



WVEMS Drug Box Decontamination Procedure Form

DATE _____ INCIDENT # _____ EMS BOX # _____

PATIENT'S NAME _____ (Apply Patient Sticker if available)

PATIENT'S DOB: _____

EMS AGENCY NAME: _____

_____ This drug box has been wiped down (inside and out)

_____ This drug box was used on a call with suspected COVID19 patient

_____ This drug box was opened while using CPAP **OR** aerosolized (nebulizer) treatment in the back of the ambulance **OR** Cardiac Arrest Management.

_____ The medications within this box are in zip-lock bags or heat sealed

(It is recommended that if this box does NOT have medications that are in heat sealed packages OR in plastic bags, that it be pulled out of service and placed in a biohazard bag for at least three days.)

AIC Printed Name: _____ AIC Signature: _____

AIC Certification #: _____

Place Pharmacy Administration Record Inside of Drug Box

THIS FORM MUST BE ATTACHED TO OUTSIDE OF DRUG BOX