

	3012	Management of Controlled Substances
Nor-Cal EMS Policy & Procedure Manual	PreHospital Providers	
Effective Date: 04/01/2026	Next Revision: 04/2029	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Policy:

1) Inventory and Distribution of Controlled Substances:

- a) Nor-Cal EMS Approved Controlled Substances:
 - i) Fentanyl.
 - ii) Ketamine.
 - iii) Midazolam.
 - iv) Morphine Sulfate
 - v) Lorazepam
 - vi) Diazepam
- b) Inventory of controlled substances on ALS Provider vehicles shall be in accordance to the *Nor-Cal EMS Standard Drug and Equipment List* as listed in the ALS Policies Module.

2) Obtaining Controlled Substances:

- a) Providers may obtain controlled substances through:
 - i) The Base Hospital, where the policies and procedures of the base hospital are followed.
 - ii) 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.
 - iii) 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.

3) Controlled Substance Security:

- a) ALS personnel are responsible for maintaining the correct inventory of controlled substances at all times. Only ALS personnel shall have access to the controlled substances that are within their scope of practice. BLS personnel shall not have access to any controlled substances at any time.
- b) All controlled substances shall be stored/secured in one of the following manners:
 - i) Secured in the vehicle under double lock, in an appropriate manner to prevent theft. The outside driver/passenger/patient access door(s) of the vehicle *shall not* be considered one of the two locks.
 - (1) The custody of the narcotics key shall always be in the possession of the ALS provider.
 - ii) Secured in a commercially developed drug locker specifically designed for controlled substance storage. The drug locker shall be securely mounted to the vehicle to prevent theft and shall have an electronic access keypad with an individual PIN code, or unique biometric identifier, assigned to each individual authorized to

access/utilize controlled substances. The drug locker shall be able to produce an electronic audit trail showing the date, time and PIN code of each instance the locker was opened.

(1) For providers authorized for both BLS and ALS units: If no ALS crew member is available to relieve the response unit, the controlled-substance count and required signatures must still be completed by the off-going ALS provider and the station officer or on-duty company supervisor. The keys shall then be secured in a designated locked location until the next ALS provider arrives and a subsequent count is performed.

c) Each ALS provider agency shall maintain standardized written or electronic records of all controlled-substance inventory. These records constitute a permanent record. Upon completion, all drug inventory and administration documentation shall be retained in accordance with applicable State and Federal laws and regulations.

i) Responsibilities and Procedures:

(1) ALS care providers assigned to an ALS unit are responsible for maintaining an accurate daily inventory of all narcotics at all times.

(2) All controlled substances shall be counted and inspected whenever there is a change in ALS on-duty personnel, or at minimum once per shift.

(3) The oncoming and off-going ALS care providers shall jointly count, verify, date, time, and sign (or electronically sign) the standardized narcotic inventory log.

ii) Discrepancies:

(1) Any discrepancy in the narcotic count must be reported immediately to the ALS provider supervisor/management and the issuing agent (e.g., Provider Agency Medical Director or Base Hospital).

(2) All discrepancy reports shall be submitted in writing.

iii) Inspections:

(1) Narcotic inventories and logs are subject to inspection by the California Board of Pharmacy, the Bureau of Narcotic Enforcement, the Federal Drug Enforcement Administration, Nor-Cal EMS Agency, the Base Hospital, and authorized officers of the provider agency.

4) Patient Administration of Controlled Substances:

a) Controlled substances shall be administered strictly in accordance with all applicable Nor-Cal EMS treatment protocols.

b) Documentation of Administration:

i) Each controlled substance administered to a patient shall be recorded in the narcotic inventory log without exception.

ii) The drug administration record provided by the pharmacist shall include, at minimum, the following information:

(1) Date of administration

(2) Time of administration

(3) ALS unit identifier

(4) Patient name

(5) Name of drug administered

- (6) Signature of the administering ALS personnel and corresponding license or authorization number
- c) Disposal of Unused Controlled Substances:
 - i) Any opened controlled substance that is not administered to a patient shall be immediately and properly destroyed in the presence of two (2) ALS service providers, which may include:
 - (1) A nurse or physician at the receiving facility, or
 - (2) The ALS provider's immediate supervisor
 - ii) Both individuals witnessing the disposal shall document the destruction on the drug administration form in accordance with agency policy and regulatory requirements.

5) Expired Narcotics:

- a) Expiration dates for all controlled substances shall be reviewed on a routine schedule and, at minimum, no less than once per month in accordance with provider agency policy. Controlled substances should be replaced no later than one (1) month prior to their expiration date. Under no circumstances shall expired controlled substances be carried on an ALS unit or administered to any patient.