

## MANAGEMENT OF CONTROLLED SUBSTANCES

**PURPOSE:** To establish the requirements for transporting and non-transporting Advanced life Support (ALS) unit/engine/squad supply, for the use, replacement, and accountability of controlled substances.

### **AUTHORITY:**

1. Code of Federal Regulations (CFR), Title 21 – Food and Drugs
2. California H & S Code, Division 10 – Uniform Controlled Substances Act
3. Health and Safety Code, Division 2.5, Chapter 4, Article 1, §1797.220; Chapter 5, §1798 and §1798.2; Chapter 6, Article 2.5 §1798.160 and Chapter 6, Article 3, §1798.170.
4. California Code of Regulations, Title 22, Division 9.

### **POLICY:**

1. Controlled Substance Inventory and distribution:
  - a. Inventory of controlled substances on ALS provider vehicles shall be according to the appropriate **Standard Drug and Equipment Lists**, listed in the ALS Policies Module.
  - b. All controlled substances shall be supplied and re-supplied through a physician with DEA number in order to procure narcotics.
  - c. Providers may obtain controlled substances through:
    - The Base Hospital, where the policies and procedures of the base hospital are followed.
    - The Medical Director of the provider agency who assists in developing policies and procedures, approved by the Medical Director, to ensure that all narcotics are obtained, maintained, and distributed in a secure manner. Such policies and procedures shall be available to Nor-Cal EMS upon request.
  - d. An authorized representative from the Base Hospital or provider agency as defined by policy shall sign for all narcotics distributed to the ALS provider agency.
2. Security of Narcotics:
  - a. ALS care providers shall only have access to controlled substances within their scope of practice; see **ALS Scope of Practice Summary** in the ALS Protocols Module. BLS care providers **shall not** have access to controlled substances.
  - b. All controlled substances shall be secured on the ALS units under a double lock. The units outside driver/passenger/patient access door(s) **shall not** be considered one of the two locks.
    - The key to access narcotics shall be in the custody of the ALS provider at all times.
    - Providers who are authorized for BOTH BLS/ALS units: In the event that there is **not** an oncoming ALS crew member for the response unit, the counting and signing shall still be performed by the off-going ALS provider and the station officer/company supervisor on duty. The keys **shall** then be locked in a secure location until another count is performed with the next ALS oncoming personnel.
  - c. Each ALS provider agency shall maintain standardized written records of the controlled drug inventory. Those records shall be considered permanent record. Once completed, all drug inventory and administration records shall be maintained in accordance with State and Federal Law and Regulation.
    - ALS care providers assigned to an ALS unit shall be responsible for maintaining the correct daily inventory of narcotics at all times.
    - All controlled substances shall be counted and inspected every time there is a change in the ALS on-duty staff or at a minimum, once a shift.
    - Both the oncoming ALS care provider and the off-going ALS care provider shall jointly count, date, time, and sign the standardized narcotic inventory log.
  - d. Any discrepancies in the narcotic count shall be reported to the ALS provider supervisor/management and the issuing agent (i.e., Provider Agency Medical Director or Base Hospital). The discrepancy report shall be in writing.



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- e. Narcotic inventories and logs are subject to inspection by inspectors of the California Board of Pharmacy, agents of the Bureau of narcotic Enforcement administration of the Justice Department, Federal Drug Enforcement Administration, Nor-Cal EMS Agency, Base Hospital and officers of the provider agency.
3. Patient Administration of Narcotics:
  - a. Controlled substances are to be administered in accordance with Nor-Cal EMS treatment protocols.
  - b. ALS personnel are authorized to break the controlled substance container seal, only after the ALS care provider has received a base order or is operating under a specific standing order.
  - c. Each individual narcotic administered to patients shall be entered in the narcotic inventory log.
  - d. The following information shall be documented on a drug administration record provided by the pharmacist:
    - Date administered
    - Time administered
    - ALS unit number
    - Patient name
    - Drug administered
    - ALS personnel signature and license/authorization number
  - e. All opened controlled substances that were not administered to the patient must be properly discarded in the presence of two (2) ALS service providers (i.e., nurse or physician at the RF, or the ALS service provider's immediate supervisor). Both parties shall document this action on the drug administration form.
4. Expired narcotics: Expiration dates shall be checked on a routine schedule, and at a minimum on a monthly basis per provider policy. It is recommended that controlled substances be replaced one (1) month prior to their expiration date. Controlled substances that have expired shall not be carried on the ALS rig or administered to patients at any time.

