

	County of Accomack	
	Department of Public Safety	
	Subject:	Controlled Drug Box Program
	Section:	Administration
	Guideline Number:	230
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Signature of Approval:	Charles R. Pruitt Director of Public Safety 	

PURPOSE

To identify a uniform process for the storage, security, disposal, exchange, and documentation of use of Controlled Drugs prior to, during, and after transportation of a patient to a hospital or other medical care facility.

AUTHORITY

This Program is established under the authority of the Operational Medical Director (OMD) and the rules and regulations governing Emergency Medical Services by the Department of Health, Commonwealth of Virginia and the Virginia Pharmacy Board.

SCOPE

This guideline applies to all uniformed members of the Accomack County Department of Public Safety and volunteer EMS providers.

DEFINITIONS

The following terms used herein, whether or not capitalized, shall have the following meaning, unless a different meaning is provided.

Accomack County: means the County of Accomack, a political subdivision of the Commonwealth of Virginia, which is authorized by the Code of Virginia to provide emergency medical services to its residents.

Accomack County Department of Public Safety or ACDPS: means the division of Accomack County government responsible for providing emergency medical services in the County, operating under the supervision of the County Administrator. ACDPS is a certified Registered Location authorized to receive, store, secure and distribute Controlled Drugs.

Advanced Life Support or ALS: means the provision of emergency medical care by EMS personnel who are certified as EMT Enhanced, Advanced EMT Intermediate, Paramedic, or equivalent as approved by the Office of Emergency Medical Services of the Virginia Board of Health.

ALS Provider: means an individual trained and certified to render Advanced Life Support services.

Agency: means an Emergency Medical Services Agency, as defined below.

Ambulance: means an EMS Vehicle as defined below.

Battalion Chief: means an officer of the ACDPS who manages EMS Personnel, equipment, programs and activities.

Controlled Drugs or Drugs: means articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease regulated by the Virginia Drug Control Act. The term includes Schedule II – V Controlled Substances.

Controlled Drug Box: means an initially-sealed container holding Controlled Drugs, including Schedule II – V Controlled Substances.

Controlled Drug Safe: means a secure location, meeting the requirements of this Program and Virginia law, in which Controlled Drugs are stored.

Controlled Substances: means a drug, substance, or immediate precursor in Schedule II through V as defined below.

Controlled Drug Supply Room: means a room or secured area located in the Registered Location in which Controlled Drugs are stored in a secure manner meeting all requirements of this Program and all applicable state and federal laws and regulations. The Controlled Drug Supply Room shall be designated and maintained by the ACDPS.

Controlled Drug Safe: means a safe, with limited access, located in the Controlled Drug Supply Room, in which Controlled Drugs are stored.

Controlled Drug Storage Room: means a room in the ACDPS headquarters in which Controlled Drug Boxes and the Controlled Drug Safe are securely stored.

Designated Emergency Response Agency: means an EMS Agency recognized by an ordinance or a resolution of the governing body of any county, city or town as an integral part of the official public safety program of such locality by providing emergency medical services to its residents. For purposes of this Program, each of the Designated Locations listed below are a Designated Emergency Response Agency.

Designated Location: means an EMS Agency Station or other location approved by the U.S. Drug Enforcement Agency (DEA) and the Virginia Office of Emergency Services (OES) to receive Controlled Drugs for administration to patients needing emergency medical assistance. For purposes of this Program, the following volunteer fire and rescue companies own and maintain Stations, as defined below, at which one or more EMS Vehicles is housed, and such stations have been approved as Designated Locations:

- Bloxom Fire Department – 15312 Bayside Drive, Bloxom, VA 23308
- Greenbackville Fire Department – 1468 Ellis Street, Greenbackville, VA 23356
- Melfa Fire Department – 28328 Hatton Street, Melfa, VA 23410
- Oak Hall Rescue – 30057 Ambulance Road, Oak Hall, VA 23416
- Onancock Fire Department – 9 Pine Street, Onancock, VA 23417
- Painter Fire Department – 17116 Wayside Drive, Painter, VA 23420
- Parksley Fire Department – 18441 Dunne Avenue, Parksley, VA 23421
- Saxis Fire Department – 8337 School Lane, Saxis, VA 23427

- Tangier Fire Department – 16344 Main Ridge Road, Tangier, VA 23440

Director: means Director of the Department of Public Safety.

Emergency Medical Services or EMS: means health care, public health, and public safety services used in the medical response to the real or perceived need for immediate medical assessment, care, or transportation and preventive care or transportation in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

Emergency Medical Services Agency or EMS Agency: means any person or entity engaged in the business, service, or regular activity, whether or not for profit, of transporting or rendering immediate medical care and providing transportation to persons who are sick, injured, or otherwise incapacitated or helpless and that holds a valid license as an Emergency Medical Services Agency issued by the State Health Commissioner in accordance with § 32.1-111.6 of the Code of Virginia.

Emergency Medical Services Personnel or EMS Personnel: means individuals, who are employed by, or are volunteer members of, an Emergency Medical Services Agency and who provide emergency medical care pursuant to a valid Emergency Medical Services Agency certificate or license issued to that Agency by the State Health Commissioner.

Emergency Medical Services Provider or EMS Provider: means any person or entity that holds a valid license or certificate as an Emergency Medical Services Provider issued by the State Health Commissioner.

Emergency Medical Services Vehicle or EMS Vehicle or EMS Unit: means any vehicle, vessel or craft that holds a valid permit issued by the Virginia Office of EMS that is specifically constructed, equipped, maintained and operated, and intended to be used for, emergency medical care and the transportation of patients who are sick, injured, wounded or otherwise incapacitated or helpless.

Emergency Medical Technician or EMT: means a person trained to provide basic emergency medical care and transportation to an emergency care facility and holding such certifications as are required by the Virginia Office of Emergency Medical Services.

Hospital: means an institution providing emergency medical and surgical treatment and nursing care for sick or injured people.

Operation Medical Director (OMD): means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing person or persons. The OMD shall be in charge of or overseeing operations involving the Controlled Drug Box Program.

Med Box: means a box that carries uncontrolled Schedule VI medications that may be replenished at the Hospital with a 1:1 replacement ratio.

Narcotic Box: means a type of Controlled Drug Box that holds narcotic drugs.

Paramedic: means a person trained to perform higher levels of advanced medical care, including the administration of Controlled Drugs, and holding such certifications as are required by the Virginia Office of Emergency Services.

Participating Member: means any active EMS Provider licensed by the Virginia State Health Commissioner and that has received approval from the Tidewater Emergency Medical Services Regional Council.

Patient: means a person who needs immediate medical attention or transport, or both, whose physical or mental condition is such that he or she is in danger of loss of life or health impairment, or who may be incapacitated or helpless as a result of physical or mental condition, or a person who requires medical attention during transport from one medical care facility to another.

Pre-hospital: means the treatment and administration of drugs by EMS Providers prior to taking a patient to the hospital.

Pre-hospital Patient Care Report or PPCR: means a document used to summarize the facts and events of an EMS incident and includes, but is not limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other minimum data items as prescribed by state law. "PPCR" includes any supplements, addenda, or other related attachments that document patient information and the emergency medical care provided.

Program or Policy: means this Controlled Drug Box Program approved by the Accomack County Board of Supervisors on October 16, 2024.

Provider: means an Emergency Services Provider or EMS Provider which holds a valid license or certificate as an emergency medical services provider in Virginia.

Rapid Sequence Induction Box or RSI Box: means a type of Controlled Drug Box holding medications used during Rapid Sequence Induction. Unless otherwise indicated herein, the requirements of this Program applicable to Controlled Drugs and Controlled Drug Boxes shall also be applicable to RSI medications and RSI Boxes.

Receiving Station: means an EMS Agency that receives a Controlled Drug Box to be stored in an EMS Vehicle that is in an approved Designated Location.

Registered EMS Agency Headquarters: means the principal office and primary business location of an EMS Agency that maintains a Controlled Drug or Controlled Substances registration issued by the Virginia Board of Pharmacy.

Registered Location: means the location that appears on a DEA certificate of registration or Controlled Substances Registration (CSR) issued to an EMS Agency, which shall be the location at which the Agency receives Controlled Drugs, including Controlled Substances, from entities authorized to distribute same. For purposes of this Program, the County of Accomack, Department of Public Safety has been issued a CSR and DEA certificate. The Registered Location at which the County will receive, secure and store Controlled Drugs, including Controlled Substances, is 18426 Dunne Avenue, Parksley, Virginia 23241.

Responsible Party: means an individual employee of ACDPS who has been assigned the duty of implementing, administering and enforcing this Program. This individual shall be responsible for inventories, reports, audits, and use of all Controlled Drugs and will maintain all records of Controlled

Drug Boxes, Med Boxes, and RSI Boxes from the time delivered to ACDPS until used, damaged or expired.

Schedule II – V Controlled Substances: means those Schedule II - V Controlled Substances as defined and listed in Title 54.1, Subtitle III, Chapter 34, Article 5 of the Code of Virginia.

Station: means an enclosed structure that houses one or more EMS Vehicles that is actively and primarily being used for emergency response by a licensed EMS Agency.

Tidewater EMS Regional Council or TEMS: means the non-profit organization supporting Emergency Medical Services Agencies in the Tidewater, Virginia region, including Accomack County. Support provided by TEMS include the development of regional standardization, the issues of EMS protocols, and the administration of regional sanctioning exams for ALS, Advanced EMT, and Paramedic.

Transport Unit, EMS Unit, or Unit: means an EMS Vehicle that has been issued a permit issued by the Virginia Office of Emergency Services, as defined above.

Virginia Office of Emergency Medical Services or VOEMS: means the Office of Emergency Medical Services, which operates within the Virginia Department of Health.

Volunteer: means a volunteer member of a licensed EMS Agency that is a Designated Location for the receipt of Controlled Drug Boxes. Only volunteers successfully trained in Advanced Life Support may open Controlled Drug Boxes or access Controlled Drugs.

GENERAL PROCEDURES

(A) Security

- EMS Vehicle – EMS Vehicles, aka EMS Units, with the appropriate Office of Emergency Medical Services permit and equipped as an Advanced Life Support (ALS) unit may be assigned two Controlled Drug Boxes, provided that (i) the Station at which the EMS Vehicle is housed has been approved as a Designated Location, and (ii) the EMS Agency or Station housing the EMS Vehicle has entered into an agreement with Accomack County to ensure accountability and responsibility for the security of the Controlled Drug Box and RSI Box, if any, in accordance with this Program and applicable state and federal laws and regulations. All Controlled Drug Boxes and RSI Boxes will be kept in interior lockable compartments within the EMS Vehicle in accordance with Virginia laws and regulations. All lockable compartments in which the Controlled Drug Boxes and RSI Boxes are stored shall be kept locked when not in use. If the EMS Vehicle is not stored inside the Station, both the EMS Vehicle and the compartment in which the Controlled Drug Boxes and RSI Boxes are stored shall be locked.
 - Battalion Chief Vehicles - Battalion Chiefs may carry up to six Controlled Drug Boxes in the double-locked Battalion Chief's vehicle.
- Controlled Drug Box(es) – All Controlled Drugs shall be stored in a Controlled Drug Box that will be sealed, numbered, and assigned to a EMS Unit. All Controlled Drug Boxes shall display the expiration date of the Controlled Drugs secured inside. A pre-numbered plastic security tie will be placed in the Controlled Drug Box for use after the original seal has been broken. These security ties will be color coded and shall be used as specifically listed below. The colors and

their purpose are listed below.

- **GREEN** - All drugs and their dosages are as initially stocked.
 - **YELLOW** - Drug(s) has been used, however, supply is sufficient for additional patient care. The yellow tie indicates that the Controlled Drug Box will include multiple dosages of each Controlled Substance.
 - **RED** - Drug(s) supply has been exhausted and Controlled Drug Box is out of service and awaiting exchange.
- Controlled Drug Supply Room – All Controlled Drugs will be stored in a Controlled Drug Supply Room in a pin-access Controlled Drug Safe, with inventory verified weekly. The Controlled Drug Supply Room shall be kept locked at all times with electronic key locks and monitored by video surveillance 24/7. Access to the Controlled Drug Safe shall be restricted to the OMD, Responsible Party, Director, and Battalion Chiefs. At any point should the occupant of these positions change, the pin number shall be changed and re-distributed to the parties listed above.
 - Spare Controlled Drug Boxes – Controlled Drug Boxes that are not assigned to an EMS Unit shall be stored under double lock in a security cabinet located In the Controlled Drug Storage Room, with the exception of the spares carried by the on-duty Battalion Chief.

(B) Access to Controlled Drug Boxes

- Only trained ALS Providers who are sanctioned by the Tidewater EMS Regional Council shall open the Controlled Drug Box. Once the Controlled Drug Box is opened, if Controlled Drugs are used, the Provider shall (i) complete an administration form, (ii) reseal the Controlled Drug Box with a security tie, and (iii) when necessary due to the exhaustion of supplies, exchange the Controlled Drug Box for a new fully stocked Controlled Drug Box.

(C) Restocking Controlled Drug Boxes

- Controlled Drug Boxes shall have enough of each drug to accommodate the maximum dose or all subsequent doses as allowable by specific protocols of the Tidewater EMS Regional Council. Excess Controlled Drugs utilized for re-stocking shall be retained in the Controlled Drug Safe in accordance with security measures described above.
- Controlled Drug Boxes will be stocked (refilled) weekly and re-sealed for use by the EMS Provider to which it is assigned. Newly restocked Controlled Drug Boxes shall be sealed with a uniquely numbered green seal. Any Controlled Drug that needs to be wasted will follow waste procedures as outlined by VOEMS.
- Controlled Drug Boxes shall be refilled with the standard amounts of Controlled Drugs, as determined by the Tidewater EMS Regional Council, and shall be identical except for their unique identification label and expiration dates verified by the Responsible Party.
- The restocking of Schedule II-V Controlled Substances (previously in sealed narcotics bag) is prohibited at any Receiving Station. Restocking shall be conducted by the Responsible Party at the Registered EMS Agency Headquarters.

- The restocked Controlled Drug Boxes will be sealed with a unique seal number confirmed by a Battalion Chief and the Responsible Party.
- Restocking shall be documented in accordance with the detailed procedures provided in Section (G) below.

(D) Inventory Checks

- Inventory of Controlled Drugs will be tracked by quantity, lot, and expiration, using the software system known as Operative IQ.
- The OMD and Responsible Party will review Operative IQ on a regular basis to ensure the movement of Controlled Drugs complies with this Program.
- Every Monday the Responsible Party shall count all Controlled Drug Boxes that are kept in the Controlled Drug Storage Room to ensure that the integrity of the security seal is not in question and that the Drug Control Boxes have not expired.
- All Controlled Drug Boxes will be inventoried daily as provided in Section (L) below.
- The OMD may, at any time, conduct an inventory of Controlled Drugs.

(E) Audits

- Each EMS Agency shall be required to conduct quarterly usage audits. Such audits shall be conducted by the Responsible Party. The audit shall account for the current status of all Controlled Drugs. Any discrepancies shall be reported to the Battalion Chief immediately. The audit shall also identify any unusually high rates of use and identify individuals with high rates of Controlled Drug use.
- The Director, Responsible Party, or OMD, may, at any time, conduct a target audit of Controlled Drug inventory at an EMS Unit or at the master supply level maintained by the ACDPS.
- The OMD may at any time conduct a performance audit of ACDPS or any of the Receiving Stations to determine whether ACDPS or the EMS Agency in question is conducting operations in accordance with this Program. As a result of such audit, the OMD may require changes in operations and may recommend revisions to this Program to ensure that state, local, and federal laws, ordinances, regulations, policies and guidance documents are being followed.
- Audit records shall be maintained and available for inspection for no less than two (2) years or as otherwise provided by the VOEMS or the Library of Virginia, whichever retention period is longer.

(F) Discrepancies

- Any EMS Provider discovering a discrepancy in the Controlled Drug inventory shall immediately notify the Battalion Chief. The Battalion Chief shall obtain statements from the EMS Provider who discovered the discrepancy and any witnesses and shall notify the Responsible Party within 8 hours of discovering the discrepancy.
- The Responsible Party shall notify the OMD within 12 hours of discovery of the discrepancy.
- The OMD and Responsible Party will conduct and complete an investigation to determine the source of the discrepancy and determine next steps based on the findings.
- If the discrepancy is reportable by law to the DEA, the Responsible Party shall promptly make such report.
- If the discrepancy appears to be the result of theft, the Responsible Party shall promptly notify law-enforcement agencies.

(G) Documentation, Reports and Recordkeeping

- In addition to documenting the administration of Controlled Drugs in the Operative IQ System and on the PPCR, EMS Providers shall accurately and completely document every Controlled Drug on the “Controlled Substance Administration” form. These forms will be located in the Controlled Drug Boxes.
- ALS Providers shall document the Controlled Drug Box identifier (number) in the Operative IQ System and on the PPCR in the appropriate field for every Controlled Substance administration.
- After the administration of a Controlled Drug, the Provider will reseal the Controlled Drug Box with a “yellow tag” seal that is electronically documented through Operative IQ. The “yellow tag” is a visual cue that the Controlled Drug Box is not full. The “red tag” will be a visual cue that the Controlled Drug Box has insufficient Controlled Drugs for further patient treatments.
- Upon transferring the Controlled Drug Box to an EMS Battalion Chief, the EMS Provider and the Battalion Chief will conduct a dual verification that the documentation pertaining to the disposition of Controlled Drugs, including Controlled Substances, is complete and bearing the appropriate signatures on the “Controlled Substance Administration” form.
- In the instance that an EMS Battalion Chief is unable to access the necessary documentation, he or she shall initiate investigation into the chain of custody of the Controlled Drug Box.
- An electronic report of the usage/waste forms shall be generated using Operative IQ and emailed to all EMS Battalion Chiefs and the Responsible Party on a weekly basis through Operative IQ.

- The EMS Battalion Chief and the Responsible Party shall perform a count of the specific Controlled Drugs to confirm the documented inventory. This count shall be conducted each time a Controlled Drug Box is restocked.
- The EMS Battalion Chief and Responsible Party shall then restock the Controlled Drugs and shall document:
 - Seal number
 - Controlled Drug Box number
 - Date
- The Responsible Party shall ensure all information is correct and accurate for complete quality assurance tracking of Controlled Drugs. An electronic report name and filed with ACDPS records.
- Every shift, the on-duty Battalion Chief shall generate an Operative IQ electronic report named “Controlled Substance Box Location Report” that identifies the Controlled Drug Box carried by each EMS Unit. This report shall be utilized to assure that all Controlled Drug Boxes are accounted for and all appropriate documentation has been completed.
- Battalion Chiefs must utilize the Operative IQ system to maintain electronic accounting of the Controlled Drug Boxes which are carried in their vehicle at all times.
- If the Operative IQ electronic system is not functioning, documentation for Controlled Drugs, including Controlled Substances, will be completed utilizing written forms that shall be maintained as a backup system. These documents will be logged electronically when the electronic system regains full function.

(H) Wastage and/or Breakage Procedure

- If there is breakage, spillage, or routine wastage of the Controlled Drugs, including Controlled Substances, a “Controlled Substance Administration” Form must be accurately and thoroughly completed. All wastage shall be documented in electronic patient care report and in Operative IQ.
- Expired Controlled Drugs shall be removed from stock and placed in the expired drugs receptacle in the Controlled Drug Safe. These expired Controlled Drugs will be picked up or shipped to a reverse distributor used by the Tidewater EMS Regional Council.
- When a portion of a Controlled Drug is left over after administration, the EMS Provider shall dispose of the Controlled Drug in front of a second medical professional in the proper container. The wastage shall be documented, and the document must bear the witness’s electronic signature through the electronic asset system. The medical professional witnessing the waste may be a Basic Life Support (BLS) provider. The ALS Provider that intended to administer the medication to the Patient must be the Provider that wastes said medication.
- Any medication that is remaining in the vial or ampule must be drawn out and wasted properly. DO NOT throw medication vials or ampules into sharps containers before all medication is completely evacuated.

(I) Loss or Theft of Controlled Drugs

- Upon discovery of the loss or theft of Controlled Drugs, the EMS Provider shall notify the on-duty Battalion Chief. The Battalion Chief shall notify the Responsible Party within 8 hours of discovering the loss or theft. The Responsible Party shall notify the OMD within 12 hours of discovering the loss or theft.
- If loss or theft occurs an Incident Report form must accompany the “Controlled Substance Administration” Form explaining all details of the occurrence. This form is located electronically in the electronic asset system.
- The Battalion Chief shall notify Human Resources for the administration of an employee drug test and follow-up with notification to the Director.
- Law enforcement shall be notified if theft is suspected.
- The Responsible Party shall complete all required DEA loss report documentation (Federal Form 106). This form shall be submitted to DEA and to the Department of Health and Human Services (DHHS) office in Greensboro, North Carolina. The forms shall be attached to any police or other law enforcement report and shall be maintained in the administrative office of ACDPS.
- If the Controlled Drugs are found after the filing of the Form 106, then a letter stating the outcome shall be attached to the Form 106 and sent to the DEA and DHHS. The reporting law enforcement agency shall also be notified.
- The Director will be kept current on all available information pertaining to said loss or theft, via the chain of command.

(J) RSI Box Content

- RSI Boxes will contain secondary stock with the purpose of being able to treat a second patient without need for Controlled Drug Box exchange.
- Content will include:
 - Etomidate - 40 mg/20 mL x 2
 - Rocuronium - 100 mg/10 mL x 4
 - 20 mL syringe x 2
 - 10 mL syringe x 2
 - 3 mL syringe with blunt tip x 2 for secondary sedation
- RSI Boxes shall be stored and restocked in the same manner as the Controlled Drug Boxes. A yellow and red tag will be included inside of the RSI Boxes with corresponding numbers related to the Box. These tags are to be used in the same fashion as the Controlled Drug Boxes. The yellow tag will be utilized after one patient administration. The red tag will be utilized when medication stock is diminished and the RSI Box is out of service.

- Med Boxes (Schedule VI controlled substances excluding RSI Medications) shall be stored in the same manner as the Controlled Drug Boxes and restocked at the Hospital at a 1:1 replacement ratio.

(K) Controlled Drug Box Content

- Accepted content for Controlled Drug Boxes when fully stocked and green tagged is:
 - Fentanyl - 100 mcg/2 mL x 4
 - Morphine Sulfate - 10 mg/1 mL x 4
 - Ketamine - 500 mg/10 mL x 2
 - Midazolam - 5 mg/1 mL x 6
 - 3 mL syringe with blunt tip x 4
- All Controlled Drug Boxes (when fully stocked and green tagged) will contain enough medications to accommodate for multiple patient contacts with the purpose to optimize proficiency and limit out-of-service time.

(L) Department of Public Safety Expectations for Volunteer EMS Agencies and Participating Members or Volunteers

- All EMS Agencies, including its Volunteers and Participating Members, with a Station in which an EMS Vehicle is housed shall comply with all requirements of this Program and applicable state, local, and federal laws, ordinances, regulations, policies and guidance documents. All Controlled Drug Boxes will be checked and inventoried daily by the ACDPS EMS Personnel on shift at the Stations that are regularly staffed by ACDPS EMS Personnel (Oak Hall, Parksley, Onancock, Painter, Tangier).
- All Controlled Drug Boxes shall be inspected and certified by a certified EMS Provider on a daily basis.
- ACDPS EMS Personnel that currently staff Greenbackville on “B” Shift will be required to check Controlled Drug Boxes at the beginning and end of the shift.
- Volunteer EMS Providers will be required to check Controlled Drug Boxes on all other days that will not have oncoming or off-going ACDPS staff.
- Volunteer EMS Providers will be required to track and document all narcotic administration on a daily basis through ACDPS’s tracking and inventory software (Operative IQ).
- Volunteer EMS Providers at Stations participating in the Program that are NOT staffed by ACDPS shall make every effort to check and inventory assigned Controlled Drug Boxes on a daily basis. In the event a Station is not able to check and inventory its assigned Controlled Drug Boxes on any given day, a member of the volunteer company shall advise the on-duty Battalion Chief of ACDPS of this inability prior to 2 p.m. on such day, and ACDPS shall ensure that the check and inventory is conducted by a qualified EMS Provider on its staff. Notwithstanding the foregoing, volunteer EMS Providers shall check and inventory assigned

Controlled Drug Boxes every Wednesday, Saturday and Sunday without fail.

- There is ZERO TOLERANCE for failure to conduct daily inventories of the Controlled Drugs for Receiving Stations. All checks will be monitored regularly by the Responsible Party and Battalion Chief.

(M) Enforcement

- The Responsible Party may take action against an EMS Agency, EMS Personnel, EMS Provider, Participating Member or Volunteer for failure to comply with this Program or with any terms of the agreement entered between the County and the EMS Agency housing the EMS Vehicle in a Designated Location. The levels of enforcement below are based on the Virginia Administrative Code (Title 12, Agency 5, Chapter 31):
 - First offense - Warning: a verbal notification of an action or situation potentially in violation of this Program or state and federal laws and regulations
 - Second offense - Citation: a written notification for violations of this Program or state and federal laws and regulations.
 - Third offense - Suspension: a written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation.