

KITTITAS COUNTY EMERGENCY MEDICAL SERVICES DIVISION

MPD OPERATIONAL POLICY #5

SUBJECT: ACQUISITION AND USE OF CONTROLLED SUBSTANCES BY ALS PROVIDERS

Approved by MPD: ___Signed copy on file.____ (Jackson S. Horsley, MD)

Effective: __10-22-13_ (Final review by DOH), minor edits 12/2015 & 8/2016__

Recommended by Kittitas County EMS/TC Council (print and sign):

____Signed copy on file.____ Date: __10-3-13__

I. Purpose:

The purpose is to establish policies and procedures pertaining to the acquisition, administration and security of controlled substances (*schedule II-V*) in compliance with the state and federal Controlled Substances Acts and state rules.

II. General Policy:

- A. For schedule II medications, the MPD or registered agency must provide the pharmacy a properly filled out DEA 222 form for each purchase. Each agency will be registered under a separate DEA# under the physician's license. Forms must be filled out in black ink and no corrections may be made to the form.
- B. The administrator of each county ALS agency will be responsible for securing and maintaining the required registration with DEA and associated cost. This will be done in conjunction with the MPD, and the hospital pharmacy in compliance with applicable laws.
- C. Each agency will be responsible for the cost of controlled substances acquired.
- D. All agencies will comply with the Controlled Substances Act of 1970 as well as state law and rules.

III. Security Policy:

- A. All schedule II medications will be in a substantially constructed, locking cabinet for storage within the confines of the ALS unit or the central business location. Access should be limited to the paramedic assigned to the unit, those under his/her supervision, the operations supervisor or his/her designee.
- B. All schedule *III-IV* medications will be secured at what level of security is Deemed necessary by the EMS Agency. A reasonable minimum is to keep them secured within a vehicle that is also secured or under appropriate surveillance. They may also be stored with schedule II medications.
- C. All DEA 222 forms will be kept in a secure location and access limited to identified personnel.
- D. At the start of every shift, all controlled substances shall be examined for evidence of tampering, expiration dates, and count.

Most recent amendments are in *bold*.

Supersedes: 12-2015
rev. 08-2016 (Addendum A)

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- E. In the event of theft, loss or diversion of controlled substances, the agency shall;
 - Notify the DEA, MPD, and local law within 24 hours in writing. Email or FAX may be used.
 - File the online DEA-106 form within 30 days. This allows time for local investigation.
- F. Once a medication is opened for single use, the remaining amount must be wasted. The controlled substance that is wasted must be witnessed (by at least one paramedic), documented on the MIR and the medication log form, and accompanied by the signatures of both witnesses.
- G. In the event of breakage of a vial making it unusable, the paramedic will submit a written report to their immediate supervisor and the MPD within 24 hours, and document it on the medication log form.
- H. Expired, contaminated, or unusable medications are not to be wasted or destroyed locally. A Reverse Distributor must be used. Incident must be documented on the medication log form.
- I. Policy will specify which controlled substances are authorized to be carried on each ALS unit and the maximum amounts of each (see Addendum A).
- J. Units that are taken out of service must have their controlled substances secured and accounted for according to agency/MPD policy.

IV. Record Keeping:

- A. Each ALS agency will be responsible for designing a controlled substances log sheet which will be approved by the MPD before implementation. The log sheet will contain the following information:

Daily Inventory;

- Date
- Name of medication
- Amount on hand
- Amount wasted (if expired, or damaged)
- Amount remaining
- Signature of two persons witnessing daily inventory (at least one ALS)

Inventory after Use of Controlled Medications;

- Date
- Patient Name
- Medical Incident Report # (accounts for patient address)
- Signature of administering paramedic
- Name and strength of medication
- Amount on hand
- Amount administered
- Amount destroyed/wasted and signature of destroyer and witness
- Receiving hospital
- Mechanism for recording shift count results

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- B. Inventory of controlled substances shall be done daily at the beginning of each shift, with the results recorded in ink on the controlled substances log sheet. Two EMS providers will inventory controlled substances together, with at least one ALS provider. Discrepancies will be investigated immediately and reported as above (III.B.) if they cannot be resolved.
- C. Records associated with controlled substances will be made in black or blue ink and retained for a minimum of two years. These records include, but are not limited to receipt and distribution records, administration records, the daily and usage log sheet, executed DEA-222 forms, bi-annual inventory audit, and loss or destruction records.
 - Records for schedule II controlled substances must be maintained separately.
 - Records for schedule III-IV medications may be maintained in a single document/log/inventory sheet.
 - All records must be readily retrievable from all ordinary records.
- D. The drug, route of administration, amount, administering paramedic, receiving hospital will be documented on the MIR run sheet.
- E. For quality assurance purposes, copy of the DEA222 form, the controlled substances usage/inventory log sheets, and related medical incident reports must be submitted or made available electronically by the EMS Agency to the Kittitas County EMS Division by the 5th of the month or upon request for review by MPD or delegated staff.
- F. At least biannually, the MPD or delegated staff must conduct an audit of the controlled substances on hand at each delegated agency. A complete and accurate written, typewritten, or printed record must document controlled substances on hand. Per DEA regulations, this audit must be kept for two (2) years. The audit should specify that it is the bi-annual audit, date, and audit results. Please note that this audit is separate from the daily audit performed by EMS agency staff.
- G. Records regarding controlled substances shall be made available to the MPD, appropriate federal, state and local law enforcement agencies upon request: all of whom will be responsible for maintaining confidentiality of information contained therein.
- H. The MPD is required to maintain a complete record of all controlled medication orders.
- I. For schedule IV, the MPD may use an invoice. A copy of the controlled medication invoice needs to be kept by the MPD/delegate and the agency.

This document forwarded to: WA State Department of Health – EMS Section

Most recent amendments are in ***bold***.

Supersedes: 12-2015
rev. 08-2016 (Addendum A)

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Olympia, WA 98504-7853

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PO Box 821
Cle Elum, WA 98922
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ADDENDUM A

The following controlled substances are authorized to be carried on each licensed ALS unit in Kittitas County and in the specified maximum amounts.

Drug Name - Schedule II	Quantity (max)
MORPHINE	100 mg
FENTANYL (Sublimaze)	1000 mcg
DILAUDID (Hydromorphone)	10 mg
Drug Name - Schedule III	Quantity (max)
KETAMINE	NA
Drug Name - Schedule IV	Quantity (max)
MIDAZOLAM (Versed)	NA
LORAZEPAM (Ativan)	NA
DIAZEPAM (Valium) – Back-up	NA

The controlled substances and drugs listed above are authorized by the Kittitas County Medical Program Director and are subject to change.

____ Jackson S. Horsley, MD _____
Medical Program Director

____ 8-2016 ____
Date