

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4002
Effective Date: October 29, 2018
Supersedes: September 9, 2013

CONTROLLED SUBSTANCES

I. PURPOSE

Define the responsibilities of ALS providers for the procurement, storage, use, and tracking of controlled substances and the training of personnel in these standards.

II. POLICY

- A. Each ALS provider shall develop a policies and procedures for obtaining, storing, and tracking controlled substances that meet all Federal, State, and local laws. The policies and procedures shall include, at a minimum identify:
 - 1. Methods of procurement, inventory control, and distribution to field units;
 - 2. Person(s) directly responsible for the maintaining the controlled substance supply;
 - 3. Tracking methods for all controlled substances so that each milligram is followed from the time obtained through administration to a patient or waste;
 - 4. Plan for investigation of discrepancies;
 - 5. Disciplinary sanctions for failure to comply with the policy;
 - 6. ALS provider medical director as responsible for obtaining the required controlled substances for use by the provider.
 - 7. Training program for all personnel on the controlled substance standards.

III. PERSONNEL

- A. Non-employees shall not have access to or custody of controlled substances at any time. Non-licensed employees can handle containers that are securely locked or sealed for re-stocking.
- B. Licensed personnel who are in possession of controlled substances are directly and individually responsible to ensure the security of those substances. 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. Responsibility for the security of the controlled substances may relinquished only when the controlled substances are transferred to another licensed individual (i.e. new crew) or secured in the main inventory safe.
- C. Licensed personnel shall only administer controlled substances when indicated by ALS protocol or ordered by a Base Hospital Physician.

IV. STORAGE

- A. Controlled substances are stored in their original packaging. If the packaging is such that it must be opened to distribute individual units, then the individual units will be repackaged in a tamper evident container that is resistant to needle punctures, disassembly, or other methods of obtaining the contents without breaking the seal.
- B. On-site storage in a safe of heavy gauge metal that is locked and secured in such a way as to prevent it from being removed without being unlocked. Surveillance of the main inventory at all times, either through direct custody or surveillance cameras with a recording device;
- C. Storage of the ambulance inventory in a double-locked metal (or other durable material) box that can be sealed or locked in such a way as to prevent unauthorized access without obvious destruction or damage to the container;
- D. Controlled substances shall be removed from out of service vehicles and returned to the main inventory safe.
- E. Fentanyl OR Morphine may be distributed to ambulances due to drug shortages. Fentanyl is the primary and preferred medication. If 100% of ambulances (per ALS Provider) do not have Fentanyl or Morphine, ALL ambulances must have a high visibility label affixed to the narcotics container stating which medication is present and crew must be aware if Fentanyl or Morphine is being stored. All Providers utilizing Morphine shall notify the EMS Agency in writing prior to utilization.

V. REQUIRED RECORDS

- A. A record of all requisitions, the supplier, and the amount received with a date.
- B. A daily inventory of all controlled substances on all 24-hour units.
- C. A record of all controlled substances issued to field units and returned to the main inventory safe.
- D. A record of all administration, and/or waste that includes patient name, amount administered/wasted, incident identifier, identity of person administering the drug, and the identity of the person witnessing waste.
- E. Periodic audits of all controlled substances.

VI. AUTHORITY

United States Code, Title 21, Controlled Substance Act
Code of Federal Regulation, Title 21, Parts 1300 – 1399

California Health and Safety Code, Sections 11000 et seq. California Uniform Controlled Substance Act

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, and 1798
California Code of Regulations, Title 22, Sections 100172, 100174, and 1001