

## **Process for disposition of existing EMS drug kits from hospital to EMS agencies**

### **Background:**

Due to FDA DSCSA and pending DEA final rule, the current full EMS drug kit exchange process will be transitioned to agency provided drugs or 1:1 exchange of medications by 11/12/24 unless otherwise coordinated with EMS council. Transition cannot occur after 11/26/27. In order to appropriately transition medications in existing EMS drug kits in circulation, the following process will be followed:

### **Drug kits currently on EMS vehicles:**

1. On the date of drug kit process transition for the EMS Council, any drug kit currently on the EMS vehicles of the Registered and Designated EMS agency will become product of the Registered EMS agency under which the vehicle operates. This includes all controlled and non-controlled medications.
2. The Registered EMS agency will recognize the drug inventory received based on the contents of a full sealed drug kit on this date. It is recommended that the agency do a physical inventory of the boxes and contents, and record the physical count as the initial drug inventory for record keeping.

### **EMS Council drug kits currently in hospital locations:**

1. On the date of transition for the EMS Council, all drug kits in hospital locations will be transitioned to an appropriately licensed (CSR/DEA) EMS Regional Council.
  - a. The EMS Regional Council will provide a copy of their DEA and CSR to the hospital location prior to transition of the boxes.
  - b. If the EMS Council does not hold a DEA and CSR, they will provide the hospital with the name of the appropriately licensed DEA agency in their council that the drug kits will be transferred.
  - c. The receiving agency will need to provide a copy of their DEA and CSR to the hospital location prior to the transition of the boxes.
2. The EMS Council/Registered EMS Agency will retrieve the allocated drug kit(s) from the hospital and will receive the inventory contained in the kit into their agency inventory.
  - a. The physical inventory transferred will be documented and signed by the hospital and the designated council/agency.
  - b. Documentation will be kept at the hospital and the receiving council/agency for a minimum of 2 years.
3. Retrieval of drug kits by EMS Councils
  - a. If the EMS Councils maintains a controlled substances registration from the Virginia Board of Pharmacy and registration from the DEA, they may retrieve all drug kits (controlled and non-controlled) from hospital pharmacy locations and incorporate into their inventory. The transfer should be included within the council/agencies physical drug inventory and documented for record keeping.
    - i. The inventory may be removed from the existing drug kits and placed into the EMS Council registered location inventory or left in the existing drug kits and used for full drug kit replenishment for EMS vehicles of the designated EMS agency locations.
  - b. If the EMS Council is not licensed by the Virginia Board of Pharmacy and DEA as a registered location, they may aid in the transport of the drug kits to the registered EMS agency location if the transfer occurs in the same day and the EMS agency has provided their DEA/CSR to the hospital pharmacy.
    - i. The transferring council/agency will sign for receipt of physical inventory received for transfer. The licensed and registered council/agency will sign the transition of ownership form, and provide a copy of the record to the hospital.

**Transfer of inventory of EMS drug kits from hospital to EMS Council/Agency Registered Location**

**Hospital transitioning inventory:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Board of Pharmacy License number: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

**Name of EMS Council/Agency:** \_\_\_\_\_

- Affix physical drug inventory of drug kit to transfer form

Number of Drug Kits Transferred: \_\_\_\_\_

Box number(s) of EMS Drug Kits Transferred (may attach sheet): \_\_\_\_\_

**EMS Council/Registered Location receiving contents of drug kit**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Board of Pharmacy CSR: \_\_\_\_\_

DEA Registration: \_\_\_\_\_

**Name and Signature of Hospital Pharmacy Representative:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date/time: \_\_\_\_\_

**Name and Signature of EMS Registered Location Representative:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date/time: \_\_\_\_\_

*Original to hospital with attached drug kit inventory*

*Copy to EMS Registered location with attached drug kit inventory*

*Maintain for at least 2 years*