

LOS PINOS FIRE PROTECTION DISTRICT STANDARD OPERATING PROCEDURE



TITLE	NUMBER	EFFECTIVE DATE	REVISION DATE
ACCOUNTABILITY OF CONTROLLED SUBSTANCES	502	March 25 th , 2005	

PURPOSE

To ensure accountability through administration, storage and documentation of controlled substances carried and administered by the Los Pinos Fire Protection District. This will be through compliance with Federal and State Laws.

GENERAL

Controlled substances may be administered by qualified ALS-level personnel operating under direct protocol/standing orders or on direct verbal order from the Base Physician or his/her representative.

DEFINITIONS

- A. Controlled substances – both Schedule II and Schedule IV drugs, as defined by the Drug Enforcement Agency, such as Morphine Sulfate, Fentanyl, Diazepam, Lorazepam, and Midazolam.
- B. Reserve Inventory – controlled substance stock held in inventory to replenish used or outdated apparatus stock.
- C. Drug Administration/Drug Waste Form 100 – Maintained in cabinet with controlled substances. Completed when medication is administered or wasted.
- D. Controlled Substance Log – Form 101 – Maintained in cabinet with controlled substances. Completed during daily checks, and any time the seal is broken on the inner locking drug box.
- E. Controlled Substance Record – Form 102 – Maintained with controlled substances in the locking cabinet. Completed each time a medication is administered, wasted, or restocked.
- F. Reserve Inventory Log – Form 103 – Maintained with the reserve inventory. Completed each time medication is received or dispersed from the reserve inventory.

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- G. Controlled Substance Usage Record – Form 104 – Maintained with reserve inventory. The original of Form 100 is attached to this form.

STORAGE OF CONTROLLED SUBSTANCES (APPARATUS)

1. Controlled substances are stored on each Medic Unit and Rescue apparatus in a locked box, inside a locked cabinet. The locked box will be accessed by a key which is issued only to personnel with authority to administer controlled substances. The locked box will be further controlled by a numbered plastic seal attached in a manner that the seal must be broken to open the box. The outer locked cabinet key will be easily accessible in the patient compartment of the ambulance, by all EMS personnel for daily apparatus checks.
2. The controlled substance box will be locked at all times, sealed or not.

VERIFICATION OF SEALED LOCK BOX

1. EMS personnel will check the seal on the controlled substance box daily, to verify that:
 - a. The seals are intact
 - b. The seal numbers are the same as the numbers recorded on the “Daily Check Log” – Form 101.
2. The EMS personnel will complete the Daily Check Log – Form 101 on the first available line. This does not require a witness.

COUNTING OF CONTROLLED SUBSTANCES

1. The controlled substances will be counted anytime a numbered seal is broken, such as:
 - a. A controlled substance is administered to a patient.
 - b. Controlled substances are restocked from the reserve inventory.
 - c. Monthly check

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2. Any time a seal is broken or found not to be intact; the contents of the controlled substance box must be counted in the presence of another Los Pinos EMS member, and then resealed with a numbered plastic seal attached such that the box cannot be opened without breaking the seal.
 - a. Both Los Pinos EMS personnel count the controlled substances together, removing the containers out of the box to check the integrity of the package and exact number of medication units, then both EMS personnel will check the Controlled Substance Record – Form 102 to see that it corresponds with the number counted.
 - b. The Controlled Substance Record - Form 102 will be thoroughly completed on the first available line, with the second EMS member signing as a witness.
 - c. Should any discrepancies occur in the count, the EMS Director must be notified immediately. The EMS Director will assist in resolving the count and assure proper procedures are followed. Should the discrepancy not be readily resolved, the Medical Director will also be advised. Any EMS personnel (volunteer or career) with controlled substance privileges may be detained from going off-duty by the EMS Director until the discrepancy is resolved.
3. On the first day of each month, all controlled substance boxes will be opened, the contents counted, checked for expiration and container damage and the box resealed using the above procedure. A new Daily Check Log - Form 101, and Controlled Substance Record - Form 102 will be started with a fresh count. The previous month's logs will be given to the EMS Director to file.

POST-ADMINISTRATION CHARTING OF CONTROLLED SUBSTANCES

1. On the first available line, thoroughly complete the Controlled Substance Record – Form 102.
2. All unused portions of the substance will be discarded as soon as reasonably possible in the presence of an ER Nurse or Physician. No portion shall be passed on to the responsibility of other EMS personnel.

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3. A Drug Administration/Drug Waste Form – Form 100 will be completed and witnessed as noted above. The original form will be attached to the Controlled Substance Usage Record – Form 104, and the carbon copy will be filed with the patient care report.
4. If a controlled substance is wasted in any manner, such as breakage, or other accidental waste, it must be documented on the Drug Administration/Drug Waste Form – 100, witnessed and reported to the EMS Director. The Drug Administration/Drug Waste Form – Form 100 will be given to the EMS Director for filing.
5. All administrations of controlled substances will be documented on the patient care report (PCR) as with any other medication, noting the amount, route, time, results and the physician giving the medication order.
6. The Controlled Substance Record – Form 102, is maintained as a monthly record unique to the apparatus. The apparatus number and month must appear on the Log.
7. Any mistakes on the Controlled Substance Record – Form 102, shall have a single line drawn through them and be marked error along with the person's initials and the date. Use of white out or dark ink marker on a controlled substance record is expressly forbidden.
8. Any EMS personnel may be called from home to properly complete documentation should the EMS personnel leave with proper charting incomplete.

REPLENISHING OF CONTROLLED SUBSTANCES TO SPECIFIC APPARATUS

1. Controlled substances are replenished from the Reserve Inventory by the EMS Director or their designee. No other personnel shall have access to the reserve inventory stock.
2. When accepting new controlled substances, the integrity of the package and the quantity will be verified by both staff members involved in the process. The first available line on the Controlled Substance Record – Form 102 will be thoroughly completed. The Daily Check Log Form – 101 will also be updated on the first available line.

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3. Replenishing apparatus inventory shall be documented on the Reserve Inventory Log – Form 103, kept in the Reserve Inventory locked cabinet. The first available line will be thoroughly completed with information regarding the transfer of controlled substance.
4. As soon as possible, the replenished controlled substances will be secured in the apparatus using the counting procedure described above. At no time should the controlled substances be left unsecured.
5. If it is not possible to immediately replace controlled substances, they will be replaced during the daily check of apparatus.

DISPOSITION OF OUTDATED CONTROLLED SUBSTANCES

1. All outdated controlled substances shall be returned to Inventory and replenished as follows:
 - a. Document the substance “outdated returned to reserve inventory stock” on the unit specific Controlled Substance Record – Form 102.
 - b. Count the medication back into Inventory with the EMS Director or his/her designee.
 - c. Replenish the stock as described above.
2. Inventory outdates shall be destroyed as follows:
 - a. Outdates shall be destroyed by the EMS Director and on duty EMT-I or EMT-P.
 - b. Both shall inspect packaging for tampering prior to opening and destroying.
 - c. Destroyed outdates will be recorded on the Reserve Inventory Log.
 - d. Outdated inventory will be replenished according par minimums.

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REPLENISHING CONTROLLED SUBSTANCE INVENTORY STOCK

1. Schedule II:
 - a. DEA Form 222 shall be accurately completed (drug sales representative can assist with this by phone). Form 222 must then be signed by the Medical Director and all pages mailed to the distributor requesting a certified delivery.
 - b. Upon arrival of Schedule II substances, the EMS Director and on duty EMT-I or EMT-P will inspect all packaging and count the drugs into reserve inventory stock. Form 222 receipt is filed.
 - c. The Reserve Inventory Log- Form 103 will be thoroughly completed on the first available line.

2. Schedule IV:
 - a. Schedule IV controlled substances may be ordered along with all other medications and do not require a special DEA form.
 - b. Upon receipt of Schedule IV substances, the EMS Director and on duty EMT-I or EMT-P will inspect all packaging and count the drugs into reserve inventory.
 - c. The Reserve Inventory Log – Form 103 will be thoroughly completed on the first available line.

**ANY VIOLATIONS OF THIS POLICY OR PROCEDURES WILL
RESULT IN DISCIPLINARY ACTION. THIS INCLUDES POSSIBLE
SUSPENSION AND/OR TERMINATION.**

Larry Behrens

Larry Behrens, Fire Chief

March 25th, 2005

Date

PCR # _____
Unit # _____
Drug _____

Los Pinos Fire Protection District
Drug Administration and Drug Waste Form

Date	Patient Name	DOB	Patient Address	Amount Administered	Amount Wasted

Administered By:	Waste Witnessed By:
Signature	Signature
Printed Name	Printed Name
Certification	Facility

