NUMBER	EMS 104
TITLE	**Pharmacy Policy**
CATEGORY	OPERATIONS
APPROVED BY	Medical Director
EFFECTIVE DATE	2026-04-01
ORIGINATION & REVISION DATES	2026-04-01

PURPOSE

To establish a medication program that meets or exceeds the requirements of Iowa Administrative Code 481-553(124,124B), 481-555(124,155A), and 641-132(147A).

GUIDELINE

This guideline serves as the ***Cedar County EMS System Medical Director-Based Option Agreement, Policies, and Procedures for Prescription Drugs and Controlled Substances***.

Primary Site

Cedar County EMS Administration, 1410 Cedar Street, Tipton, IA 52772

Satellite Sites

None

GENERAL PROCEDURE

The interaction of the physician medical director, pharmacist, service leadership, and EMS providers is critical for the success of the medication program. All staff must understand their role, responsibilities, and duties as part of the team. Every team member shall receive an initial orientation to this policy and be provided with an opportunity for input and updates when amended.

CSA REGISTRATION

In accordance with Iowa Code 657-11.3, service programs that administer controlled substances shall ensure that each primary program site is registered with the Iowa Board of Pharmacy.

MEDICAL DIRECTOR

Cedar County has contracted with DRSE, LLC to provide medical direction for the Cedar County EMS System. DRSE, LLC has designated the following physician to serve as the designated medical director:

Daniel Kinker, DO
DRSE, LLC
75 Commercial Drive
PO Box 142
North Liberty, IA 52317

Iowa BOM License DO-05858
Expiration 2028-01-01

DEA Registration
Expiration 2027-12-31

CSA Registration
Expiration 2026-12-31

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

RESPONSIBILITY, WRITTEN AGREEMENT, OWNERSHIP

Policy

The service shall maintain a formal written agreement and policies and procedures that describe the role and responsibilities of the parties that enter the agreement.

Procedure

1. The medical director shall maintain ownership of the drugs used by the service program.
2. The medical director shall be responsible for ensuring that the management of all prescription drugs complies with federal and state laws and regulations.
3. The written agreement shall be signed by the medical director and service director and maintained at the primary site.
4. The service shall email an electronic copy or mail a copy of the signed agreement to the Regional EMS Coordinator promptly when initiated or amended.

TERMINATION OF SERVICES

Policy

This agreement may be terminated at the discretion of the medical director or service director.

Procedure

1. Written notification of termination shall be provided to the other party at least 30 days prior to termination of services.
2. Immediately upon termination, all controlled substances shall be jointly inventoried by the medical director and the service director.
3. A record of the controlled substance inventory shall be maintained by the medical director and shall be readily retrievable and available for inspection and copying by the Iowa Board of Pharmacy or the Bureau of Emergency and Trauma Services.
4. All drugs that are the property of the medical director shall be immediately returned to the medical director.

REGISTRATION & CHANGE OF ADDRESS OF MEDICAL DIRECTOR

Policy

The medical director shall obtain and maintain Iowa Controlled Substance Act (CSA) and Federal Drug Enforcement Administration (DEA) registrations.

Procedure

1. The service shall keep copies of the medical director’s current CSA and DEA registrations.

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

2. The Iowa Board of Pharmacy and the DEA shall be notified in writing, by the service, prior to a change of address of the service.
3. The Iowa Board of Pharmacy shall be notified in writing, by the service, prior to the change of medical director.
4. A new medical director shall obtain CSA and DEA registrations and submit copies to the service, prior to commencement of responsibilities as the medical director.

POLICIES AND PROCEDURES

Policy

The medical director and service director shall develop, implement, and adhere to these written pharmacy procedures for the operation and management with respect to prescription drugs.

Procedure

1. The service shall maintain documentation of periodic reviews of these policies and procedures by the medical director and service director.
2. The service shall maintain documentation of staff training to the service pharmacy agreement and policies and procedures when initiated and amended.
3. All records regarding prescription drugs shall be readily retrievable and available for inspection and copying by the Iowa Board of Pharmacy and the Bureau of Emergency and Trauma Services.
4. Identification, Access, and Administration
    a. The service shall ensure that access is limited to appropriate staff and proper documentation is maintained.
    b. The service shall maintain a log of staff that has access to prescription drugs and to records regarding procurement, storage, and administration of the drugs.
    c. The log shall be maintained in a readily retrievable manner and be made available for inspection and copying by the Iowa Board of Pharmacy and the Bureau of Emergency and Trauma Services.
    d. The log shall include the staff printed name and signature, printed and signed initials, level of certification, and other unique identification used in the service records.
    e. Access to prescription drugs shall be limited to certified EMS providers that are listed on the pharmacy signature log and System Registry roster.
        i. Non-controlled substance (CS) prescription drugs onboard EMS vehicles will be kept in a sealed container(s), with the following exceptions that may be stored in unsealed cabinets or containers:
            1. IV fluids (Normal Saline, Lactated Ringer's)
            2. Nitroglycerin tablets or spray and aspirin
            3. Naloxone
            4. Dextrose 10%
            5. Albuterol
            6. Drugs requiring refrigeration
        ii. CS drugs onboard EMS vehicles will be kept in a sealed container(s) with a trackable seal. The CS drug container(s) will be stored in a Knox MedVault safe, which will require a

combination of RFID badge and combination access tracked by the Knox Connect system. Alternatively, CS drugs on Schedule III through V that require refrigeration may be stored in a sealed and locked container with a trackable seal within a refrigerator. CS drug container(s) may also be kept physically on a crew member's person during an EMS call.

iii. Vehicles and buildings will be locked when not attended.
iv. Drugs stored at each satellite location, including CS drugs, will be stored in an automated medication dispensing system (AMDS). The AMDS will require fingerprint scan of employees and will limit access according to scope of practice. A witness ID will be required to access all CS, except that Service Director or on-duty supervisory personnel may override the witness requirement.
v. IV supplies, including fluids, at each location will be in a locked building.
vi. Drug inventory that is not yet deployed to the AMDSs will be stored in a locked cabinet at the Primary Site, which will be a controlled access building. Additionally, within that cabinet, overflow CS inventory will be secured in a locked Knox MedVault safe, which will require a combination of RFID badge and combination access tracked by the Knox Connect system. Access to overflow inventory will be limited to the Service Director and/or his administrative or supervisory designee(s).
vii. Drugs, including CS drugs on Schedule III through V, that require refrigeration may be stored within a refrigerator. Refrigerated CS drugs will be stored in a locked container within the refrigerator.
viii. Service Director and/or his administrative or supervisory designee(s) will have key access to the AMDS to provide for restocking.
ix. Service Director and/or his administrative or supervisory designee(s) will have manual override key access to the Knox MedVault safes in case of access system failure. Override key access is still logged by the Knox Connect system. If key access is required, documentation of the reason for key override must be completed.

f. EMS providers may administer prescription drugs that are within their Scope of Practice and authorized by the service medical director.

5. Procurement, Storage, Inspection, and Inventory Control
   a. The medical director or service director may order and receive prescription drugs from an Iowa–licensed wholesaler or pharmacy.
   b. Records of ordering, receipt, and administration of drugs shall be maintained by the service.
   c. The medical director and service director shall maintain, at the primary site, an accurate list of all prescription drugs.
   d. The service shall maintain records of a monthly inspection of all drugs at the primary site and all satellites.
   e. The inspection shall include removal of outdated or adulterated drugs that are quarantined for disposal.
   f. Staff may handle drugs within their current scope of practice as defined by the Bureau of Emergency and Trauma Services.
   g. All staff is authorized to perform and document inspections of security and temperature.
   h. Storage at the primary site and all satellites will be in a designated, secure, clean, and free of debris climate-controlled area.
   i. Environmental temperatures shall be recorded monthly, as a minimum.

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

j. Drugs exposed to extreme temperatures (>104 degrees and <13 degrees Fahrenheit) shall not be administered to patients and removed from usable stock and quarantined for proper disposal.
k. The service director shall consult with the wholesaler or pharmacist regarding recalls and ensure removal, replacement, and return or proper destruction of recalled drugs.
l. Expired, recalled, and damaged drugs shall be removed from usable stock and quarantined for disposal or destroyed.
    i. Adulterated, damaged, outdated, and recalled drugs will be removed from circulation and clearly marked in storage until they can be properly disposed of.
    ii. The Service Director will return all adulterated, damaged, outdated, and recalled drugs to a licensed pharmaceutical supplier or licensed pharmaceutical disposal service provider.

6. Replenishment
    a. Service staff may request replenishment of drugs maintained at the service or satellites.
        i. All field personnel will replenish drugs, including controlled substances (CS), using the AMDS. The AMDS will require a fingerprint scan of employees and will limit access according to scope of practice. A witness ID will be required to access all CS, except that Service Director or on-duty supervisor may override the witness requirement. The AMDS will track access and inventory.
        ii. IV supplies, including fluids, will be stored at each location in a general supply cabinet or room.
        iii. If a needed drug is not available in the AMDS, including refrigerated drugs that might be in alternative storage, field personnel can contact the Service Director and/or his administrative or supervisory designee(s) to check the overflow inventory.
7. Protocols, Administration of Drugs Beyond the Limits of Protocols, Patient Care Reports
    a. The medical director shall approve patient care protocols for all drugs carried by the service.
    b. The service director shall ensure that the drugs and controlled substances carried by the service match the drug list in the approved patient care protocols.
    c. Drugs may be administered beyond the limits of the patient care protocols provided that online or verbal medical direction has been obtained prior to administration.
    d. Verbal orders for drugs not covered in the patient care protocols shall be repeated back to the physician or designee for verification.
    e. Drugs administered outside the parameters of the approved patient care protocols shall be documented in the patient care report including the name of the authorizing prescriber and any person that may have relayed the order.
    f. Patient care reports that include drugs administered outside the parameter of the approved patient care protocols are subject to an immediate written audit of the patient care report per the service Continuous Quality Improvement Policy.
8. Controlled Substances Administration, Destruction & Disposal, Inventories and Record Maintenance, Suspicion of Loss or Theft
    a. Every inventory and other required records shall be maintained by the service and shall be readily retrievable and available for inspection and copying by the Iowa Board of Pharmacy and Bureau of Emergency and Trauma Services.
    b. DEA Form 222 that is preprinted with the address of the primary site is required to be maintained at the primary site for the acquisition of each supply of a Schedule II controlled substance. The form shall be signed and dated as of the date the order is submitted for filing.

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

c. The medical director shall not pre-sign DEA Form 222 for subsequent completion.
d. A perpetual inventory (electronic or manual) of Schedule II controlled substances shall be maintained at the service.
    i. The electronic inventory shall provide for a hard copy print out for any specified time period and shall include the current inventory quantities for each drug at the time the record is printed.
    ii. Electronic entries may not be changed once recorded. Adjustments or corrections shall require a separate entry that includes the identity of the person making the correction and the reason for the correction.
    iii. The perpetual inventory shall identify all receipts and disbursements of Schedule II controlled substances by name or National Drug Code.
    iv. The perpetual inventory shall include patient administration, wastage, return to the pharmacy, and disposal.
    v. The record of receipt shall identify the source of the drug, the strength and dosage form, the quantity, the date, and name or the unique identification of the individual verifying receipt of the drug.
    vi. The record of disbursement shall identify where and to whom the drug is disbursed or administered, the strength and dosage form, the quantity, the date, and the name or the unique identification of the individual verifying receipt of the drug.
    vii. The service director shall be responsible for reconciling the physical inventory of all Schedule II controlled substances with the perpetual inventory balance at least monthly.
    viii. Any discrepancy shall be reported to the medical director.
e. The service shall document an annual accurate inventory of Schedule II controlled substances at the primary site and any satellites.
f. All controlled substance records for the service and any satellites shall be maintained at the primary site. The records will clearly identify which records are for the primary site and each of the satellite(s).
g. The service shall maintain records of destruction or disposal of controlled substances.
    i. Outdated, adulterated, or unwanted supply shall be quarantined until the controlled substance can be returned to the pharmacy. EMS personnel shall not destroy controlled substances, except during wastage.
    ii. For destruction and disposal of controlled substances the medical director shall use the services of a DEA-registered and Iowa-licensed disposal firm or other means approved by the board.
        1. Agency may destroy its outdated, adulterated, or unwanted controlled substances through chemical digestion and/or incineration such that the medication is rendered non-retrievable and file DEA Form 41.
        2. Agency may ship outdated, adulterated, or unwanted controlled substances to Return Solutions in Tennessee, a DEA-registered and Iowa-licensed reverse distributor. Return Solutions will issue a DEA Form 222 for Schedule II substances.
        3. For smaller volume shipments and as a backup to the primary method, agency may also ship to Reliable Pharmaceutical Returns in Tennessee, a DEA-registered Iowa-licensed reverse distributor. Reliable Pharmaceutical Returns will issue the DEA Form 222 for Schedule II substances.

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

iii. EMS personnel, the medical director or pharmacist may destroy or dispose of the unused portion of a controlled substance resulting from administration to a patient.
    1. Wastage shall be conducted in the presence an EMS provider authorized to administer the drug, professional or technical pharmacy staff or a licensed healthcare professional.
    2. Written or electronic records of controlled substance wastage shall be maintained by the service.
    3. The records shall include legibly printed names and the signatures or other unique identification of the witness and of the individual wasting the controlled substance and:
        a. The controlled substance wasted;
        b. The date of destruction or disposition;
        c. The quantity or estimated quantity of the wasted controlled substance;
        d. Patient identification;

h. Upon suspicion of loss or theft of any controlled substance, the service shall notify, in writing, the medical director and the Bureau of Emergency and Trauma Services within 48 hours of the discovery of the theft or loss.
i. The medical director shall notify, in writing, the DEA and Iowa Board of Pharmacy of any theft or significant loss of any controlled substance within two weeks of the discovery of the theft or loss.
j. The incident report shall be maintained at the service.

NUMBER	EMS 104
TITLE	**Pharmacy Policy**
EFFECTIVE DATE	2026-04-01

APPROVAL & AFFIRMATION

The signatures within this document indicate approval of the policies and procedures and commitment to perform the assigned duties as described within the agreement.

Policy Approval

Position	Printed Name	Signature	Date
Medical Director	Daniel Kinker, DO	Daniel Kinker (Mar 31, 2026 07:41:03 CDT)	2026-03-31
Service Director	James Dinsch, NRP	James Dinsch (Mar 31, 2026 10:51:09 CDT)	2026-03-31