced. The disciplinary guidelines will be strictly adhered to. If a replacement key cannot be immediately produced, then the paramedic in charge will be responsible to carry the Controlled Medications on their physical person at all times until a replacement key can be secured.

A Controlled Medication Log shall be kept daily and retained on the assigned rescue unit. The Control Medication Log will be signed at shift exchange noting the presence, amount, and condition of the controlled medications. At the end of each month the Controlled Medication Log shall be retained in the respective rescue unit and turned in during the scheduled AFD Pharmacist/Rescue inspection. The Controlled Medication Log will be inspected for completeness and accuracy. The Controlled Medication Log can be inspected at any time by the following: Battalion Commander, EMS Commander/ designee, Consultant Pharmacist, or Medical Director. All logs will be kept on record as required by statutory regulations.

Sample Medications

There will be no sample medications kept on the premises or used for the patients we serve.

Dispensing/Distribution of Medications

There will be no dispensing or distributing of medications to the patients we serve. Medications may only be administered to our patients per protocol or SOG.

Medication Recall Procedure

All recalled medication will be removed from stock as soon as possible following notification.

Upon notification of a recall, all affected lots shall be removed from stock and placed in the unusable medication box. The consultant pharmacist or designee will dispose of the unusable medication in an appropriate manner, and document that action in the log.

Administration of Medication-by EMS:

A. EMS medication administration shall be limited to drugs currently authorized by scopes of practice for EMS personnel. Each licensee shall provide a formulary to the Board on an

Desktop Pharmacy Procedures

annual basis or as changes occur.

B. EMS shall keep an up to date record in readily retrievable format for review by the Board, indicating the following information for the administration of all medications;

- (1) Date of administration;
- (2) Name of patient;
- (3) Drug name and dosage administered;
- (4) Name of physician responsible for the order, if by other than EMS protocols;
- (5) Name of EMS personnel administering the medication(s).

C. EMS shall keep SCHEDULE II controlled substances administration and receipt records separately from other medication records.

D. EMS may keep SCHEDULE III – V controlled substances receipt and administration records in the same record in which medications are recorded, provided a mechanism is employed to identify these records (such as a red “C” marked in the margin of these entries).

E. All drug receipt and administration records must be readily retrievable and retained for a period of at least three years

Receipt of Medication and Devices

All drug receipt and administration records must be readily retrievable and retained for a period of at least three years

EMS shall keep SCHEDULE II controlled substances administration and receipt records separately from other medication records.

EMS may keep SCHEDULE III – V controlled substances receipt and administration records in the same record in which medication are recorded, provided a mechanism is employed to identify these records (such as a red “C” marked in the margin of these entries).

Medication and Device Procurement

In order to purchase and stock any controlled substance, the EMS must obtain separate Drug Enforcement Administration (DEA) and state of New Mexico controlled substance registrations to be issued under the name of the service.

Desktop Pharmacy Procedures

1. Prescription medication may only be accepted from pharmacies and/or practitioners licensed by any state, territory or possession of the United States. The prescription drugs must be labeled according to section 1C of this manual. Any supplying pharmacy, not physically located within New Mexico, must register with the New Mexico Board of Pharmacy as a non-resident pharmacy if they mail or deliver prescription medications to residents in this State.
2. Any prescription medication not meeting the requirements of section 1A (1) above will be returned to the supplier or held in quarantine for the consultant pharmacist or designee to destroy.

Delivery of Medication and Devices

All medication and devices will be transported to the outlying clinics by AFD personnel. The EMS Commander, EMS Captain, EMS Field Coordinator or the Quality Assurance Captains will deliver narcotics.

Outdated Medication Policy

All medications in stock must be rotated when new stock arrives to assure that the older medications are used first. In an event that a medication expires, the medication shall be segregated from the inventory and placed in a box clearly labeled "Expired Medication". Expired Medications will be stored in a location that cannot be confused with usable medications.

The consultant pharmacist or designee on their regular visit will dispose of the medication(s)-in an appropriate manner except as authorized for training sessions under the permission and indirect supervision of the EMS Commander.

Medication Destruction and Records

Medications that are outdated or which have been exposed to adverse conditions shall be segregated from the inventory and placed in a box clearly labeled "Outdated/Exposed Medication". Outdated/Exposed Medications will be stored in a location that cannot be confused with usable medications.

Medication that has expired shall be segregated from the inventory and placed in a box clearly labeled "Expired Medication". Expired Medications will be stored in a location that cannot be confused with usable medications.

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The consultant pharmacist or designee on their regular visit will dispose of the medication(s)-in an appropriate manner except as authorized for training sessions under the permission and indirect supervision of the EMS Commander or designee.

Licensing

SCOPE: All Emergency Medical Services Providers (EMS) that operate in the State and administer drugs. Other rules applying to EMS drug use are found in 7.27.3 NMAC.

Regulation and Licensing Department Board of Pharmacy, 1650 University Blvd, NE - Ste. 400B, Albuquerque, NM 87102, (505) 841-9102

STATUTORY AUTHORITY: Section 61-11-6(A) NMSA 1978 requires the Board of Pharmacy to provide for the licensing of Emergency Medical Services (EMS) and for the inspection of their facilities and activities. Pursuant to 61-11-14(B) 11 the Board is authorized to issue licenses for EMS's. Section 26-1-16(A) NMSA 1978 prohibits the sale, disposal, or possession of any dangerous drug except by individuals and entities identified in the statute

In order to purchase and stock any controlled substance, the EMS must obtain separate Drug Enforcement Administration (DEA) and state of New Mexico controlled substance registrations to be issued under the name of the service

Jump Kits

Jump kits shall be kept in the possession of a licensed emergency practitioner, locked facility or in a locked compartment of a mobile unit. The AFD Medical Director must authorize use of jump kits, their contents and quality control of medications.

EMS care providers will proactively take appropriate steps to store all jump kits containing medications in such a manner as to avoid temperature extremes. Medications are temperature sensitive and should not be subject to extreme hot or cold for lengthy periods.

Jump kits shall be stored in the facility if the mobile unit is parked outside of a secure vehicle bay.

Jump kits will be limited to the following medications:

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EMT-Basic

Two Bags of NS or 2 bottles of sterile water
Albuterol totaling 10mg
Naloxone totaling 4 mg
Glucose Gel totaling 60 grams

EMT-Paramedic

Appropriate IV fluids
Appropriate medications as approved by Scope of Practice

Record keeping

The following records will be maintained at the Department:

Administration Log

The EMS patient reports will serve as the documentation for all medication administrations. The patient report shall include the name of the medication, dosage, route of administration and the initials or predetermined unit number of the authorized personnel administering the medication. This list will be maintained on file for a period of three years.

Invoices for Purchases of Controlled Substances

All invoices or purchases of controlled substances will be filed separately and maintained for a period of three years from the invoice date. Invoices will be kept with the Commander of EMS or designee.

Pharmacy Controlled Substances Inventory Log

This log will be completed as each dose of controlled substances is dispensed in addition to documentation on the EMS run report. A perpetual inventory will be maintained and stored in a secure location with the controlled substances. Inventory checks should be documented on the Controlled Substance Log. The perpetual inventory Controlled Substance Log must have the pharmacy address listed and double signed for the month of May per DEA regulations.

EMS Clinics Controlled Substances Inventory Log

Inventories shall be maintained on the department approved Controlled Substance Log.

A shift inventory is required at the beginning of each shift and at any change of shift or personnel.

Inventories may only be checked and recorded/documented by authorized AFD personnel.

The Controlled Substances Inventory Log shall be kept on the EMS Clinic at all times and available for inspection.

Consultant Pharmacist Inspections

The Consultant Pharmacist will inspect the principal place of business and EMS clinics at least every 90 days, the inspection will commensurate with his/her duties, as specified by Pharmacy Board regulations, written contract or at the discretion of the Department.

The general inspection duties of the Consultant Pharmacist are listed below:

- Review Departmental (EMS clinic) Formularies.
- Review all instances in which controlled medications were used.
- Inspect all controlled medications logs.
- Inspect all controlled medications on EMS clinics and in jump kits.
- Review instances in which non controlled medications were used.
- Inspect all non controlled medication logs.
- Inspect all non controlled medications stored on the EMS clinic and in jump kits.
- Inspect all medical devices stored on the EMS clinics and in the fire stations.
- Inspect all EMS medical supplies stored on the EMS clinics and in the fire stations.
- Inspect and review environmental control and temperature data of each EMS clinic.
- Inspect and review all security measures of each EMS clinic and pharmacy.
- Report in writing any exceptions to the Medical Director and the Fire Chief within 24 hours or within a reasonable time period upon learning of the same
- Definition: EMS Clinic is defined as any apparatus that carries or stores medications.

Consultant Pharmacist Visitation Log

A log documenting the visits from the consultant pharmacist and his/her activities will be kept at

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the department's pharmacy(s).

Non-Controlled Medications

1. All non-controlled medications, including intravenous solutions will be purchased by the, *EMS Field Coordinator, or the EMS Captain with the approval of the EMS Commander.* Bulk supplies will be kept in a medical supply cabinet, which is located in an environmentally controlled area of the AFD pharmacy. Access to this cabinet will be restricted to *the EMS Commander, EMS Captain and EMS Field Coordinator.*
2. Each EMS unit will have a stock of non-controlled medications as necessary for the function of that unit. This supply will be stored on the EMS Unit only and secured to prevent non-departmental personnel access as much as is practical. It is acknowledged that field operations of an emergency nature may impact this.
3. Any Albuquerque Fire Department EMS Provider, in good standing, who is licensed by the State of New Mexico Injury Prevention & EMS Bureau, may use these supplies by direction of a physician, EMS protocols or as allowed by the EMT's scope of practice.
 - a. This use shall be documented on the EMS Patient report form upon completion of the call.
 - b. Replacement of supplies expended shall be accomplished as appropriate.
 - c. Any stock removed as expired, lost, broken or otherwise unusable will be indicated on the *Expired Medication /Fluids - Disposal Transfer Log.*
 - d. The assigned officer on each shift will be responsible for the entry of patient reports documenting administration of medication(s) into the Records Management System for their apparatus. These reports will be maintained for three years. Each licensed EMT with access to these medications will be responsible for ensuring that all medications are current, environmentally protected as practical, used properly, and documented properly.
 - e. The Albuquerque Fire Department EMS Commander, Station Officers, the AFD Medical Director, the Consulting Pharmacist, and any representative of the Pharmacy Board or Drug Enforcement Agency shall have unlimited access to all supplies and documents covered by this policy. This is to include but is not limited to periodic inspections by the above mentioned personnel.

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Controlled Medications

1. ONLY an Albuquerque Fire Department EMS Provider, in good standing, who is licensed by the State of New Mexico Injury Prevention & EMS Bureau and approved by the Albuquerque Fire Department EMS Commander and/or the EMS Medical Director may handle, re-stock or administer controlled medications under the medical direction of a physician, EMS protocols or as allowed by the EMT's scope of practice. Under NO circumstance shall the controlled medications be distributed or transferred to any non AFD personnel.

2. The Albuquerque Fire Department EMS Commander or designee shall purchase controlled substances.

3. Controlled substances will be secured in a locked box in the rescue interior or physically carried by the approved AFD EMT-Paramedic for the following medications only:

Two (2)	10 mg Morphine	Total 20 mg
One (1)	10 mg Diazepam	Total 10 mg
One (1)	5 mg Midazolam	Total 5 mg

4. A Controlled Substance Log will be kept inside the EMS clinic to track the usage of all controlled substances. There shall be Proof of Use forms in the unit, and kept in the locked box. These forms will require as a minimum the following information:

- Patient Name
- Date
- Drug Name
- Total Administration
- Total Wasted
- EMS Report #
- District/Fire Station
- Paramedic signature and print
- Witness if wasting signature and print

5. Any EMT-Paramedic administering any controlled substance must complete an EMS Patient report form and the Proof of Use form upon completion of the call. The Proof of Use form will be the basis for obtaining replacement medications issued by EMS Commander or designee. The Proof of Use form shall be kept chronologically in a file for three years.

6. A Proof of Use Form will be completed for each administration of Morphine, Diazepam or Midazolam. The EMS patient report number will be listed on the run form. The Paramedic

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will sign and print their name. A witness is required only if wasting of the above mentioned medication becomes necessary. All completed Proof of Use Form(s) will be kept in a locked cabinet or secured area with the controlled substances.

7. Procedure after Administration. Following the administration of Morphine, Diazepam, or Midazolam, the Paramedic will contact the EMS Commander or designee and inform them as to which medication was administered and in what quantity. This may be done anytime and in no case later than the following day by 0800 hrs. The Proof of Use form and a copy of the EMS patient report will be placed in the controlled substance security area. The EMS Commander or designee will replace the medication.

8. Personnel should note that all medications, intravenous fluids, and controlled medication are issued from the AFD pharmacy only. No Albuquerque Fire Department EMS provider should receive these items from any other source nor should they solicit a prescription to replace these controlled substances.

9. EMT-Paramedics shall be responsible for ensuring that all controlled substances are current and used properly. They must also be documented properly. When the receiving physician authorizes waste disposal of remaining medication, the person witnessing the disposal must sign the Proof of Use Form.

10. Any unit removed from service or otherwise not secured under routine policy shall have the log and controlled substances removed and transferred to a rescue lock box or carried on the person of the on duty Paramedic.

11. Any broken/damaged vial of Morphine, Diazepam, or Midazolam will be immediately placed in a plastic bag and sealed by date, time and Paramedic. The bag will be turned in to the EMS Commander or his/her designee for drug identification and testing.

12. All DEA requisition forms will be retained in a double-locked box requiring two keys, within the AFD Pharmacy or EMS Commander's locked office. The EMS Commander or his/her designee will have access to the double-locked box.

13. To ensure security, the *EMS Commander* may change the keys periodically, even if it has not been breached released, or lost.

14. Invoices for all controlled medication purchases will be retained in the AFD Pharmacy or the EMS Commander's locked office. Administration and witnessed wastage of controlled medication will be documented on the Proof of Use form. This record will be maintained by the EMS Commander or his/her designee and will be presented to the pharmacist upon inspection.

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15. The Consulting Pharmacist, AFD Medical Director and Board of Pharmacy have the right to review patient reports, medication records, and quality assurance reports at any time.
16. The AFD Medical Director and/or Pharmacist may request that the AFD Fire Chief solicit a reasonable suspicion drug test of an AFD employee as outlined in the City Of Albuquerque Substance Abuse Policy.
17. This procedure is to be used in conjunction with departmental policies and procedures and other relevant rules and regulations.
18. This department will cooperate with any type of City Of Albuquerque, state or federal audit or investigation.

Stolen Controlled Medications

In the event that Controlled Medications are stolen from the unit or the physical person of the paramedic, the paramedic in charge is to immediately place the unit out of service and contact their respective Battalion Commander, QA officer and law enforcement. The QA Officer will notify the EMS Commander/ Designee. The Consultant Pharmacist will also be notified. Upon direction of the Consultant Pharmacist, the DEA will be notified. A written account of events must be completed and forwarded to the above mentioned not less than 24hrs after the Controlled Medications are listed as stolen.

Lost or Misplaced Controlled Medications

Controlled Medications that are lost or misplaced must be immediately reported to the respective Battalion Commander, EMS Commander/ Designee, and the QA Officer. The Consultant Pharmacist will be notified by the EMS Commander/ Designee. A written account of events must be completed and forwarded to the above mentioned not less than 24hrs after the Controlled Medications are listed as missing. The Controlled medications will be replaced as soon as practical. The AFD disciplinary guidelines will be strictly adhered to.

The AFD Medical Director and/or Pharmacist may request that the AFD Fire Chief solicit a reasonable suspicion drug test of an AFD employee as outlined in the City Of Albuquerque Substance Abuse Policy.

Stolen Non Controlled Medications

In the event that Non Controlled Medications are stolen from the unit or the physical person of the paramedic, the paramedic in charge is to immediately place the unit out of service and contact their respective Battalion Commander, QA officer and law enforcement. The QA Officer will notify the EMS Commander/ Designee. The Consultant Pharmacist will also be notified. Upon direction of the Consultant Pharmacist, the DEA will be notified. A written account of events must be completed and forwarded to the above mentioned not less than 24hrs after the Non Controlled Medications are listed as stolen.

Lost or Misplaced Non Controlled Medications

Non Controlled Medications that are lost or misplaced must be immediately reported to the respective Battalion Commander, EMS Commander/ Designee, and the QA Officer. The Consultant Pharmacist will be notified by the EMS Commander/ Designee. A written account of events must be completed and forwarded to the above mentioned not less than 24hrs after the Non Controlled Medications are listed as missing. The Non Controlled medications will be replaced as soon as practical. The AFD disciplinary guidelines will be strictly adhered to.

The AFD Medical Director and/or Pharmacist may request that the AFD Fire Chief solicit a reasonable suspicion drug test of an AFD employee as outlined in the City Of Albuquerque Substance Abuse Policy.

Authority to Access Controlled and Non Controlled Medications

Only Albuquerque Fire Department EMT-Paramedics, in good standing, who are licensed by the State of New Mexico Injury Prevention & EMS Bureau while on duty, have my authority to access controlled substances within their full scope of practice, in accordance with pre-established EMS Medical Protocols.

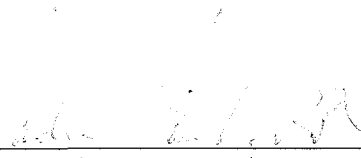
1. This specifically includes the access of Morphine, Diazepam, Midazolam and non-controlled substances in accordance with written protocols or on-line voice control with approved Medical Control.

Only Albuquerque Fire Department EMT-Basics, in good standing, who are licensed by the State of New Mexico Injury Prevention & EMS Bureau while on duty, have my authority to access non controlled medications within their full scope of practice, in accordance with pre-established EMS Medical Protocols.

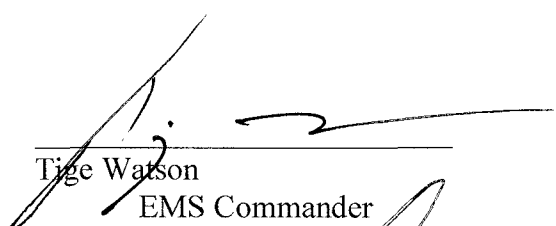
1. This specifically includes the access of non-controlled substances in accordance with written

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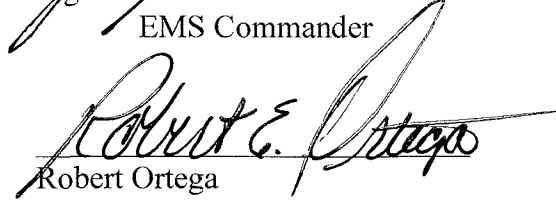
protocols or on-line voice control with approved Medical Control.



Sandra Sanchez
Consulting Pharmacist



Tige Watson
EMS Commander



Robert Ortega
Albuquerque Fire Chief

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Print Name

Signature

Date of receipt