

Policy Title: CONTROLLED SUBSTANCES ON EMS VEHICLES

No. C - 6

Board approval: 5/8/14

Effective: 6/1/14

Supersedes: 4/1/13

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I. POLICY

- A. Controlled substances, for NWC EMSS purposes, include amyl nitrite (if stocked per approved variance), fentanyl, morphine, ketamine, midazolam, diazepam, or any other drug that is classified as a controlled substance by the Food and Drug Administration.
- B. Controlled substances will be issued to each new EMS ALS ambulance as it is approved for operation within the NWC EMS System. Inventories of controlled substances on MedEngines will be considered on a case by case basis.
- C. Maintenance and use of these agents must be carefully monitored and controlled. The Chief/Provider CEO or his designee is responsible for all controlled drugs issued to their agency. The System will perform a variety of audit processes to identify inventory discrepancies and the possible diversion of controlled substances (CS).
- D. The Drug Enforcement Administration (DEA) has defined three basic requirements with respect to record filing and storage of controlled substances:
 1. Records should be readily retrievable.
 2. Records should be kept for two years.
 3. Records should be available for DEA inspection in an efficient and business-like manner and in a sequence that can be easily reviewed on site or back at DEA offices. Orderliness, legibility, and a format compatible with a copy machine are important.

II. PROCEDURE FOR EMS PROVIDERS

- A. All Schedule II controlled substances must be secured under lock and key based on DEA laws and regulations (JC standard TX.3.4). All NWC EMSS controlled substances must be stored in a drug box that can be locked in a "Substantially constructed locked cabinet" with 24 hour/day accountability to prevent diversion or tampering with the products.
- B. Paramedics with NWC EMSS ALS privileges are responsible for the inspection, safe keeping, appropriate administration, and restocking of controlled substances during their tour of duty.
- C. Under no circumstances may any drug carried on an ambulance be given to, or taken for personal use by, EMS personnel unless they are considered a patient and are being treated by appropriate EMS personnel and are documented as a patient in the electronic medical records reporting system.
- D. **INVENTORY RECORDS/DAILY COUNTS/DISCREPANCIES:**
 1. **Counts:** Controlled substance inventories carried at that time, must be visually observed and counted daily using a double-count process whereby two licensed paramedics with NWC EMSS ALS privileges; preferably one from the off-going crew and one from the on-coming crew whenever possible, simultaneously inspect and count the drugs for comparison to required System inventories. The double-count process is for the protection of the paramedics, both to prevent diversion and to avoid culpability should there be a discrepancy in the count.
 2. Their signatures, as well as the drug counts of all current inventories, must be dated and entered onto the Controlled Substance Log (see attached).
 3. **Discrepancies:** All discrepancies must be reported immediately to the Provider EMS Coordinator (PEMSC) and the EMS Administrative Director. All reasonable avenues will be pursued to account for the missing drug(s). Discrepancies are required to be resolved within 24 hours of discovery. (Best practice model:

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within same shift). If the discrepancy cannot be acceptably explained and resolved, a Request for Clarification Form (RFC) shall be filled out and the EMS MD informed. Resolution of discrepancies using invalid reasons (lying about the drug count or what happened to the drug; two or more instances of an unexplained discrepancy by that PM) is grounds for disciplinary action by the EMS MD.

E. PROCESSING OF CONTROLLED SUBSTANCE LOGS:

1. The log shall be reviewed for completeness on a periodic basis (best practice model; weekly) by the PEMSC. At the end of the month, the PEMSC shall inspect the document for completeness, sign, and document the final date of review.
 2. The PEMSC shall notify PMs who are accountable for missing counts/signatures to append to the record an explanation as to why an entry was missing. Under no circumstances are signatures to be added on the daily count lines at a later date to amend the record.
 3. After internal review, the PEMSC shall forward the log originals to the agency's designated System Hospital EMSC/Educator who will also review the form(s) and verify completeness. If signatures are omitted without a reasonable explanation, an RFC shall be forwarded by the Hospital EMSC/Educator to the Provider EMSC and the agency Chief/EMS CEO or his or her designee seeking remedy and improved performance. If the logs are complete, the originals shall be stored at the designated System hospital in accordance with DEA procedures (usually two yrs).
- F. When any controlled drug container is damaged or prepared for use but not given, the container shall be brought to the receiving hospital for replacement. If damage occurs outside of a patient care encounter, bring the container to the assigned System hospital for replacement.
- G. If the amount of a controlled drug given is less than the prepackaged dose available (i.e. dose ordered is 6 mg while vial or syringe contains 10 mg), the Paramedic must bring in the remaining medication to be appropriately discarded in the presence of an ED nurse.
- H. Empty vials, ampules, syringes or inhalants are to be given to the receiving hospital ED nurse for exchange.
- I. If a paramedic discovers that any controlled substance appears to be tampered with or is not sterile and/or ready for patient administration, they shall immediately bring the situation to the attention of their PEMSC. If the Coordinator is unavailable, they shall notify an EMS agency officer to immediately re-supply the drug and begin an internal investigation. The EMS Administrative Director and EMS MD shall be informed of the situation and provided with the results of the agency investigation.

III. PROCEDURE AT SYSTEM HOSPITALS

- A. All system hospitals must maintain inventory standards for controlled substance which meet DEA and Joint Commission requirements. All EMS controlled drugs must be accounted for using industry best practice models.
- B. At the time a controlled drug is added and/or removed from EMS inventories, it must be appropriately noted on the Controlled Substance Log for that vehicle.