

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

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SUBJECT: MANAGEMENT OF CONTROLLED SUBSTANCES

PURPOSE

- A. To ensure security and accountability for all controlled substances issued to and maintained upon authorized Advanced Life Support (ALS) units, whether transporting or non-transporting.
- B. To establish the standards by which controlled substances are obtained, stored, used, and tracked.
- C. To define the responsibilities of the ALS provider and Paramedics with regard to controlled substances.

AUTHORITY

- A. United States Code, Title 21, Controlled Substance Act.
- B. California Health and Safety Code, Division 10, Uniform Controlled Substances Act; California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, and 1798.
- C. California Code of Regulations, Title 22, Sections 100172, 100174, and 100175.

DEFINITIONS

- A. Advanced Life Support provider (ALS provider): An agency or entity approved by the San Luis Obispo County EMS Agency to provide Advanced Life Support emergency care, including transporting and non-transporting providers.
- B. Controlled substance: Any substance listed as a Schedule I through IV drug in the Controlled Substance Act [i.e. Morphine Sulfate, or Diazepam (Valium)].
- C. DEA designee: That person who has been authorized by the EMS Agency Medical Director or other physician to procure controlled substances for the inventory of an ALS provider, and who is responsible to maintain the security measures and records required by federal and state law, and EMS Agency policy.
- D. EMS Agency: The San Luis Obispo County Emergency Medical Services Agency.

- E. Field unit: An ambulance, fire apparatus, or other first response vehicle that responds to medical emergencies as part of the county 911 system, excluding supervisory vehicles.
- F. Paramedic: An EMT-P accredited to practice in San Luis Obispo County.
- G. Supervisory vehicle: A vehicle operated by an ALS provider for the use of command or supervisory personnel.

POLICY

- A. Each ALS provider shall have a policy and procedure for obtaining, storing, disposing of, and tracking controlled substances that is approved by the EMS Agency and meets the requirements of all federal, state, and local laws and regulations.
 - 1. ALS provider controlled substance policy and procedure shall:
 - a. Identify the method of procurement.
 - b. State the place and manner of storing and securing the ALS provider's complete inventory of controlled substances, and identify (by title) the person(s) directly responsible for the inventory of controlled substances.
 - c. State that the amount of controlled substances to be stocked on field units shall conform to the amounts specified in EMS Agency Policy 112: Advanced Life Support Ambulance Equipment and Supply, and Policy 114: Advanced Life Support First Responder Equipment and Supply, as applicable to the type of field unit. These quantities may be modified by special permission of the EMS Agency Medical Director.
 - d. Establish procedures for distributing and tracking controlled substances issued to field units, and identify (by title) those responsible for monitoring the security of controlled substances distributed to field units.
 - e. Establish procedures for maintaining continuous Paramedic responsibility for controlled substances while in field units.
 - f. Establish procedures for physically securing the controlled substances at all times.
 - g. Establish procedures for tracking each individual milligram of a controlled substance from the time it is placed in the main inventory through administration to waste or destruction.
 - h. Establish a procedure for maintaining the controlled substances within the manufacturers' recommended temperature ranges.
 - i. Establish a procedure for investigating discrepancies.
 - j. Provide disciplinary sanctions for failure to comply with the policy.
 - 2. The controlled substance policies and procedures for each ALS provider must be approved by the EMS Agency Medical Director, whereupon authorization may be

given for controlled substances to be procured and used by that provider pursuant to all EMS Agency policies and medical protocols.

3. A copy of these ALS provider policies and procedures will, along with all required records, be available to federal, state, and local authorities, including the EMS Agency, for inspection and audit of compliance.
- B. A Medical Director shall authorize the procurement of controlled substances for each ALS provider in one of two ways:
1. The EMS Agency Medical Director shall authorize the procurement of controlled substances directly or through a granting power of attorney to a DEA designee.
 2. An ALS provider may retain a medical director who may separately authorize procurement for that provider, subject to all EMS Agency policies, and applicable federal, state, and local laws and regulations.
- C. Only on-duty Paramedics shall have access to controlled substances at any time.
- D. A Paramedic who is in possession of controlled substances is directly and individually responsible to ensure the security of those substances.
1. Possession includes the physical possession of the substances, as well as the presence of the substances on any vehicle or stored in equipment to which that person is assigned.
 2. Responsibility for the security of the controlled substances is relinquished only when the controlled substances are transferred to another Paramedic (i.e. at change of shift, or when relieved from duty) or secured in the main inventory location.
 3. A Paramedic shall only administer controlled substances when on duty and as indicated by ALS protocol or ordered by a Base Hospital physician.
- E. Security of the controlled substances shall include:
1. The main inventory shall be secured in a safe or similar device, double-locked, and secured in such a way as to prevent it from being removed. The security of keys or access codes for controlled substances shall be maintained at all times.
 2. The inventory in field units, transporting or non-transporting, and supervisory vehicles, shall be stored in a metal (or other durable material) container which can be locked and this container shall be stored in a locked compartment in the unit. Optionally, there may be a locked durable container which can be accessed only through the use of a key which is secured in a separate locked device, thereby complying with the required "double-locked" security. The exterior passenger doors of any vehicle containing controlled substances shall not be considered part of this "double-locked" security.
 3. The keys (or security codes) to access the controlled substances shall at all times be in control of the Paramedic assigned to that field unit, or a Paramedic or DEA designee responsible for storage or distribution of the main inventory. No

other persons shall have access to the controlled substance keys (or access codes), or to the controlled substances, at any time.

4. Controlled substances shall be secured in the double-locked compartment at all times, except when in the possession or direct control of the Paramedic and needed for patient care.
5. Controlled substances shall be ordered in sealed ampules or vials and stored in a manner to prevent breakage.

F. Documentation shall include, at a minimum:

1. A record of all requisitions or orders, the supplier, the amount received, and the date.
2. The signatures of two individuals attesting to the correct quantities of controlled substances received into inventory, dispersed to field units, and upon transfer of responsibility as per Section IV, D, 2.
3. A continuous record of the quantity of all controlled substances, by milligram, in the main inventory location, and their dispersal when distributed to field units.
4. A daily inventory of all controlled substances, by milligram, on all field units.
5. A record of the continuous chain of responsibility for all controlled substances on field units, including quantity of controlled substances, date, and Paramedic name.
6. A record of all administration, and/or waste of each milligram of a controlled substance. This record shall include the EMS run number, date and approximate time of administration, HIPAA compliant patient identification, identity of person administering the drug, and the identity of the person witnessing waste.

G. Periodic audits of controlled substance procedures, records and quantities of all controlled substances shall be conducted by the ALS provider, and/or by the ALS provider's medical director's designee.

1. Audit reports shall be submitted to the EMS Agency on a quarterly basis, or as requested by the EMS Agency Medical Director. Audit reports shall be submitted on an EMS Agency approved form.

H. Periodic unannounced audits of controlled substance procedures, records and quantities of all controlled substances may be conducted by the EMS Agency Medical Director or the medical director's designee.