

Controlled Substance Accountability

500.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures for the supply, use, and accountability of controlled substances administered by the Greenfield Fire Territory (21 CFR 1300.01 et seq.).

500.1.1 DEFINITIONS

Definitions related to this policy include:

Controlled substance - A drug, substance, or immediate precursor listed in any schedule of the federal Controlled Substances Act, including any substance added or rescheduled by the Indiana State Board of Pharmacy.

Unit - Any ambulance, transport unit, or first response engine or truck company.

500.2 POLICY

It is the policy of the Greenfield Fire Territory to ensure the availability of the proper medications for emergencies and to comply with all applicable local, state, and federal regulations governing the supply, use, and accountability of all controlled substances (21 CFR 1300.01 et seq.; Title 21 USC Controlled Substances Act).

500.3 STORAGE AND INVENTORY

To prevent the unauthorized access of controlled substances during an incident, the controlled substances must either be in direct possession of a paramedic or locked in a secured area.

The Emergency Medical Services (EMS) supervisor will determine the locking mechanism to be utilized on vehicles that contain controlled substances. Controlled substances should be secured in the locked mechanism any time the unit is parked and unattended.

All personnel authorized to handle controlled substances shall follow this procedure unless prior written permission to deviate is obtained from the EMS supervisor or the authorized designee:

- (a) All controlled substances are to be secured by department members in the designated locking mechanism provided by the Department.
 - (b) The narcotic drug chain of custody shall be as follows:
 1. The paramedic coming on duty shall ~~sign on the Narcotic tracking sheet~~ **log drug counts in approved software** and confirm that the security tag is intact and the number matches the ~~tracking sheet~~ **previous entry**. If the security tag is broken then a complete count of the narcotics must be done to verify the narcotic count. A new security tag shall be locked in place and the number recorded on the tracking sheet.
 2. The paramedic coming on duty shall verify that the keys are in the Knox Safe.
 3. The keys shall not be carried on a person.
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- (c) If the inventory of any controlled substance results in a discrepancy, the paramedics must immediately attempt to reconcile the amount missing. If the discrepancy cannot be reconciled, immediate notification shall be made to the Company Officer, the Battalion Chief, and the EMS supervisor. The EMS supervisor shall be responsible for the completion and submission of the online DEA Form 106, Report of Theft or Loss of Controlled Substances (21 CFR 1301.76).
- (d) If the unit is dispatched to an incident before the daily inventory occurs, the inventory ~~and reconciliation~~ shall be done as soon as practicable upon returning to the station. ~~If the outgoing paramedics have already left the station, one on-duty paramedic and the Company Officer from the on-duty shift may conduct the inventory and reconciliation process.~~
- (e) In the event that a paramedic works two consecutive shifts on the same unit, the inventory shall be performed by the paramedic **for both shifts** ~~and witnessed and verified by another paramedic assigned to the station, a Company Officer, or an on-duty shift member.~~
- (f) A controlled substance daily report and a controlled substance disposition and restock record shall be maintained ~~on board all units via~~ **within approved software**. These documents shall be available for random inspection and review by the EMS supervisor and local, state, or federal regulatory representatives to ensure compliance.
- (g) ~~When a controlled substance daily report is completed on the last day of the month, the Company Officers from each shift shall review the report for completeness and sign the bottom of the record. After review, the Company Officer shall forward a copy of the report, along with a copy of the corresponding controlled substance disposition and restock record, to the EMS supervisor as soon as practicable.~~
- (h) ~~A copy of the controlled substance daily report and controlled substance disposition and restock record should be maintained in the station files for a period of one year. After one year, the station copies shall be shredded.~~

500.3.1 STANDARD CONTROLLED SUBSTANCE INVENTORY

- (a) Drug expiration dates shall be checked the 1st day of every month, all expired drugs shall be removed from the truck and replaced with new.
 - (b) The standard complement of controlled substances shall be established by the EMS supervisor or the authorized designee.
 - (c) Any modification to the standard complement of controlled substances shall be justified and approved by the EMS supervisor or the authorized designee.
 - (d) The supply of controlled substances will be obtained from any of the department's automated storage and retrieval units, the department's controlled substances vault, or other authorized source.
 - (e) Only paramedics and EMS supervisors are authorized to remove controlled substances from the automated storage and retrieval unit and the controlled substances vault. A witness (~~paramedic, EMT, or other authorized member~~ **company officer**) is required in order to access the automated inventory control unit or controlled substances vault.
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~~When removing controlled substances from any automated storage and retrieval unit, personnel shall record the following information in the designated fields:~~

- ~~1. The patient's first and last name, sex, and date of birth (when known)~~
 - ~~2. Unit identification number and Patient Care Report (PCR) number~~
 - ~~3. The incident number~~
 - ~~4. Any additional pertinent information may be entered into comments field~~
- (f) When a controlled substance is received, the paramedic receiving the drug must immediately secure the drug into the locked mechanism on the unit.

500.4 CONTROLLED SUBSTANCE ADMINISTRATION AND DOCUMENTATION

- (a) Only paramedics shall administer controlled substances. Each time a controlled substance is administered to a patient, the drug, dose, and administration route shall be documented on the PCR in compliance with the Indiana Department of Homeland Security's Emergency Medical Services Commission guidelines. In addition, the following information shall be recorded on the controlled substance disposition and restock record:
1. Date of administration
 2. Incident number associated with the event
 3. PCR number
 4. Patient's full first and last name (when known)
 5. Drug and dose administered
 6. Printed first and last name and signature of paramedic who administered the controlled substance
 7. ~~Date and source of the medication resupply~~ **Lot number of controlled substance**
- (b) If the entire amount of a controlled substance is not administered by the transporting paramedic, a licensed ~~staff member~~ **RN/MD** for the hospital that received the patient shall witness the proper disposal of the remaining amount. The hospital staff member's signature must be obtained on the controlled substance disposition ~~and restock record~~. If waste of a controlled substance occurs ~~at the incident~~ **due to transfer to air ambulance**, another paramedic ~~or Company Officer~~ must witness the waste and sign the record.
- (c) When a controlled substance is restocked, the following information shall be entered on the controlled substance disposition and restock record on the line immediately below the corresponding patient information:
1. The date
 2. The restock source
 3. The printed full name and signature of the paramedic who restocked the controlled substance into the locked mechanism
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500.4.1 ADDITIONAL DOCUMENTATION FOR TRANSFERS

If a controlled substance is administered and the care of the patient is transferred to a transporting paramedic ~~who resupplies the administering unit~~, the information listed above must appear on the controlled substance disposition (**ePCR**) and ~~restock~~ **inventory** record of the administering ~~and~~ transporting unit that provided the drug for restock, in addition to the unit identification of both the ~~units~~.

If a paramedic transfers the care of a patient to a transporting paramedic prior to the administration of the entire dosage of a controlled substance, any remaining controlled substance shall not be provided to the transporting paramedic. If additional medication is needed after the patient care transfer, the controlled substance shall be used from the inventory of the transporting paramedic.

500.5 CONTROLLED SUBSTANCE SUPPLY AND RESUPPLY

- (a) Any time a narcotic quantity is below a safe level, the paramedic shall contact their OIC for resupply.
- (b) The EMS supervisor shall submit a completed DEA Form 222 to the designated department supplier to order controlled substances in order to maintain established levels.
- (c) Upon receipt of the controlled substance from the supplier, the EMS supervisor or the designated paramedic shall inventory the controlled substance received to ensure that the type and quantities ordered match the type and quantities received and are reflected on the corresponding DEA Form 222 (21 CFR 1305.12; 21 CFR 1305.13).
- (d) The EMS supervisor or the designated paramedic will immediately place the controlled substance in the controlled substance vault or automated storage and retrieval unit and ensure that inventory is reconciled with any electronic data files.
- (e) The EMS supervisor or the designated paramedic will inventory the controlled substance vault and any automated storage and retrieval units weekly to ensure the existing inventory is reconciled with any electronic data files. The record of these inventories is to be printed and maintained as provided in the records retention schedule and for a minimum of two years (21 CFR 1304.04).
- (f) Any inventory or reconciliation discrepancies shall immediately be brought to the attention of the ~~Battalion~~ **Deputy** Chief and a DEA Form 106, Report of Theft or Loss of Controlled Substances, shall be completed and submitted, if required (21 CFR 1301.76).

500.5.1 UNIT RESUPPLY

~~If a controlled substance is initially administered from the one unit, the transporting unit or another on-scene department unit may resupply the administering unit on-scene.~~

~~The transporting unit or other department unit on-scene shall then be responsible for obtaining the resupply from the department's automated storage and retrieval unit or other authorized supply source.~~

~~An administering paramedic may opt to obtain the resupply of a controlled substance from the department's automated storage and retrieval unit or other authorized source any time~~

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~~it is operationally appropriate instead of resupplying from the transporting or other on-scene department unit.~~

~~Resupply from a non-department unit is not authorized. If the care of a patient is transferred to a non-department unit, the administering paramedic will obtain the resupply from the department's automated storage and retrieval unit or other authorized source.~~

500.6 ACCOUNTING FOR EXPIRED OR DAMAGED CONTROLLED SUBSTANCES

Any narcotics that have expired will be reported to the Deputy Chief.

If at any time a breakage of narcotics occurs, documentation in writing of what occurred or what was found will be given to the Deputy Chief. This will be ~~kept with~~ **entered into** the ~~log in sheets~~ **software** to complete the chain of custody.

Controlled substances due to expire or that are damaged ~~may~~ **shall** be replaced as follows:

- (a) Note the expiration date or damage and notify the **EMS Supervisor**. ~~the date of replacement, and the source of restock on the department's controlled substance disposition and restock record.~~
- (b) Place the expired drug or damaged container in the supplied envelope and label with the type of drug, dosage, unit identifier, and name of the paramedic who returned the drug and the date. **Leave the broken/expired drug in the container and include in the daily count until removed by Deputy Chief.**
- (c) ~~Put the envelope in the locked return drug box to be returned to the designated supplier.~~

This process ~~may~~ **shall** also be used to replace controlled substances due to expire.

500.7 ACCOUNTABILITY

The EMS supervisor should:

- (a) Review the controlled substance daily reports and the controlled substance disposition and restock records monthly for completeness, compliance with established procedure, consistency with the data entered, comparison to the signatures on file, and any other issues that may require follow-up or investigation.
- (b) ~~Create, complete, maintain, and annually update the department's signature log.~~
- (c) ~~Randomly inspect controlled substance daily reports and the controlled substance disposition and restock records on units for completeness, compliance with established procedure, consistency with the data entered, comparison to the signatures on file, and any other issues that may require follow-up or investigation.~~
- (d) Ensure copies of controlled substance daily reports and the controlled substance disposition and restock records are maintained as provided in the records retention schedule and for a minimum period of two years (21 CFR 1304.04).
- (e) ~~Notify the responsible Battalion Chief of any item that deviates from this policy.~~

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500.8 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

A member may administer opioid overdose medication in accordance with standards established by the Indiana Medical Services Commission (I.C. § 16-31-3-23.5).

500.8.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store, and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shifts to ensure the equipment is serviceable and the medication has not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the EMS supervisor or Battalion Chief.

500.8.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in the appropriate report (I.C. § 16-31-3-23.7).

500.8.3 OPIOID OVERDOSE MEDICATION TRAINING

The Division Chief of Training should ensure training that meets the standards established by law is provided to members authorized to administer opioid overdose medication (I.C. § 16-31-3-23.5).