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# Controlled Substance Accountability

## 505.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures for the supply, use, and accountability of controlled substances administered by the Blue Ridge Fire District (21 CFR 1300.01 et seq.).

### 505.1.1 DEFINITIONS

Definitions related to this policy include:

**Controlled substance** - A drug, substance, or immediate precursor listed in any schedule of the federal Controlled Substances Act, including any substance added or rescheduled by the Arizona State Board of Pharmacy.

**Unit** - Any ambulance, transport unit or first response engine or truck company.

## 505.2 POLICY

It is the policy of the Blue Ridge Fire District to ensure the availability of the proper medications for emergencies and to comply with all applicable local, state, and federal regulations governing the supply, use, and accountability of all controlled substances (21 CFR 1300.01 et seq.; Title 21 USC Controlled Substances Act).

## 505.3 STORAGE AND INVENTORY

To prevent the unauthorized access of controlled substances during an incident, the controlled substances must either be in direct possession of a paramedic or locked in a secured area.

The Emergency Medical Services (EMS) Coordinator will determine the locking mechanism to be utilized on vehicles that contain controlled substances. Controlled substances should be secured in the locked mechanism any time the unit is parked and unattended.

All personnel authorized to handle controlled substances shall follow this procedure unless prior written permission to deviate is obtained from the EMS Coordinator or the authorized designee:

- (a) All controlled substances are to be secured by district members in the designated locking mechanism provided by the District.
- (b) At each shift change, an incoming paramedic shall inspect the quantities, the integrity of the containers, and the expiration dates of the controlled substance inventories. The incoming paramedic shall attest to the quantity available by printing or signing his/her full name on a controlled substance daily report. At no time shall an individual enter a name or signature on behalf of another person.
- (c) If the inventory of any controlled substance results in a discrepancy, the paramedic must immediately attempt to reconcile the amount missing. If the discrepancy cannot be reconciled, immediate notification shall be made to the Captain and the EMS Coordinator. The EMS Coordinator shall be responsible for the completion and submission of the online Drug Enforcement Administration (DEA) Form 106, Report of Theft or Loss of Controlled Substances (21 CFR 1301.76).

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- (d) If the unit is dispatched to an incident before the daily inventory occurs, the inventory and reconciliation shall be done as soon as practicable upon returning to the station.
- (e) In the event that a paramedic works two consecutive shifts on the same unit, the inventory should be performed by the same paramedic.
- (f) A controlled substance daily report and a controlled substance disposition and restock record shall be maintained on board all units. These documents shall be available for random inspection and review by the EMS Coordinator and local, state, or federal regulatory representatives to ensure compliance.
- (g) When a controlled substance daily report form is completely full, the Captain shall review the report for completeness and forward a copy of the report, along with a copy of the corresponding controlled substance disposition and restock record, to the EMS Coordinator as soon as practicable.
- (h) A copy of the controlled substance daily report and controlled substance disposition and restock record should be maintained in the station files for a period of one year. After one year, the station copies shall be shredded.

### 505.3.1 STANDARD CONTROLLED SUBSTANCE INVENTORY

- (a) The standard complement of controlled substances shall be established by the EMS Coordinator or the authorized designee.
- (b) Any modification to the standard complement of controlled substances shall be justified and approved by the EMS Coordinator or the authorized designee.
- (c) The supply of controlled substances will be obtained from any of the district's automated storage and retrieval units, the district's controlled substances vault or other authorized source.
- (d) Only paramedics are authorized to remove controlled substances from the automated storage and retrieval unit and the controlled substances vault. When removing controlled substances from any automated storage and retrieval unit, personnel shall record the following information in the designated fields:
  - 1. The paramedic's first and last name
  - 2. Paramedic number
  - 3. Old tag number and new tag number
  - 4. Incident number (if possible)
  - 5. Any additional pertinent information may be entered into comments field
- (e) When a controlled substance is received, the paramedic receiving the drug must immediately secure the drug into the locked mechanism on the unit.

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### **505.4 CONTROLLED SUBSTANCE ADMINISTRATION AND DOCUMENTATION**

- (a) Only paramedics shall administer controlled substances. Each time a controlled substance is administered to a patient, the drug, dose, and administration route shall be documented on the PCR in compliance with the Arizona Bureau of Emergency Medical Services & Trauma System guidelines. In addition, the following information shall be recorded on the controlled substance disposition and restock record:
1. Date of administration
  2. Incident number associated with the event
  3. PCR number
  4. Patient's full first and last name (when known)
  5. Drug and dose administered
  6. Printed first and last name and signature of paramedic who administered the controlled substance
  7. Date and source of the medication resupply
- (b) If the entire amount of a controlled substance is not administered by the transporting paramedic, a licensed staff member for the hospital that received the patient shall witness the proper disposal of the remaining amount. The hospital staff member's signature must be obtained on the controlled substance disposition and restock record. If waste of a controlled substance occurs at the incident, another paramedic or Captain must witness the waste and sign the record.
- (c) When a controlled substance is restocked, the following information shall be entered on the controlled substance disposition and restock record on the line immediately below the corresponding patient information:
1. The date
  2. The restock source
  3. The printed full name or signature of the paramedic who restocked the controlled substance into the locked mechanism

#### **505.4.1 ADDITIONAL DOCUMENTATION FOR TRANSFERS**

If a controlled substance is administered and the care of the patient is transferred to a transporting paramedic who resupplies the administering unit, the information listed above must appear on the controlled substance disposition and restock record of the administering and transporting unit that provided the drug for restock, in addition to the unit identification of both the units.

If a paramedic transfers the care of a patient to a transporting paramedic prior to the administration of the entire dosage of a controlled substance, any remaining controlled substance shall not be provided to the transporting paramedic. If additional medication is needed after the patient care transfer, the controlled substance shall be used from the inventory of the transporting paramedic.

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### **505.5 CONTROLLED SUBSTANCE SUPPLY AND RESUPPLY**

- (a) Upon receipt of the controlled substance from the base hospital, the EMS Coordinator or the designated paramedic shall inventory the controlled substance received to ensure that the type and quantities ordered match the type and quantities received.
- (b) The EMS Coordinator or the designated paramedic will immediately place the controlled substance in the controlled substance vault or automated storage and retrieval unit and ensure that inventory is reconciled.
- (c) The EMS Coordinator or the designated paramedic will inventory the controlled substance vault and any automated storage and retrieval units monthly to ensure the existing inventory is reconciled. The record of these inventories is to be printed and maintained as provided in the records retention schedule and for a minimum of two years (21 CFR 1304.04).
- (d) Any inventory or reconciliation discrepancies shall immediately be brought to the attention of the EMS Coordinator and a DEA Form 106, Report of Theft or Loss of Controlled Substances, shall be completed and submitted, if required (21 CFR 1301.76).

#### **505.5.1 UNIT RESUPPLY**

If a controlled substance is initially administered from the one unit, the transporting unit or another on-scene district unit may resupply the administering unit on-scene.

The transporting unit or other district unit on-scene shall then be responsible for obtaining the resupply from the district's automated storage and retrieval unit or other authorized supply source.

An administering paramedic may opt to obtain the resupply of a controlled substance from the district's automated storage and retrieval unit or other authorized source any time it is operationally appropriate instead of resupplying from the transporting or other on-scene district unit.

Resupply from a non-district unit is not authorized. If the care of a patient is transferred to a non-district unit, the administering paramedic will obtain the resupply from the district's automated storage and retrieval unit or other authorized source.

### **505.6 ACCOUNTING FOR EXPIRED OR DAMAGED CONTROLLED SUBSTANCES**

Controlled substances due to expire or that are damaged may be replaced as follows:

- Note the expiration date or damage, the date of replacement, and the source of restock on the district's controlled substance disposition and restock record.
- Place the expired drug or damaged container in the supplied envelope and label with the type of drug, dosage, unit identifier, and name of the paramedic who returned the drug and the date.

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- Put the envelope in the locked return drug box to be returned to the base hospital.

This process may also be used to replace controlled substances due to expire.

### **505.7 ACCOUNTABILITY**

The EMS Coordinator should:

- (a) Review the controlled substance daily reports and the controlled substance disposition and restock records monthly for completeness, compliance with established procedure, consistency with the data entered, comparison to the signatures on file, and any other issues that may require follow-up or investigation.
- (b) Create, complete, maintain, and annually update the district's signature log.
- (c) Randomly inspect controlled substance daily reports and the controlled substance disposition and restock records on units for completeness, compliance with established procedure, consistency with the data entered, comparison to the signatures on file, and any other issues that may require follow-up or investigation.
- (d) Ensure copies of controlled substance daily reports and the controlled substance disposition and restock records are maintained as provided in the records retention schedule and for a minimum period of two years (21 CFR 1304.04).
- (e) Ensure the Custodian of Records is provided enough information for applicable state reporting requirements.
- (f) Notify the responsible paramedic of any item that deviates from this policy.

#### **505.7.1 STATE REPORTING**

The Custodian of Records shall ensure that any incidents responded to by the District that are subject to applicable state reporting requirements are reported appropriately, including but not limited to reporting to the Arizona Department of Health the dispensing of naloxone or another opioid antagonist in accordance with AAC § R9-4-602.