# CHAPTER 11
# DRUGS IN EMERGENCY MEDICAL SERVICE PROGRAMS
[Prior to 2/10/88, see Pharmacy Examiners[620] Ch 11]

**657—11.1(124,147A,155A) Definitions.** For the purpose of this chapter, the following definitions shall apply:

*"Adulterated"* means any drug or device that consists in whole or in part of any filthy, putrid, or decomposed substance.

*"Ambulance service"* means any privately or publicly owned service program that utilizes ambulances, including air transport vehicles, in order to provide patient transportation and emergency medical services.

*"Authorized prescriber"* means any provider who has prescriptive authority in the state of Iowa.

*"Board"* means the board of pharmacy.

*"Bureau"* means the Iowa department of public health, bureau of emergency medical services (EMS).

*"Controlled substance"* means any drug that is identified in Schedules I through V of Iowa Code chapter 124, the Iowa uniform controlled substances Act.

*"CSA registration"* means a registration issued by the board pursuant to Iowa Code chapter 124, the Iowa uniform controlled substances Act.

*"DEA"* means the U.S. Department of Justice, Drug Enforcement Administration.

*"DEA registration"* means a registration issued by the DEA pursuant to 21 CFR Part 1301.

*"Department"* means the Iowa department of public health.

*"Drug"* means a substance as defined in Iowa Code section 155A.3(13) but does not include nonmedicated intravenous solutions such as saline.

*"Emergency medical care provider"* means an emergency medical care provider as defined in 641—131.1(147A).

*"Emergency medical services"* or *"EMS"* means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

*"Emergency medical technician"* or *"EMT"* means any emergency medical technician or EMT as defined in 641—131.1(147A).

*"Medical direction"* means direction, advice, or orders provided, in accordance with written parameters and protocols, to emergency medical care personnel by a medical director, supervising physician, or physician designee.

*"Medical director"* means any physician licensed under Iowa Code chapter 148 who shall be responsible for overall medical direction of the service program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties.

*"Medical director-based"* means that ownership of the drugs maintained in and used by the service program remains with the medical director.

*"Patient care report"* or *"PCR"* means a computerized or written report that documents the assessment and management of the patient by the emergency care provider in the out-of-hospital setting.

*"Pharmacy-based"* means that ownership of the drugs maintained in and used by the service program remains with the pharmacy.

*"Physician"* means any individual licensed under Iowa Code chapter 148.

*"Physician assistant"* or *"PA"* means any individual licensed under Iowa Code chapter 148C.

*"Physician designee"* means any registered nurse licensed under Iowa Code chapter 152, or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistant examiners. The physician designee acts as an intermediary for a supervising physician, in accordance with written policies and protocols, in directing the care provided by emergency medical care providers.

*"Primary program site"* means the physical location from which the service program is operated and at which stock supplies of prescription drugs may be maintained and distributed to a program vehicle and a program substation.

*"Program substation"* means the physical location from which a service program is operated as a branch or extension of a primary program site, at which an emergency kit or supply of prescription drugs is maintained, and at which a stock supply of prescription drugs is not maintained.

*"Protocols"* means written direction and orders, consistent with the department's standard of care, that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols shall be approved by the service program's medical director and shall address the care of both adult and pediatric patients.

*"Responsible individual"* or *"RI,"* as this term relates to prescription drugs in a medical director-based service, means the medical director for the service. In a pharmacy-based service, "responsible individual" means the pharmacist in charge of the pharmacy.

*"Service"* or *"service program"* means any medical care ambulance service or nontransport service that has received authorization from the department.

*"Service director"* means the individual who is responsible for the operation and administration of a service program.

*"Supervising physician"* means any physician licensed under Iowa Code chapter 148 who supervises and is responsible for medical direction of emergency medical care personnel when such personnel are providing emergency medical care.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11; **ARC 0342C**, IAB 10/3/12, effective 11/7/12]

**657—11.2(124,147A,155A) Responsibility.** Pursuant to rules of the bureau, each service program shall appoint a service director at the primary program site.

**11.2(1)** *Pharmacy-based.* In a pharmacy-based service program, the pharmacist in charge shall be responsible for ensuring that the management of all prescription drugs complies with federal and state laws and regulations. The pharmacist in charge shall not serve as the service director.

**11.2(2)** *Medical director-based.* In a medical director-based service program, the medical director shall be responsible for ensuring that the management of all prescription drugs complies with federal and state laws and regulations.

**11.2(3)** *Combination pharmacy-based and medical director-based.* If both pharmacy-based and medical director-based programs are in effect, the pharmacist in charge of the pharmacy and the medical director shall be responsible for management of the drugs owned by the pharmacy and by the medical director, respectively.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.3(124,147A,155A) Written agreement.** A signed written formal agreement for the service program shall be maintained at the primary program site and be available for inspection and copying by the board or its representative.

**11.3(1)** *Pharmacy-based programs.* An Iowa-licensed pharmacy may enter into an agreement with a service program located in the state. The agreement with the service program shall establish that the service is operating as an extension of the pharmacy with respect to prescription drugs. The agreement shall be signed by the pharmacist in charge and the service director at the primary program site. A copy of this agreement shall be maintained at both the pharmacy and the primary program site while the agreement is in effect.

**11.3(2)** *Medical director-based programs.* A service program shall maintain a formal written agreement with a medical director that is signed by the medical director and the service director. The agreement shall be maintained at the primary program site while the agreement is in effect. The medical director of the service program shall maintain a CSA registration and a DEA registration at the primary program site as required by rule 657—11.6(124,147A,155A).

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.4(124,147A,155A) Termination of services.** EMS services may be terminated at the discretion of either the EMS program or the party or parties responsible for providing drugs to the EMS program. Written notification of such termination shall be provided to the other party at least 30 days prior to termination of services. Transfer of ownership of controlled substances shall be in compliance with rule 657—10.11(124).

**11.4(1)** *Pharmacy-based programs.* Immediately upon discontinuation of services, all controlled substances shall be jointly inventoried by the pharmacist in charge and the service director or their designees. A record of this inventory shall be maintained at the pharmacy for two years from the date of the inventory. All drugs and devices that are the property of the pharmacy shall be immediately returned to the pharmacy.

**11.4(2)** *Medical director-based programs.* Immediately upon discontinuation of services, all controlled substances shall be jointly inventoried by the medical director and the service director or their respective designees. A record of this inventory shall be maintained by the medical director for two years and be available for inspection and copying by the board, the board's representative, or another authorized individual. All drugs and devices that are the property of the medical director shall be immediately returned to the medical director.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11; **ARC 0342C**, IAB 10/3/12, effective 11/7/12]

**657—11.5** Reserved.

**657—11.6(124,147A,155A) Registration required.** If the program is a medical director-based service program, the medical director shall obtain and maintain current CSA registration and DEA registration at the primary program site prior to commencement of responsibilities as medical director. CSA and DEA registrations shall be obtained for each primary program site and shall be available for inspection and copying by the board or its representative and any other authorized agencies. Separate registrations for program substations shall not be required.

**11.6(1)** *Change of address of registered primary program site.* An individual practitioner may apply to change the address of the registered primary program site by submitting a request as provided in 657—subrule 10.11(2). The board and the DEA shall be notified in writing prior to a change of address of a registered primary program site.

**11.6(2)** *Change of medical director of a medical director-based program.* The board shall be notified in writing prior to the change of medical director. The new medical director shall obtain a CSA registration and a DEA registration for the primary program site prior to commencement of responsibilities as medical director. Separate registrations for program substations shall not be required.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.7** Reserved.

**657—11.8(124,147A,155A) Identification.**

**11.8(1)** A log of employees who have access to prescription drugs and to records regarding procurement, storage, and administration of prescription drugs at the service program shall be maintained for two years and be available for inspection and copying by the board or its representative. This log shall include the employees' printed names and signatures, printed and signed initials or other unique identification used in service program records, and the employees' levels of certification.

**11.8(2)** Policies and procedures shall be developed, implemented, and adhered to that identify at least the following:

*a.* Who has access to drugs.

*b.* Who has authority to administer drugs.

*c.* Who has authority to order, receive, and distribute prescription drugs and devices.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.9** Reserved.

**657—11.10(124,147A,155A) Ownership of prescription drugs.** All prescription drugs obtained for use in a service program shall be owned either by a pharmacy or by the medical director of the service program.

**11.10(1)** *Pharmacy-based.* If the drugs are owned by the pharmacy, the service program shall be considered a pharmacy-based service program and shall comply with these rules as they pertain to a pharmacy-based service program.

**11.10(2)** *Medical director-based.* If the drugs are owned by the medical director, the service program shall be considered a medical director-based service program and shall comply with these rules as they pertain to a medical director-based service program.

**11.10(3)** *Combination pharmacy-based and medical director-based.* If the service program has entered into both pharmacy-based and medical director-based service program agreements, both the pharmacy and the medical director shall retain separate ownership of the prescription drugs supplied and shall comply with these rules as applicable.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.11(124,147A,155A) Policies and procedures.**

**11.11(1)** Each service program shall, jointly with the service director and the responsible individual, develop, implement, and adhere to written policies and procedures for the operation and management of the service program with respect to prescription drugs and devices. These policies and procedures shall be available for inspection and copying by the board, the board's representative, or another authorized individual. The policies and procedures shall be periodically reviewed by the responsible individual, the medical director, and the service director. Documentation of the review shall be maintained.

**11.11(2)** The policies and procedures shall address, at a minimum, the following:

*a.* Storage of drugs at the primary program site and any program substations including appropriate temperature and humidity controls and security.

*b.* Protocols for administration of drugs.

*c.* Administration of drugs outside the parameters of written protocols.

*d.* Record retention and format including:

(1) Ownership of drugs.

(2) Ordering of drugs and devices.

(3) Receipt of drugs and devices.

(4) Distribution or administration of drugs and devices.

(5) Inspections of the primary program site, program substations, and drug supplies.

(6) Inventories of controlled substances.

(7) Wastage resulting from the administration of a partial dose or supply of a drug.

(8) Drug or device returns.

*e.* Process for the return of drugs.

*f.* Out-of-date and adulterated drugs.

*g.* Drug and device recalls.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11; **ARC 0342C**, IAB 10/3/12, effective 11/7/12]

**657—11.12** Reserved.

**657—11.13(124,147A,155A) Storage.** Prescription drugs at primary program sites and program substations shall be stored in designated secure areas that are clean and free of debris, where temperature and humidity are appropriately controlled, and in a manner to protect identity and integrity.

**11.13(1)** *Temperature.* All drugs shall be stored at the proper temperature. Drugs that are subjected to extreme temperatures shall not be administered to patients and shall be immediately removed from usable stock. Extreme temperatures shall be defined as excessive heat greater than 40 degrees Celsius (104 degrees Fahrenheit) and, if the product requires protection from freezing temperatures, excessive cold less than -10 degrees Celsius (13 degrees Fahrenheit). Disposal of unusable drugs shall be in compliance with rule 657—11.32(124,147A,155A).

**11.13(2)** *Security.* The security of prescription drugs is the responsibility of the responsible individual. Policies and procedures for the security of prescription drugs shall provide for the effective control against theft of, diversion of, or unauthorized access to prescription drugs, records for such drugs, and patient records. These policies and procedures shall indicate who has access to prescription drugs.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.14(124,147A,155A) Protocols.** Every service program shall utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider's scope of practice and within acceptable medical practice. Prescription drugs shall be administered pursuant only to a written protocol or oral order by an authorized prescriber. Records of current protocols shall be provided to and maintained by the responsible individual and the service director.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.15(124,147A,155A) Administration of drugs beyond the limits of the written protocol.** Drugs, excluding Schedule II controlled substances in a pharmacy-based service, as provided in rule 657—11.16(124,147A,155A), may be administered beyond the limits of the written protocols provided that medical direction from an authorized prescriber has been obtained prior to administration. The authorization shall be recorded in the patient care report documenting the identity of the authorizing prescriber. If an agent of the authorized prescriber relayed the order, the identity of the prescriber's agent, including the agent's first and last names and title, shall also be recorded.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.16(124,147A,155A) Administration of Schedule II controlled substances—pharmacy-based service.** In a pharmacy-based service, Schedule II controlled substances may be administered to patients under the care of a service program provided that a signed order is delivered by the authorized prescriber to the pharmacy within seven days of the date administration was authorized.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.17** and **11.18** Reserved.

**657—11.19(124,147A,155A) Patient care reports.** Patient care reports shall be maintained at the primary program site or the program substation as required by the bureau and rule 657—11.34(124,147A,155A).
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.20(124,147A,155A) Prescription drugs in EMS programs.** Prescription drugs maintained by a service program shall be owned by an Iowa-licensed pharmacy or the service program's medical director.

**11.20(1)** *Pharmacy-based.* The pharmacist in charge, the medical director, and the service director shall jointly develop a list of drugs to be maintained for administration by the service program. The pharmacy shall maintain an accurate list of all prescription drugs including controlled substances that the pharmacy maintains at the primary program site and at any program substation.

*a. Replenishment.* The responsible individual, the service director, or designee may request that replenishment supplies of drugs be maintained at the primary program site provided that the pharmacy has been supplied with administration records justifying the order. Records of the administration of Schedule III, IV, and V controlled substances and noncontrolled prescription drugs provided to and maintained at the pharmacy shall include, at a minimum: the patient's name; the name, strength, dosage form, and quantity of the drug administered; and the date administered. Records of the administration of Schedule II controlled substances provided to and maintained at the pharmacy shall consist of a written prescription including all of the prescription information required pursuant to Iowa Code section 155A.27 or a copy of the patient care record if the patient care record includes the required prescription

information. The pharmacist shall approve every drug taken from the pharmacy's dispensing stock prior to the transfer of the drug to the primary program site. Documentation of this verification shall be maintained within the pharmacy records.

*b. Replenishment using automated medication distribution system (AMDS).* A pharmacy utilizing a decentralized automated medication distribution system (AMDS) pursuant to 657—Chapter 9 may authorize replenishment of the service program's drug supplies from the AMDS provided that a pharmacist verifies the drugs stocked in the AMDS component before the drugs are removed from the pharmacy. Service program personnel authorized to remove drugs from the AMDS for restocking the service program's supplies shall be assigned a unique identification and access code for the purpose of accessing the AMDS. Access by authorized service program personnel shall be restricted to specific drug products authorized for use by the service program. A pharmacist shall, within 72 hours, verify the access of and removal of drugs from the AMDS by service program personnel and shall maintain documentation of that verification within the pharmacy records.

*c. Inspections.* The pharmacist in charge shall ensure the completion of a monthly inspection of all prescription drugs maintained by the pharmacy at the primary program site and any program substation. Inspection shall include the removal of outdated or adulterated drugs. All drugs removed from administration stock shall be returned to the pharmacy. Records of inspection shall be maintained for two years at the pharmacy. The pharmacist in charge may delegate the conduct of the monthly inspection to another pharmacist, a pharmacist-intern, a certified pharmacy technician, or the service director.

**11.20(2)** *Medical director-based.* The medical director and the service director shall jointly develop a list of drugs to be maintained for administration by the service program. The medical director shall maintain an accurate list of all prescription drugs including controlled substances that the medical director maintains at the primary program site and at any program substation. EMS personnel shall have authority to handle prescription drugs and devices pursuant to their scope of practice as defined by the bureau.

*a. Replenishment.* All drugs procured for administration in a medical director-based service program shall be obtained from an Iowa-licensed wholesaler, a pharmacy, or an authorized prescriber.

*b. Inspections.* The medical director shall ensure the completion of a monthly inspection of all prescription drugs maintained by the medical director at the primary program site and any program substation. Inspection shall include the removal of outdated or adulterated drugs. Records of inspection shall be maintained for two years at the primary program site or the program substation. The medical director or service director may designate EMS personnel to conduct required inspections.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11; **ARC 0342C**, IAB 10/3/12, effective 11/7/12; **ARC 1307C**, IAB 2/5/14, effective 3/12/14]

**657—11.21** Reserved.

**657—11.22(124,147A,155A) Return of drugs.** Drugs that have been removed from administration stock shall be returned to the responsible individual. In a pharmacy-based service, drugs returned from the service program to the base pharmacy may be used by the pharmacy for subsequent dispensing or administration provided the drugs are not outdated or adulterated. Records of the return of prescription drugs shall be maintained by the responsible individual.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.23(124,147A,155A) Out-of-date drugs or devices.** Any drug or device bearing an expiration date shall not be administered beyond the expiration date of the drug or device. Outdated drugs or devices shall be removed from administration stock and quarantined until such drugs or devices are properly disposed of or, if the service program is a pharmacy-based service, returned to the base pharmacy. Outdated drugs are the property of the responsible individual and shall be disposed of appropriately. Outdated controlled substances shall be disposed of pursuant to rule 657—11.32(124,147A,155A).

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.24(124,147A,155A) Product recall.** All service programs shall have a system for removal from administration stock all prescription drugs or devices subject to a product recall. The system shall include action appropriate to the direction or requirements of the recall.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.25** Reserved.

**657—11.26(124,147A,155A) Controlled substances records.**

**11.26(1)** *Records maintained.* Every inventory or other record required to be maintained under this chapter, 657—Chapter 10, or Iowa Code chapter 124 shall be maintained at the primary program site or the program substation and by the pharmacy if the service program is pharmacy-based. All required records shall be available for inspection and copying by the board or its representative for at least two years from the date of such record. Controlled substances records shall be maintained in a readily retrievable manner.

**11.26(2)** *Receipt and disbursement records.* Any pharmacy or other authorized registrant that provides controlled substances for a medical director-based service program shall maintain records of receipt and disbursement that include the following:

*a.* The name of the substance;

*b.* The strength and dosage form of the substance;

*c.* The number of units or commercial containers acquired from other registrants, including the date of receipt and the name, address, and DEA registration number of the registrant from whom the substances were acquired;

*d.* The number of units or commercial containers distributed to other registrants, including the date of distribution and the name, address, and DEA registration number of the registrant to whom the substances were distributed; and

*e.* The number of units or commercial containers disposed of in any other manner, including the date and manner of disposal and the name, address, and DEA registration number of the registrant to whom the substances were distributed for disposal, if appropriate.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.27(124,147A,155A) Ordering Schedule II controlled substances—medical director-based.** Except as otherwise provided by 657—subrule 10.34(7) and under federal law, a DEA Form 222, preprinted with the address of the primary program site, is required to be maintained at the primary program site for the acquisition of each supply of a Schedule II controlled substance. The order form shall be executed only by the medical director named on the order form or by an authorized signer designated pursuant to a properly executed power of attorney. A DEA Form 222 shall be dated and signed as of the date the order is submitted for filling. A medical director or authorized signer shall not pre-sign a DEA Form 222 for subsequent completion. All Schedule II order forms shall be maintained at the primary program site and shall be available for inspection and copying by the board or its representative for a period of two years from the date of the record.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.28** Reserved.

**657—11.29(124,147A,155A) Schedule II controlled substances perpetual inventory.** Each service program located in Iowa that administers Schedule II controlled substances shall maintain a perpetual inventory for all Schedule II controlled substances pursuant to the requirements of this rule. All records relating to the perpetual inventory shall be maintained at the primary program site and shall be available for inspection and copying by the board or its representative for a period of two years from the date of the record.

**11.29(1)** *Record.* The perpetual inventory record may be maintained in a manual or an electronic record format. Any electronic record shall provide for hard-copy printout of all transactions recorded in the perpetual inventory record for any specified period of time and shall state the current inventory

quantities of each drug at the time the record is printed. An electronic record entry, once recorded, shall not be changed; any adjustments or corrections shall require entry of a separate record as provided in subrule 11.29(3).

**11.29(2)** *Information included.* The perpetual inventory record shall identify all receipts and disbursements of Schedule II controlled substances by drug name or by National Drug Code (NDC), including each patient administration, wastage, return to the responsible individual, and disposal of a drug. The record of receipt shall also identify the source of the drug, the strength and dosage form, the quantity, the date, and the name or unique identification of the individual verifying receipt of the drug. The disbursement record shall identify where or to whom the drug is disbursed or administered, the strength and dosage form, the quantity, the date, and the name or unique identification of the individual responsible for the disbursement.

**11.29(3)** *Adjustments or corrections to the record.* Any adjustments or corrections made to the perpetual inventory shall include the identity of the person making the adjustment or correction and the reason for the adjustment or correction.

**11.29(4)** *Reconciliation.* The pharmacist in charge or designee in a pharmacy-based program, or the medical director or designee in a medical director-based program, shall be responsible for reconciling the physical inventory of all Schedule II controlled substances with the perpetual inventory balance on a periodic basis but no less frequently than monthly. Any discrepancy shall be reported to the medical director and to the pharmacist in charge if the service program is a pharmacy-based program.
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.30(124,147A,155A) Controlled substances annual inventory.** An accurate inventory shall be taken annually of all controlled substances maintained at the primary program site and program substations. Controlled substances in a pharmacy-based program shall be included in the pharmacy's annual controlled substances inventory. Records of the inventory shall be maintained pursuant to rule 657—11.34(124,147A,155A).
[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.31** Reserved.

**657—11.32(124,147A,155A) Destruction or disposal of controlled substances.** Disposal or destruction of controlled substances shall be pursuant to the requirements of this rule and rule 657—11.29(124,147A,155A). Records shall be maintained at the primary program site and, if the program is a pharmacy-based service, records shall be maintained at the pharmacy.

**11.32(1)** *Outdated, adulterated, or unwanted supply.* EMS personnel shall not destroy any controlled substances except as provided in subrule 11.32(2). Any drug that requires disposal or destruction shall be removed from administration stock and quarantined until the drug can be returned to the responsible individual. The responsible individual shall dispose of or destroy controlled substances according to the following procedures:

*a.* The responsible individual shall utilize the services of a DEA-registered and Iowa-licensed disposal firm (reverse distributor), or

*b.* The responsible individual shall utilize such other means determined and approved by the board.

**11.32(2)** *Administration wastage.* Except as otherwise specifically provided by federal or state law or rules of the board, the unused portion of a controlled substance resulting from administration to a patient may be destroyed or otherwise disposed of by the administering EMS personnel, the medical director, or a pharmacist. Any wastage of a controlled substance shall be conducted in the presence of a responsible adult witness who is a member of the EMS team, a member of the professional or technician pharmacy staff, or a licensed health professional. A written or electronic record of controlled substance wastage shall be made and maintained at the primary program site and, if the program is a pharmacy-based service, at the pharmacy, for a minimum of two years following the destruction or other disposal. The record shall include the signatures or other unique identification of the witness and of the individual destroying or otherwise disposing of the wastage of the controlled substance and shall identify the following:

*a.* The controlled substance wasted;

*b.* The date of destruction or other disposition;

*c.* The quantity or estimated quantity of the wasted controlled substance;

*d.* The source of the controlled substance, including identification of the patient to whom the substance was administered; and

*e.* The legibly printed names of the person wasting the unused portions of the controlled substance and of the qualified witness.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.33(124,147A,155A) Report of loss or theft of controlled substance.** Upon suspicion of any loss or theft of a controlled substance, the service director shall immediately notify the responsible individual. The responsible individual shall notify the DEA pursuant to rule 657—10.16(124) and federal regulations. The responsible individual shall report in writing, on forms provided by the board or as directed by the board, any theft or significant loss of any controlled substance. The report shall be submitted to the board office within two weeks of the discovery of the theft or loss. A copy of the report shall be maintained at the primary program site and, if the program is a pharmacy-based service, at the pharmacy.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

**657—11.34(124,147A,155A) Records.** If a service program includes a primary program site and one or more program substations, the records of the service program shall identify the primary program site and each program substation. Records regarding program substation activities, including drug supply and administration records, may be maintained at the primary program site but shall clearly identify the program substation to which the records apply. All records regarding prescription drugs and devices in a service program shall be maintained for two years and be available for inspection and copying by the board or its representative.

[**ARC 9786B**, IAB 10/5/11, effective 11/9/11]

These rules are intended to implement Iowa Code chapter 147A and Iowa Code sections 124.301 and 155A.13.

[Filed 5/25/79, Notice 4/4/79—published 6/13/79, effective 7/18/79]
[Filed emergency 1/21/88—published 2/10/88, effective 1/22/88]
[Filed 9/23/93, Notice 5/26/93—published 10/13/93, effective 11/17/93]
[Filed 6/24/94, Notice 4/13/94—published 7/20/94, effective 8/24/94]
[Filed 9/8/99, Notice 6/2/99—published 10/6/99, effective 11/10/99]
[Filed 8/14/02, Notice 6/12/02—published 9/4/02, effective 10/9/02]
[Filed 12/22/04, Notice 11/10/04—published 1/19/05, effective 2/23/05]
[Filed ARC 9786B (Notice ARC 9528B, IAB 6/1/11), IAB 10/5/11, effective 11/9/11]
[Filed ARC 0342C (Notice ARC 0172C, IAB 6/13/12), IAB 10/3/12, effective 11/7/12]
[Filed ARC 1307C (Notice ARC 1039C, IAB 10/2/13), IAB 2/5/14, effective 3/12/14]