



Oakland County Medical Control Authority
Medication Protocols
MFR and EMT MEDICATION EXCHANGE

Initial Date: 9/14/2023

Section 9.101

Revised Date:

MFR and EMT Medication Exchange
Epi-Auto Injector Exchange

Licensed BLS Units must carry; and OCMCA approved MFR Units may carry; either Epi Auto injectors or MaBEEs kits.

Accountability

- A. All medications will be stored in a securely locked compartment in a temperature-controlled area of the EMS vehicle.
- B. All medications must be restocked at the pharmacy or through other Medical Control approved process in conformity with current pharmacy laws and the public health code. Utilization forms must be completed for each use.

Epi-Auto Injectors Exchange Procedure

Life support agencies with BLS units, and approved MFR units will acquire and replace Epi-Auto Injectors and Epi-Auto Injector Jr's as follows:

1. Each life support agency will be responsible for obtaining Epi-Auto Injectors and Epi-Auto Injector Jr's from an assigned hospital in the Oakland County Medical Control Authority (MCA).
2. Each participating hospital of the OCMCA will acquire Epi-Auto Injectors and Epi-Auto Injector Jr's for life support agencies. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.
3. The purchasing hospital will dispose of expired Epi-Auto Injectors at no additional cost.
4. The Epi-Auto Injectors/Epi-Auto Injector Jr's and Use Form will be placed in a re-sealable plastic bag. A pharmacy label will be affixed to the bag with the expiration date.
5. Epi-Auto Injectors and Epi-Auto Injector Jr's are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. It is recommended that this inspection be included in a standard documented vehicle checklist.
6. Hospital pharmacy should be notified 30 days prior to expiration date of medication.

MaBEEs Kit Contents and Exchange Procedure

This only applies to LSAs that have been approved to carry OCMCA MaBEEs Kits on BLS and/or MFR licensed vehicles.

1. The OCMCA Medical Control Hospital pharmacy will stock the OCMCA MaBEEs Kits in accordance with the MaBEEs Kit Contents List.

MCA Name: Oakland County

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2. Each life support agency (LSA) will be responsible for obtaining MaBEEs Kits from their medical control hospital.
3. Each OCMCA Medical Control Hospital will produce MaBEEs Kits for LSAs. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.
4. The medical control hospital will dispose of expired epinephrine at no additional cost.
5. The life support agency shall notify their medical control hospital pharmacy 30 days prior to expiration date of the MaBEEs Kit.
6. The LSA should inspect the MaBEEs Kit daily for evidence of loss, theft, tampering, and expiration. It is recommended that this inspection be included in a standard documented vehicle check.
7. The EMS PCR shall serve as a permanent medical record of physician orders for medications administered.

OCMCA MaBEEs Kit Contents List:

Medication / Item	Concentration	Packaging	Quantity
Epinephrine/ Vial	1 mg/1 mL	1 mg/1 mL vial <i>(vial only)</i>	1
1 mL syringe		1 mL syringe	2
Intramuscular needle		1" 25 gauge	2
Alcohol prep		Single use	4
MaBEEs Dosing Card			1
Replacement Form / Discrepancy Form			1

MaBEEs Kit Procedure for Pharmacies:

1. The epinephrine placed in the MaBEEs Kits shall be 1 mg/1 mL packaged in a 1 mL vial.
2. Labels shall be placed over the seal of the medication kits. Use the label template provided by the OCMCA. The label shall include:
 - a) Medication kit name, "MaBEEs Kit"
 - b) The name of the hospital pharmacy that last restocked the MaBEEs Kit.
 - c) The date the MaBEEs Kit was last restocked.
 - d) The legible initials of the pharmacist who inventoried and stocked the MaBEEs Kit.
 - e) The earliest expiration date of any of the items contained within the MaBEEs Kit.
3. The sealed MaBEEs Kits will be placed in a locked storage area in the Emergency Facility's emergency room, or a location designated by the Emergency Facility's



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pharmacy. Only staff designated by the participating pharmacy will have access to the MaBEEs Kits. A permanent record shall be maintained indicating the number on the MaBEEs Kit, the name of the LSA to whom the MaBEEs Kit was issued, and the name of the pharmacist or their designee, who received or dispensed the MaBEEs Kit.

MaBEEs Kit Procedure for Life Support Agencies:

1. Each participating OCMCA LSA will stock each of its MFR and/or BLS units with an MaBEEs Kit. In addition, each service will stock sufficient additional MaBEEs Kits. Additional MaBEEs Kits in stock at each LSA will serve as immediate replacements following MaBEEs Kit use in the field. Used MaBEEs Kits will be exchanged for new MaBEEs Kits, when convenient, at the Medical Control Hospital designated to facilitate kit exchanges for the Life Support Agency.
2. When epinephrine from the MaBEEs Kit is used, or whenever the pharmacy seal on the MaBEEs Kit has been broken, an MaBEEs Kit exchange is necessary. When exchanging an MaBEEs Kit, the provider will place a completed copy of the OCMCA MaBEEs Kit Replacement Form in the MaBEEs Kit. **The MaBEEs Dosing Card MUST be returned with the used MaBEEs Kit and Replacement Form.** Each LSA representative responsible for performing the MaBEEs Kit exchange must ensure the MaBEEs Dosing Card is included with the used kit, and returned to his or her Medical Control Hospital pharmacy. A replacement fee may apply for missing or lost cards. Any remaining epinephrine or MaBEEs Kit supplies should be returned to the life support agency's designated Medical Control Hospital pharmacy. **NOTE: ONLY return unused items and the MaBEEs Dosing Card when returning used MaBEEs Kits. Dispose of used items following the proper procedure.**
3. After use, any unused items within the MaBEEs Kit, including the MaBEEs Dosing Card and completed MaBEEs Kit replacement form, will be exchanged for a pharmacy-sealed MaBEEs Kit at the LSA's designated Medical Control Hospital. The ED coordinators at each participating Medical Control Hospital have been designated to facilitate the exchange between the participating LSAs and their respective pharmacies.
4. Any discrepancies in the MaBEEs Kit will be documented on the MaBEEs Kit Incident/Discrepancy Form. If the EMS personnel discover the discrepancy at the time of use, another crewmember shall confirm the discrepancy and co-sign the Incident/Discrepancy Form. Incident/Discrepancy Forms completed by EMS personnel shall be submitted to their Medical Control Hospital pharmacy. Hospital pharmacists who note discrepancies in the MaBEEs Kit inventory, which are not accounted for on the MaBEEs Kit Replacement Form shall complete and sign a discrepancy report. **If pharmacy is unable to resolve an incident/discrepancy issue, a copy of the**



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Incident/Discrepancy Form shall be sent to the OCMCA. Medications that are contaminated, lost through spillage, or partially used must be accounted for by EMS personnel on the EMS PCR and MaBEEs Kit Replacement form and co-signed by another crewmember. EMS should waste any unused medications and document the waste on EMS PCR and MaBEEs Kit Replacement form.

5. Locked and secure compartments or other locking devices approved by the department shall be provided on the licensed EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional MaBEEs Kits stored at the LSA must also be locked using compartments or devices approved by MDHHS.



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OCMCA MaBEEs Kit Replacement Form

AGENCY/UNIT _____ DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication / Item	Concentration	Packaging	Quantity	Used
Epinephrine/ Vial	1 mg/1 mL	1 mg/1 mL vial <i>(vial only)</i>	1	
1 mL syringe		1 mL syringe	2	
Intramuscular needle		1" 25 gauge	2	
Alcohol prep		Single use	4	
MABEES Dosing Card			1	
Replacement Form / Discrepancy Form			1	

Patient Name: _____

Receiving Hospital: _____

EMS Statement:

OCMCA MaBEEs Kit number _____ has been opened and the above noted medication used as prescribed. This MaBEEs Kit has been sealed with a Used MaBEEs Kit sticker

Use this table to document medication that has been opened and wasted.

Medication	Unit/Size	Quantity	Wasted

Signature: _____ Date: _____



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MFR/BLS Naloxone Kit Contents and Exchange Procedure

The medical control hospital pharmacy will stock the MFR/BLS naloxone kits in accordance with the MFR/BLS naloxone kit contents list.

1. Each life support agency (LSA) will be responsible for obtaining intranasal Naloxone or NARCAN® NASAL SPRAY from the medical control hospital.
2. Each participating hospital of the OCMCA will acquire Intranasal Naloxone or NARCAN® NASAL SPRAY for life support agencies. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.
3. The medical control hospital will dispose of expired intranasal Naloxone or NARCAN® NASAL SPRAY at no additional cost.
4. The life support agency shall notify the medical control hospital pharmacy 30 days prior to expiration date of the medication.
5. The intranasal Naloxone kit or NARCAN® NASAL SPRAY is to be inspected daily, by the crew of the unit, for evidence of loss, theft, discrepancy and expiration. It is recommended that this inspection be included in a standard documented vehicle check.

MFR/BLS Naloxone Kit Contents List (choose one kit)

Medication / Item	Concentration	Packaging	Quantity
Naloxone (Narcan)	0.4 mg/1 ml	0.4 mg vial (1ml) or 1 mg vial (1ml)	2
Luer lock syringe		3 ml	2
Blunt vial access cannula			2
Intranasal Mucosal Atomization Device			1
Replacement Form / Discrepancy Form			1

Or

Medication / Item	Concentration	Packaging	Quantity
Naloxone (Narcan)	2 mg/2 mL	2mg/2mL Prefilled Syringe	1
Intranasal Mucosal Atomization Device			1
Replacement Form / Discrepancy Form			1



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Or

Medication / Item	Concentration	Packaging	Quantity
NARCAN® NASAL SPRAY	2 mg/1 mL	2 mg	1
Replacement Form / Discrepancy Form			1

Procedure:

1. The medications placed in the kits shall be consistent throughout the stock of MFR/BLS naloxone kits as to dosages and concentrations prescribed by the MFR/BLS naloxone kit list.
2. Labels shall be placed over the seal of the naloxone kits, and the label shall include:
 - a) Naloxone or Narcan® Nasal Spray kit listed on sticker. Use hospital-produced sticker or the drug box yellow sticker.
 - b) The name of the hospital pharmacy that last restocked the naloxone or Narcan® Nasal Spray kit.
 - c) The date the kit was last restocked.
 - d) The legible initials of the pharmacist who inventoried and stocked the naloxone or Narcan® Nasal Spray kit.
 - e) The earliest date at which the medication would expire.
3. The sealed naloxone or Narcan® Nasal Spray kits will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the kits. A permanent record shall be maintained indicating the number on the kit, the name of the MFR/BLS Service for which the kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the kit.
4. Each MCA MFR/BLS Service will stock each of its MFR/BLS units with a MFR/BLS Naloxone or Narcan® Nasal Spray kit. The kit must be stored in a temperature-controlled environment. In addition, each service will stock sufficient additional MFR/BLS Naloxone or Narcan® Nasal Spray kits to restock anticipated usage for a minimum of 24 hours. MFR/BLS Unit Naloxone or Narcan® Nasal Spray kits, which are used, will be replaced by those in stock at the MFR/BLS Service station. Used kits will be exchanged for new kits, when convenient at the medical control hospital designated to provide kit exchanges for the MFR/BLS Service.
5. The EMS patient care record (ePCR) shall serve as a permanent medical record of physician orders for medications administered.
6. When medications from the kit are used or whenever the pharmacy seal on the kit is broken, the MFR/BLS provider will place a copy of the MCA MFR/BLS Naloxone kit Replacement Form, including patient name, in the MFR/BLS Naloxone kit. Any unused medication or



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- unused equipment will be left in the Naloxone kit with the Replacement Form.
7. The used kit will be exchanged for a pharmacy-sealed kit at the medical control hospital or the MFR/BLS Service station. Once sealed by the pharmacist, the exchanged kit will not be opened by the MFR/BLS personnel prior to necessity for use.
 8. Any discrepancies in the MFR/BLS naloxone kit will be documented on the MFR/BLS Medication Discrepancy Form. If a discrepancy is discovered by the MFR/BLS personnel at the time of use, the report form shall be co-signed by another EMS crew member. Hospital pharmacists who note discrepancies in the naloxone kit inventory, which cannot be accounted for by the MFR/BLS Naloxone kit Replacement Form, shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to the MCA and the MFR/BLS Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications that are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by MFR/BLS personnel and co-signed by another crewmember.
 9. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional MFR/BLS Naloxone or Narcan® Nasal Spray kits, which are stored at the MFR/BLS Service Station must also be locked using compartments or devices approved by the department.



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MFR/BLS Naloxone Kit Replacement Form

AGENCY/UNIT _____ DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication	Unit/Size	Quantity	Used
Naloxone (Narcan)	0.4 mg/mL vial or 1 mg/mL vial	2 vials	
Naloxone (Narcan)	2mg/2mL	1 prefilled syringe	
NARCAN® NASAL SPRAY	2 mg/1 mL	1 package	
Luer lock syringe	3 mL	2	
Blunt vial access Cannula		2	
Intranasal Mucosal Atomization Device		1	
Replacement Form		1	

or

Medication / Item	Concentration	Quantity	Used
Naloxone (Narcan)	2mg/2mL	1 prefilled syringe	
Replacement Form / Discrepancy Form		1	

or

Medication / Item	Concentration	Quantity	Used
NARCAN® NASAL SPRAY	2 mg/1 mL	1 package	
Replacement Form / Discrepancy Form		1	

Patient Name: _____ Restocking Hospital: _____



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MFR/BLS Statement

MFR/BLS Naloxone kit Number _____ has been opened and the above noted medication(s) used as prescribed. This kit has been sealed with a Used Kit sticker.

Use this table to document medication that has been opened and not used or opened and wasted.

Medication	Unit/Size	Quantity	Not Used/Wasted

EMS Provider Signature: _____ Date: _____



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OCMCA MFR/BLS Medication Incident/Discrepancy Form

If there is any discrepancy with the contents of this medication kit, this form **MUST** be filled out by the person(s) who discover the discrepancy. The Life Support Agency shall maintain a copy of this for their records as well as send a copy to the OCMCA, the original shall be placed with the medication kit and the pharmacy must send the form and any supporting documentation to **the participating medical control authority where the incident/discrepancy occurred.**

EMS Agency or Hospital Name:		Date Discovered:	
Reporting Individual(s) Name(s):			
Witness to Discrepancy:			
TYPE	MEDICATION	Kit #	
<input type="checkbox"/> MFR/BLS Medication Kit			
RESTOCKING INFORMATION		RECEIVING INFORMATION	
Date Last Restocked:		Receiving Hospital:	
Restocking Hospital:		Receiving Pharmacist:	
Phone #		Phone #	
PLEASE INDICATE THE NATURE OF THE ISSUE			
<input type="checkbox"/> DAMAGED MEDICATION CONTAINER			
<input type="checkbox"/> MISSING MEDICATION(S)			
<input type="checkbox"/> STOCKING ISSUE (MED/SUPPLY)			
MEDICATION	DESCRIPTION STRENGTH/SI ZE/VOLUME	QUANTITY # OF VIALS/AMPS	DISCREPANCY MISSING/BROKEN
<input type="checkbox"/> Epinephrine			
<input type="checkbox"/> NALOXONE			
<input type="checkbox"/> NARCAN NASAL SPRAY			
<input type="checkbox"/> NARCAN NASAL SPRAY			
EMS AGENCY	UNIT #	RUN #	MCA
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY			

This document should be emailed to the appropriate MCA: **Oakland EMS@OCMCA.org**