



Oakland County Medical Control Authority
Special Operations Protocols
Hazardous Materials Medical Response Team
HAZARDOUS MATERIALS MEDICATION EXCHANGE
AND REPLACEMENT PROCEDURE

Initial Date: September 2022

Section 10.110

Revised Date: 9/14/2023

This Protocol is intended for use by a Hazardous Materials Response Team.
Hazardous Materials Medication Exchange and Replacement Procedure

EMS Service Stock

1. Each EMS Agency assigned a hazardous materials medication box will be responsible for the security and storage of the box.
2. All drug boxes and associated supplies such as needles and syringes will be stored in a securely locked, temperature-controlled location in the base station. Medication boxes will remain sealed at all times except when in actual use.
3. Hazardous materials medication boxes are to be inspected on the first of each month for the expiration date listed on the label. Expiring or used drug boxes are to be taken by the assigned agency to the designated participating emergency department or pharmacy within 7 days for exchange.
4. Hazardous materials medication boxes are to be inspected daily by the EMS provider supervisor for evidence of loss, theft, discrepancy and expiration date. It is recommended that this inspection be included in a standard documented check list.

Hospital Stock/Expired/Used Box Exchange

1. Any replacement hazardous material medication box must be maintained in a locked area, under the control of hospital staff available 24 hours per day. This area will be located in the emergency department or pharmacy of the participating hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
2. Hazardous materials medication boxes stocked in the emergency department will be checked regularly by pharmacy staff for expiration and updated as needed.
3. Expiring/used medication boxes will be exchanged for an updated drug box in the emergency department or designated pharmacy. At the time of exchange, the prehospital provider will notify the charge nurse or make arrangement for the exchange with the designated pharmacy. If present, the white pharmacy lock will be removed and the green lock applied.



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Use/Replacement/Exchange

1. Hazardous materials medication boxes will only be opened by a paramedic who has met the criteria for hazardous materials protocol training and who is responding to a hazardous material incident. An exception is made for paramedics responding to fire/smoke situations in which the Cyanokit® is indicated. In this situation, the medication box may be opened by a non-hazmat trained paramedic for the purpose of using the Cyanokit®. The broken green numbered lock will be placed in the drug box to be delivered when exchanging the boxes.
2. Use of any supplies contained in the hazardous materials medication box will be documented on the Hazardous Materials Use Replacement Form and submitted with the used drug.
3. In cases of contamination of the drug box it should be treated as any other contaminated object even if the means destruction of the box.

Box Cleaning

1. All empty containers, packaging and used materials will be properly disposed of on-site by the paramedic who used the drug box.
2. The EMS crew of the agency who is responsible for the box will clean any blood or body fluid contamination to the exterior of the drug box using standard hard surface decontamination techniques.
3. If there is blood or body fluid or hazardous material contamination to the interior of the box, or to any unused materials or packaging, the EMS crew will contact the receiving hospital pharmacy or emergency department staff for direction in cleaning and disposal of contaminated materials.
4. All unused, uncontaminated supplies will be returned to the drug box.
5. Any used hazardous materials medication box should be relocked with the red numbered lock contained in the box prior to return to a participating facility.
6. In the event of a serious hazardous materials incident the boxes may have to be left at the participating facilities for several days for restocking. This is due to the large quantities of drugs carried in the drug boxes that are not considered "normal" supplies in the pharmacy or emergency department.
7. Should a delay in refilling the boxes occur the pharmacy restocking the boxes will call the respective EMS facility to arrange a pickup of the restocked drug boxes.

MCA Name: Oakland County

Page 2 of 5

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Expiration of Drugs/Solutions

1. All items in a hazardous materials medication box will have expiration dates not less than 120 days after the box is prepared, provided that the products are available with a 120-day dating.
2. Each hazardous materials medication box will have a label securely attached to the outside of the box containing the following information:
 1. The name of the participating hospital pharmacy which restocked the box.
 2. The date the box was restocked.
 3. The printed name and initials of the pharmacists or pharmacy technician who inventoried and restocked the box.
 4. The expiration date is the last day of the month of the earliest expiring medication. The box will include the month/day/year in the "Use or Replace by___" section.
 5. The red and green lock numbers.
 6. The box number.
3. After the inventory/restocking is complete, a red lock bearing the number appearing on the external label will be placed in the box to be used by the Hazardous Materials team member or EMS agency after it has been issued. The restocked hazardous materials medication box should be returned to the sponsoring EMS agency who was storing the pack at the time of its use.
4. Expired, unopened drug boxes are to be exchanged within 30 days of the "Use or Replace by" date.

Discrepancies

1. **DEFINITION:** For purposes of this policy a "discrepancy" is any breakage, expiration, shortage, theft or diversion of a hazardous materials medication box or any contents thereof.
2. A standard "MEDICATION DISCREPANCY REPORT" will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
3. The Medical Control copy of the discrepancy report will be sent to the medical control authority in which the discrepancy occurred, which will serve as the central filing point.
4. A copy of the Hazardous Materials Incident Report on which the discrepancy occurred/was discovered is to be attached to each copy of the discrepancy report where applicable.

MCA Name: Oakland County

Page 3 of 5

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Atropine Sulfate 0.4mg/ml 20ml 12 Multidose Vial	
Atropine Sulfate 0.4mg/ml 20ml 8 Multidose Vial	Atropine Sulfate 0.4mg/ml 20ml 5 Multidose Vial

TOP DRAWER (Front of Box)

Methylene Blue 5 mg/ml 50 mg 2 Amps	Methylene Blue 5 mg/ml 50 mg 2 Amps	Methylene Blue 5 mg/ml 50 mg 2 Amps	Mag Sulfate 50% 10 ml (5 x 2ml) 2 Vials Pralidoxime Chloride 1 gram 1 Vial	Pralidoxime Chloride 1 gram 3 Vials	Albuterol 2.5mg/0.5m L 3 Vials		Blunt Cannula 18g-1" Qty 6 Vial Adapter Qty 3	Medication Additive Labels 6
					Albuterol 2.5mg/0.5m L 3 Vials		Needles 21g 6 Needles	Needles 23g – 6
			Alcohol Preps 10 Red Seal 1					

SECOND DRAWER (Front of Box)

Tetracaine 0.5% Oph Drops 2 Bottles		Calcium Gluconate 10% 10 ml 5 Vials	Calcium Gluconate 10% 10 ml 5 Vials	Sterile Water 20 ml 5 Bottles	Sterile Water 20 ml 5 Bottles		pH paper 1 Roll
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5% Dextrose 100 ml – 10 Bags 5% Dextrose 250 ml – 1 Bag 0.9% Sodium Chloride 250 ml – 1 Bag Sterile KY Jelly 4 oz – 2 tubes IV set 60 gtt/ml (minidrip) w/ Y Site pre-pierced - 2 Sets Nebulizer – 2 Syringe 1 ml – 6 Syringe 3 ml – 6 Syringe 10 ml – 6 Syringe 30 ml – 6 Pralidoxime Chloride (box of 6) 1 gram Vials Medication Supply Use/Replacement Form Discrepancy / Incident Report Form

THIRD DRAWER (Front of Box)

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**HAZARDOUS MATERIAL MEDICATION BOX
MEDICATION SUPPLIES USE/REPLACEMENT LIST**

Agency/Unit#: _____ **Hospital:** _____

Incident #: _____ **EMS Crew (Names):** _____

MEDICATION	UNIT/SIZE	QNTY	USED	CHRG
Albuterol 2.5mg/0.5mL	Vial 0.5ml	6		
Atropine 0.4mg/ml	Vial 20ml	25		
Calcium Gluconate 10%	Vial 10ml	10		
Dextrose 5%	Bag 100ml	10		
Dextrose 5%	Bag 250ml	1		
Mag. Sulfate 50%	Vial 10ml	2		
Methylene Blue 5 mg/ml	Amp 50mg	6		
Tetracaine 0.5%	Bottle	2		
Pralidoxime Chloride	Vial 1gm	10		
Sodium Chloride 0.9%	Bag 250ml	1		

WITNESS: _____

PROVIDER: _____

Distribution

(Responsibility of the EMS personnel completing the exchange) Replacing Hospital Pharmacy (Must be presented at time of exchange along with the used drug box and any clean, unused supplies from opened IV kits.) All requests for information from this document by other agencies are to be directed to the Medical Control Authority. The EMS crew completing the exchange must also provide a photocopy of the run report form if this form is presented for exchange at a facility other than the hospital to which the patient was transported.

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	CHRG
Alcohol Preps		10		
Blunt Cannulas	18g 1"	6		
K-Y Jelly 4 oz bottle		2		
IV Tubing 60gtt/ml (minidrip) w/Y Site Pre-Pierced Reseal		2		
Medication Additive Labels		6		
Nebulizer		2		
pH paper	Roll	1		
Needles	21g 1.5"	6		
Needles	23g 1.5"	6		
Red Lock		1		
Sterile Water	Bottle 20ml	10		
Syringe 1ml	Syringe 1ml	6		
Syringe 3ml	Syringe 3ml	6		
Syringe 10ml	Syringe 10ml	6		
Syringe 30ml	Syringe 30ml	6		
Vial Adapters		3		
Medication Supply Use/Replacement Form				
Discrepancy/Incident Report Form				

Replacing Hospital: _____

Date: _____

Prehospital Provider's STATEMENT

SEM EMS Medication Box # _____ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed SEM EMS Medication Box # _____ sealed with breakaway tag number _____

Signature of
Accepting Prehospital
Provider: _____

Date: _____ Agency/Unit#: _____

REPLACING PHARMACIST'S STATEMENT

The medications in the sealed SEM EMS Medication Box # _____ have been distributed according to the Medication/Use and Replacement Policy of the participating Medical Control Authority. All medications are in the correct concentration, dosage form, volume, amount, and not expired.

Signature of
Replacing Pharmacist: _____

Date: _____ Hospital: _____

PRESCRIPTION NUMBER: _____