

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

Name (Print):		EMS Agency:		
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:		Date		

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class.

Sources of information/answers

- February CE Participant handout
SOPs: Respiratory illness; PPE; Drug appendix; Drug and Supply list (on-line)
Policies: C6: EMS Controlled Substance Program; controlled substance logs; D3: Drug/ pharmacologic management
Image Trend documentation:: Controlled substance exchange/waste documentation at hospital
Health alerts (CDC/IDPH): Coronavirus; synthetic opiate; & sodium nitrite; End of year data report 2019:
Class slide deck handout – available from Provider EMS Coordinator

1. Give three examples of things that are often done by EMS personnel where common knowledge and judgment recognizes an unreasonable risk of danger, and are not supported by statute, guideline, SOP, policy or procedure:

2. 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?.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

3. C6 policy: The possession and administration of controlled substances is governed by the:

What law specifically regulates EMS controlled substances access and management?

4. What controlled substance drugs are carried on NWC EMSS ALS vehicles and what are their required inventory volumes/concentrations? (See Drug and Supply list)
-
-
-
5. **EMS Agency Liability:** A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that--
1. _____
 2. _____
 3. _____
 4. _____
6. **Controlled Substances DRUG ADMINISTRATION:** ALS EMS personnel may administer approved CS in the course of providing EMS care in compliance with the NWC EMSS SOPs if the following steps are executed:
1. **Label** _____
 2. **Keep syringes containing CS** _____
 3. **When sequential doses are required from a single syringe,** _____
 4. **Note the amount** wasted in _____
7. When **stored in a DRUG BAG**, how must CS be secured?
-
-
-
8. When **stored in an ambulance**, how must CS be secured?
In a " _____
- 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 what two ways must all CS access be recorded and witnessed?
-
-
-

11. Can EMTs authorized by the Agency/Registrant pick up and transport CS during an incidental contact while helping carry equipment while on scene?

- Yes No

12. If a vehicle containing CS is taken **Out-of-Service** because they are inoperable, not available for current operation, no crew is available, or it is not functional) what must happen to the controlled substances on that vehicle?

13. Controlled substances **DAILY COUNTS**: When must the daily counts occur?

14. What must occur during the CS counts?

How many EMS personnel must be present simultaneously during the count?

15. **CS LOG DOCUMENTATION**: What must be noted on the CS inspection form?

Signatures of

Legible

Numeric

16. Who shall be notified of all count discrepancies or loss of any controlled substance?

When shall the discrepancy be reported?

Who must also be notified if loss is due to a suspected theft?

17. If an agency experiences a count discrepancy due to loss, theft, or missing CS that cannot be immediately and acceptably explained and resolved, what documentation/form must be completed?

18. **Evidence of tampering**: If any CS appears to be tampered with or is not sterile and/or ready for patient administration, to whom shall it be immediately reported?

19. What must be done with the drug container with possible tampering; what notations are required on the CS log; and what System form must be initiated?

Immediately

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 resealing 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?

Controlled Substance Use/Disposal/Restock

+ Add Another ✓ OK ✕ Cancel

Controlled Substance Medication Name: Fentanyl Midazolam Diazepam
Ketamine Morphine

Vial Number: _____

Controlled Substance EMS Packaged Amount: _____

Controlled Substance Amount Prepared: _____

Controlled Substance Amount Administered: _____

Controlled Substance Amount Wasted: _____

Amount Received From Hospital: _____

Controlled Substance Amount Units: mrg mg

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?

Controlled Substance Use/Disposal/Restock

+ Add Another OK Cancel

Controlled Substance Medication Name: Fentanyl Midazolam Diazepam Ketamine Morphine

Vial Number: _____

Controlled Substance EMS Packaged Amount: _____

Controlled Substance Amount Prepared: _____

Controlled Substance Amount Administered: _____

Controlled Substance Amount Wasted: _____

Amount Received From Hospital: _____

Controlled Substance Amount Units: mcg mg

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:

32. 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 Agency
 - B. Assigned System Hospital
 - C. 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: _____

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? _____