


Sierra – Sacramento Valley EMS Agency Program Policy			
Management Of Controlled Substances			
	Effective: 06/01/2022	Next Review: 05/2025	710
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PURPOSE:

To ensure accountability in the management of controlled substances utilized by ALS/ LALS prehospital service provider agencies/personnel.

AUTHORITY:

- A. Code of Federal Regulations, Title 21.
- B. HSC, Division 2.5 & Division 10.
- C. CCR, Title 22, Division 9, Chapters 3 & 4.

POLICY:

A. S-SV EMS Approved Controlled Substances:

- 1. Fentanyl.
- 2. Ketamine.
- 3. Midazolam.
- 4. Morphine sulfate.

B. Obtaining Controlled Substances:

Prehospital service provider agencies shall obtain controlled substances through one of the following methods:

- 1. The medical director of the prehospital service provider agency.
- 2. The base/modified base hospital shall ensure that a mechanism exists for prehospital service provider agencies to contract for the provision of controlled substances.

C. Prehospital Service Provider Agency Controlled Substances Policies/Procedures:

1. Prehospital service provider agencies shall ensure that security mechanisms and procedures are established for controlled substances, including, but not limited to:
 - Controlled substance ordering & order tracking.
 - Controlled substance receipt & accountability.
 - Controlled substance master supply storage, security & documentation.
 - Controlled substance labeling & tracking.
 - Controlled substance vehicle storage & security.
 - Controlled substance usage procedures & documentation.
 - Controlled substance reverse distribution.
 - Controlled substance disposal.
 - Controlled substance re-stocking procedures.
2. Prehospital service provider agencies shall ensure that mechanisms for investigation and mitigation of suspected controlled substance tampering or diversion are established, including, but not limited to:
 - Controlled substance testing.
 - Controlled substance discrepancy reporting.
 - Controlled substance tampering, theft & diversion prevention/detection.
 - Controlled substance usage audits.

D. Controlled Substance Security:

1. AEMT II and paramedic personnel are responsible for maintaining the correct inventory of controlled substances at all times.
2. All controlled substances shall be stored/secured in one of the following manners:
 - Preferred: 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 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. The double lock requirement does not apply to providers storing their controlled substance utilizing this method.
 - Alternative: 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.

3. Prehospital service provider agencies shall abide by all State and Federal laws/regulations related to the storage/security of controlled substances.
4. Each unit shall maintain a standardized written record of the controlled substance inventory. Controlled substance inventory and administration records shall be maintained in accordance with all applicable State and Federal laws/regulations.
5. Controlled substances shall be inventoried any time there is a change in personnel. The key to access the controlled substances, if applicable, shall be in the custody of the individual who performed the inventory.
6. Any discrepancies in the controlled substance count shall be reported as soon as possible to an appropriate supervisor and the issuing agent. A discrepancy report must be appropriately documented.

E. Controlled Substances Administered to Patients:

1. Controlled substances shall be administered in accordance with applicable S-SV EMS policies/protocols.
2. The following information must be documented on a controlled substance administration record:
 - Date & time administered.
 - Unit number.
 - Patient name.
 - Drug administered.
 - Amount administered.
 - AEMT II or paramedic signature & number.
3. If only a portion of the controlled substance was administered to the patient, the remainder shall be wasted in the presence of a registered nurse or physician at the receiving hospital, or the provider's immediate supervisor. Both parties shall document this action on the controlled substance administration form.
4. Controlled substance inventories/logs are subject to inspection by the California Board of Pharmacy, Bureau of Narcotic Enforcement Administration of the Justice Department, Federal Drug Enforcement Administration, S-SV EMS, the issuing agent, and/or officers of the prehospital service provider agency.