



Pharmacy Quality Assurance Commission  
Emergency Medical Services and Trauma  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Hospital Pharmacy Provision of Drugs to Ambulance or Aid Services Guidelines**

### **Background**

In 2015 the Washington State Legislature passed legislation codified as, [RCW 18.64.540](#). This law allows Emergency Medical Services ambulance and aid services to obtain drugs from pharmacies operated by hospitals. In accordance with [RCW 18.71.212](#), the secretary of health appoints and certifies county medical program directors (MPDs). MPDs are physicians knowledgeable in their county's administration and management of prehospital emergency medical care and services and are responsible for both the supervision of training and medical control of EMS providers. The pharmacy must be licensed under [Chapter 18.64 RCW](#) and operated by a hospital licensed under [Chapter 70.41 RCW](#). The ambulance or aid service must be licensed under [Chapter 18.73 RCW](#).

The hospital pharmacy may provide drugs if:

1. The hospital pharmacy responsible manager, hospital leadership, Medical Program Director and ambulance or aid service leadership mutually agree to participate.
2. The hospital is located in the same county or an adjacent county to the county in which the ambulance or aid service area operates;
3. The medical program director (MPD) for an ambulance or aid service has requested drugs from the hospital pharmacy per agreed protocol. A medical program director may only request drugs that:
  - a. Are relevant to the level of service provided by the ambulance or aid service,
  - b. Are relevant to the training of its emergency medical personnel, and
  - c. Are approved as part of the ambulance or aid service prehospital patient care protocols for use by emergency medical personnel in the county in which the ambulance or aid service is located.
4. The provision of the drugs by the hospital pharmacy is not contingent upon arrangements for the transport of patients to the hospital that operates the pharmacy for reasons other than the consideration of patients' medical needs and any patient care procedures.

### **What does this mean?**

Ambulance and Aid Services can now obtain drugs from hospital pharmacies as described in [RCW 18.64.540](#). The intent of the legislation is to make the drugs available to Ambulances and Aid Services that currently experience difficulty with obtaining drugs through the normal wholesale distribution channel. For example, difficulties seen in small rural locations where the lack of access to drugs may create long out-of-service ambulance or aid service times waiting to replace drugs.

Responsible managers for a hospital pharmacy will work with the Medical Program Director using the following guidelines to develop a process to provide the drugs and maintain required records.

## Guidelines

The purpose of these guidelines is to **assist** the MPD and responsible manager for a hospital pharmacy to develop a written protocol to supply drugs to ambulance and aid services.

### The protocol should:

- Ensure the drug distribution and handling practices comply with all federal and state laws and regulations.
- Define when replacement drugs may be provided to ambulance and aid service personnel. For example, after patient use of a drug, to replace an expired drug, replace a drug with a broken seal, or replace drugs with illegible, incomplete, or missing labels.
- Include provisions for drug replacement during pharmacy hours of operation, during hours when the pharmacy is not in operation, and/or emergency situations.
- Address billing and recordkeeping. This shall include a procedure to prevent patients from being charged by more than one entity.
- Address recordkeeping to ensure that drug transfers are properly documented. This documentation should include:
  - A copy of the purchase order or request for medication signed by the designated representative of the ambulance or aid service.
  - For controlled substances this should include the form 222 of the Drug Enforcement Administration (DEA) (only to be included if applicable).
  - Name and signature of the pharmacist providing the medication to the ambulance or aid service.
  - Adequate information to allow track and trace of drug transfers in case of recall such as, drug name, strength, quantity, manufacturer, lot number of the drug supplied.
  - The date the drug was supplied.
  - The license number for the ambulance or aid service unit receiving the drugs.
  - Any deletions or changes to the order.
  - The name and signature of the ambulance or aid service representative receiving the drugs.
  - The date the order was filled.
- Address documentation and administrative requirements such as:
  - The MPD will provide the hospital pharmacy with proof of Department of Health certification as a Medical Program Director.
  - The MPD will provide the hospital pharmacy with the Patient Care Protocols, including the drug list authorized by the MPD for EMS personnel use in the county where the MPD has oversight.
  - The MPD County Operating Procedure outlining MPD policies for storing, dispensing, and administering controlled substances per WAC 246-976-920(3)(c).
  - All documents for transfer of drugs and policies and procedures related to transfer of drugs will be maintained at the pharmacy site for review and consultation with pharmacy commission inspectors.



Washington State Department of

**Health**

Pharmacy Quality Assurance Commission

Emergency Medical Services and Trauma

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

## Hospital Pharmacy—Ambulance or Aid Services Drug Supply Transfer Form

[Chapter 18.64.540 RCW](#)

Invoice Number		Date/Time Request Received	
Requester Name		Pharmacy Name	
Pharmacy Address			
City	State	Zip Code	County
<b>Ambulance or Aid Services Information</b>			
Name of Ambulance or Aid Service			Unit Number (if applicable)
Address and Station Number (if applicable)			
City	State	Zip Code	County
* Ambulance or Aid Services DEA Form 222 Number		Name of Medical Program Director	
<b>Medication Information</b>			
Medication	NDC #	Lot #/Expiration Date	Quantity (in units)
<b>Supplying Pharmacist</b>			
Name		Date Released	Time Released
Signature _____			
<b>Receiving Ambulance or Aid Services</b>			
Name		Date Released	Time Released
Signature _____			

The Pharmacy must keep records according to state and federal requirements  
The Pharmacy to provide a copy to Ambulance or Aid Service.

\*DEA Form 222 must be completed if required by the Drug Enforcement Administration.