Northwest Community EMS System

February 2020 CE: Audit report: C6: EMS Controlled Substance Program
D3: Drug/pharmacologic mgt; Respiratory Illness/PPE; IDPH Health alerts; 2019 Data
Credit Questions

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	EMS Agency:	

Name (Print):			EMS Agency:					
EMS Educator:								
Date submitted	Score:	Acceptable Not accep		☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback			
Resubmission received:	Score:	Acceptabl		☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback:			
# CE Hours awarded:			Date					
This packet	should take 2 hours to	complete – wh	nich earns yo	ou the equivalent of the 2	hour live CE class.			
Sources of informa		•		·				
Health alerts (CDC/ Class slide deck ha	(IDPH): Coronavirus; s andout – available fron	ynthetic opiate n Provider EMS	; & sodium n S Coordinato					
				ted by statue, guideline, S				
replenishme	What are the nine issues identified in an audit of EMS stock and Controlled substances distribution and replenishment that have mandatory action plans addressed during the Feb CE?.							
3.	<u>2.</u> 3							
4.								
<u>5</u> .	5.							
6.	6.							
<u>7.</u>	7.							
8.	8.							
9.	9.							
3. C6 policy: Th	ne possession and adm	ninistration of co	ontrolled subs	stances is governed by the	e:			
What law sp	pecifically regulates E	MS controlled	substances	access and manageme	ent?			

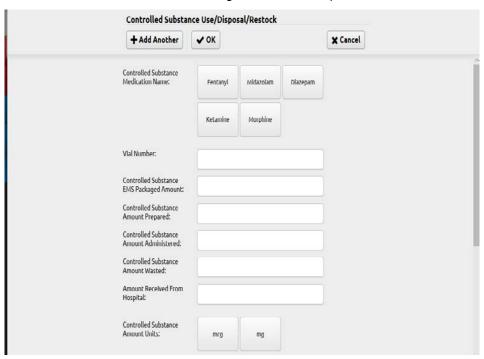
4.		t controlled substance drugs are carried on NWC EMSS ALS vehicles and what are their required inventory mes/concentrations? (See Drug and Supply list)
5.		Agency Liability: A registered emergency medical services agency, under the supervision of a medical actor, shall be responsible for ensuring that
	<u>1.</u>	
	<u>2</u> .	
	3.	
	4.	
6.		trolled Substances DRUG ADMINISTRATION: ALS EMS personnel may administer approved CS in the se of providing EMS care in compliance with the NWC EMSS SOPs if the following steps are executed: Label
	2.	Keep syringes containing CS
	3.	When sequential doses are required from a single syringe,
	4.	Note the amount wasted in
7.	Whe	en stored in a DRUG BAG, how must CS be secured?
8.	Whe	n stored in an ambulance , how must CS be secured?
	How	shall EMS ensure that access to EMS vehicles is limited?
9.	Who	can access controlled substances?
	How	many approved personnel must be simultaneously present when all CS access occurs?
10.	In wh	nat two ways must all CS access be recorded and witnessed?

Can EMTs authorize carry equipment whi	d by the Agency/Registrant pick up and transport CS during an incidental contact while helping e on scene?
☐ Yes	☐ No
	g CS is taken Out-of-Service because they are inoperable, not available for current operation or it is not functional) what must happen to the controlled substances on that vehicle?
Controlled substance	es DAILY COUNTS: When must the daily counts occur?
What must occur du	ing the CS counts?
How many EMS pe	sonnel must be present simultaneously during the count?
	ITATION: What must be noted on the CS inspection form?
Numeric	
	of all count discrepancies or loss of any controlled substance?
When shall the disc	repancy be reported?
Who must also be	notified if loss is due to a suspected theft?
acceptably explained	ences a count discrepancy due to loss, theft, or missing CS that cannot be immediately and and resolved, what documentation/form must be completed?
	ering: If any CS appears to be tampered with or is not sterile and/or ready for patien om shall it be immediately reported?
What must be done what System form m	with the drug container with possible tampering; what notations are required on the CS log; and ust be initiated?
<u>Immediately</u>	
Bring drug	
Note the removal in	
Initiate an	

20.	If an ALS practitioner is found guilty of prohibited behaviors such as a break in the chain of custody of controlled substances, lying or deceit about inventory checks/drug counts; falsification of EMS records, diversion of drugs for personal purposes or use; or two or more instances of an unexplained discrepancy during a practitioner's duty cycle; what type of action/consequences will occur?
21.	Restocking EMS Vehicles at Hospitals.:
	What actions are needed to exchange empty CS drug containers at the hospital?
	Empty CS containers shall be discarded into :
22.	After receiving replacement CS inventory, the following shall be verified by two ALS personnel before placing into and resecuring the EMS CS container:
	Medication:
	Ensure counts are .
23.	Wasting CS : If the amount of a CS drug given is less than the prepackaged or prepared dose, what actions by the ALS practitioner are required?
24.	Who must witness the wasting of any amount of a CS?
25.	How shall the names and signatures of the witnesses be captured in the PCR?
26.	EMS is treating a pt experiencing anxiety. The vial of midazolam contains 10 mg/2 mL (5mg/mL) 5 mg was drawn up; 2 mg was given IN. That leaves 5 mg in the vial and 3 mg in the syringe.

What must be returned to the ED RN for disposal?

How must this encounter be documented in ImageTrend in the disposal/restock fields?

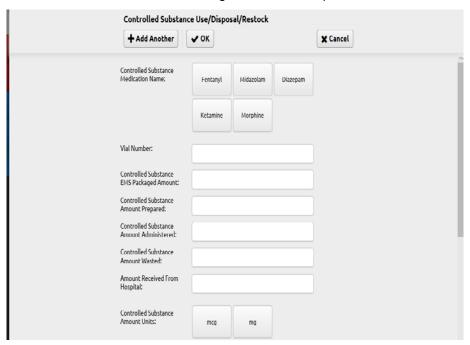


27. EMS is treating a pt with excited delirium. The vial of ketamine contains 500 mg/10 mL (50mg/mL).

2 (1 mL) syringes were drawn up and given IN. 2 (3 mL) syringes were drawn up to give IM, but only 1 was given.

What must be returned to the ED RN for disposal?

How must this encounter be documented in ImageTrend in the disposal/restock fields?



- 28. If the ED RN attempts to replace EMS with Ketalar 200 mg/2 mL, what action is required?
- 29. **Breakage and Spillage of CS**: When there is breakage, damage, spillage, or some other form of destruction, all recoverable controlled substance, what actions are required by EMS?
- 30. What if the nature of the breakage or spillage does not allow recovery of the drug?
- 31. **Returns of Expired CS Drugs**: What EMS action is indicated if Controlled substances are expired, due to expire within 14 days or need to be removed from inventory for any reason?

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Policy D3:

V. DRUG/PHARMACOLOGIC/SUPPLY STORAGE and SECURITY at EMS AGENCIES:

It is recommended that stock with expiration dates be rotated from reserve and non-transport to front line vehicles within of expiration to encourage use prior to expiration dates.

- 33. While automatic dispensing devices are approved by IDPH for EMS exchange, they must meet Joint Commission requirements for drug reconciliation counts just like within the hospital. Is it acceptable practice for EMS personnel to take 3 of an item to supplement inventories, when only 1 of that particular product is noted on the PCR as used for that patient?
 - A. Yes B. No

34.	Lost, non-exchanged, misused, or damaged drugs/pharmacologics The loss or suspected loss or misuse of any drug or pharmacologic must be reported according to the				
	within the				
35.	Who is responsible for covering the cost of any drug/supply that is lost, stolen, damaged or not replaced at the time of use?				
	A. Provider AgencyB. Assigned System HospitalC. Resource Hospital				
Acute	Respiratory Disorders				
36.	According to the SOPs, what are the standard Droplet/Airborne precautions that EMS personnel shall observe and what additional precautions are recommended for those patients suspected of being ill with the Coronavirus?				
	For close contact (w/in 6 feet) of pt with suspected flu or Coronavirus:				
	If fever and coughing: Mask for FLU:				
	Coronavirus mask recommendations for EMS:				
	Additional protections:				
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37.	IDPH Health Alert re: suicidal attempts using sodium nitrite ingestions resulting in methemoglobinemia				
	What are the clinical S&S of methemoglobinemia?				
38.	What is the definitive treatment only available at a hospital?				
39.	What potent synthetic opioid has recently been detected in the Midwest?				
40.	Who is the new IDPH Chief of EMS succeeding Leslee Stein-Spencer?				