

	Section 903 – Vehicles & Equipment		Procedure & Instruction	
	<h2>Controlled Substances</h2>		Number	<b>903-5</b>
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## Purpose

This document establishes guidelines for the security and accountability of any AFD substances considered a controlled substance.

## Policy

It is policy of the Anchorage Fire Department to:

- a) Prevent theft or diversion of controlled substances.
- b) Comply with federal regulations regarding controlled substances.
- c) Assure control over the use, inventory, security and access to controlled substances.
- d) Perform regular and random audits of inventory of substances to ensure compliance with AFD policies and federal regulations.
- e) Maintain accurate records of inventory, audits, and administrations of substances.
- f) Maintain sufficient levels of controlled substances to meet operational need.

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## Procedure & Instruction

### 1.0 AFD Controlled Substances

- 1.1 The following are considered controlled substances (CS) by the Drug Enforcement Administration (DEA) or the AFD and are subject to the requirements outlined in this procedure:
  - a) All Substances listed in 21 Code of Federal Regulations (CFR) Ch II §1308- Schedule of Controlled Substances; the AFD currently stocks two Schedule II substances (Morphine Sulfate and Fentanyl Citrate) and two Schedule IV substances (Lorazepam and Valium, in NAAK Kits).

All substances listed per above are Scheduled Controlled Substances.
  - b) Nitrous Oxide.
- 1.2 EMS Battalion Chiefs shall oversee and enforce compliance with this policy. The owner of this policy is referred to as the Narcotics Control Officer (NCO).
- 1.3 Any discrepancy of count, loss, destruction, or damage to containers involving controlled substances or controlled medication forms shall be reported to an EMS BC *immediately*.
- 1.4 The controlled substances used by the AFD are purchased by the AFD Medical Director under his registration and made available for AFD operational use. The Schedule II and IV substances stocked by AFD remain his responsibility and under his direct control. The AFD Medical Director may take any such means as he deems necessary to regulate, audit, survey or monitor the department's storage, use, inventory and safeguarding of those controlled substances.
- 1.5 From time to time DEA Investigators may request access to controlled substances in order to conduct inspections. All AFD personnel are to cooperate with DEA inspection requests after verifying the identity of the DEA Investigator. It will not be necessary for the DEA Investigator to present a DEA Form 82.

### 2.0 Security of AFD Controlled Substances

- 2.1 Personnel shall be vigilant when handling controlled substances to prevent theft, loss, or diversion. Theft, loss, or diversion of controlled substances is an extremely serious offense and subject to discipline, up to and including termination.
- 2.2 An EMS Battalion Chief will immediately initiate an investigation into any discrepancies. Discrepancies that remain unresolved for more than two hours shall be referred to the NCO for investigation. Confirmed medication discrepancies will be reported through the NCO to the AFD Medical Director, Fire Chief, and the DEA.
- 2.3 Only MOA credentialed paramedics or Alaska Licensed Paramedics employed by the AFD in an ALS internship are authorized to assume control of *controlled substances*, except for the emergency supplies contained in NAAKs (Nerve Agent Antidote Kit). NAAKs are authorized directly and solely to the custody and oversight of the individual in charge of an apparatus.
- 2.4 The individual who has assumed control of a controlled substance has the responsibility for compliance with the elements of this policy and has authority over all access to the controlled substances in his/her custody.

- 2.5 Controllers of CS inventories are presumed to have in their possession the quantities and types of controlled substances reflected on the related CS logs and are responsible for the security of those controlled substances.
- 2.6 Controlled substances will not be left on out-of-service apparatus under any circumstances.
- 2.6.1 In circumstances when personnel are switching out an apparatus that has controlled substances in the lockbox which they cannot access, an EMS BC will be immediately contacted.
- 2.7 Controlled substances are not to be carried on apparatus without a locking drug lock box. Controlled substances that are unable to be secured in a locking drug box may be transported on the person of the controller for a response or directly to a replacement apparatus with a functioning lock box.
- 2.8 At the beginning of a duty period and any time the controlled substance locker is accessed, the assigned paramedic will perform an inventory of that vehicle's stock of controlled substances.
- 2.8.1 Inventory will be accomplished as soon as possible after coming on duty, and will not be interrupted or delayed, except by responses or direction from an EMS Battalion Chief.
- 2.9 When a paramedic assumes responsibility for controlled substances, they shall:
- 1) Inspect the perpetual inventory form for discrepancies.
  - 2) Inspect the controlled substances to assure that:
    - a) there is no evidence of tampering
    - b) no seals are damaged or broken
    - c) the proper amount is present
    - d) they are not expired
  - 3) If no discrepancies are found, fill out the inventory form and sign it.
  - 4) Remain on duty until another MOA credentialed paramedic signs for and assumes control of the controlled substances on their assigned vehicle.
- 2.10 Locking Devices and PIN numbers**
- 2.10.1 CS lockers in the AFD will be secured by locks that allow for individual access codes and auditing of access events by date, time, and individual accessing the CS supply.
- 2.10.2 Individual access codes (PIN) will be issued to all AFD MOA credentialed Paramedics (PMs). It is the responsibility of the PM's to maintain their PIN in a secure fashion and have it committed to memory or otherwise readily available during the work day.
- 2.10.3 PMs are forbidden from divulging their PIN to anyone else.
- 2.10.4 The administration CS supply will be securely maintained in a safe. The combination to the safe shall be protected by strategies deemed sufficient by the Chief of EMS.

### 3.0 Controlled Substances Transactions and Inventory

- 3.1 The controlled substance inventory form will remain with the controlled substances and controller regardless of the vehicle being used. A controller (PM) will have only one inventory form for each type of controlled substance under his control.
- 3.2 Counts and signatures for changes of control will occur with both oncoming and off-going PMs present.

#### 3.3 Stock levels

- 3.3.1 On MICUs:  
Scheduled Controlled Substances Stock Level = 5.  
(Stock levels may be exceeded temporarily by an MICU when recovering controlled substances from another PSA transitioning to BLS status.)
- 3.3.2 On ALS or Paramedic Staffed Engine or Truck Companies:  
Scheduled Controlled Substances Stock Level = 3.
- 3.3.3 Stock levels on EMS BC vehicles will be determined by the Chief of EMS.

#### 3.4 Inventory Forms

- 3.4.1 Controlled substance inventory forms are issued by and returned to the designated EMS Fire Office Associate monthly.
- 3.4.2 In instances when a controlled substance inventory form is completely filled before the end of a given month, a 'page 2' inventory sheet may be provided by the EMS Fire Office Associate.
- 1) Continuation form(s) will normally be requested through the EMS Battalion Chief.
  - 2) When a transaction is entered on the line that reads 'request continuation form' the EMS BC may be contacted to request a continuation form in advance of completely filling out the page 1 inventory sheet
- 3.4.3 Instructions for inventory forms will be available on the "G" drive.
- 3.4.4 Only a single-sided copy of the current form is permissible.

#### 3.5 Signatures

- 3.5.1 Signatures for documentation must be in ink and legible.
- 3.5.2 A legible employee number is required with any signature.
- 3.5.3 No person may sign for another person.
- 3.5.4 The paramedic signing as controller has custody of the related CS supply, the associated records and is responsible for the accuracy of the records and safe keeping of both the CS supply and records while in their custody.
- 3.5.5 The individual signing as witness to a transaction is responsible for the accuracy of the recording of the transaction and the related count.
- 3.5.6 The controller and witness bear equal responsibility for the accuracy, completeness, and count associated with their signature on a transaction.
- 3.5.7 No person may sign as both controller and witness for the same transaction.

### 3.6 Administration of Controlled Substances

- 3.6.1 Shall be logged on the inventory control sheet of the source apparatus by the controller and witnessed. Quantities (in mg's or mcg's) administered and wasted shall be logged with the run number.
- 3.6.2 Remaining quantities of controlled substances from partially administered syringes shall be wasted in the presence of the person signing as a witness. Only partially administered tubexes of controlled substances are to be wasted. Tubexes with damage, a breached paper seal or an expired date must be surrendered to an EMS BC and not wasted.
- 3.6.3 Prepackaged tamper resistant containers opened preparatory to administration but not administered shall be retained in inventory and shall be surrendered to an EMS BC at first opportunity.

### 3.7 Inventory Transactions

- 3.7.1 Any controlled substance transferred from one person to another person is a transaction. All transactions require 2 signatures on each of two separate forms. Each surrender and issue of controlled substances will be logged as a unique transaction on separate lines, even if the net inventory effect is zero change. *Transactions will not be conducted without all required signatures being completed.*
- 3.7.2 No person shall sign as controller or witness before personally counting and verifying the count and transaction involved.
- 3.7.3 Signature on a CS Log is a certification that the count on the CS Log equals the physical quantity in the related inventory.
- 3.7.4 Required signatures
  - a) Person surrendering:
    - 1. Sign your form as "controller";
    - 2. Sign the form of the person receiving as "witness".
  - b) Person receiving:
    - 1. Sign your form as "controller";
    - 2. Sign the issuing person's form as "witness".

### 3.8 Inventory Transactions for In Service and Out of Service as Paramedic Staffed Apparatus

- 3.8.1 Controlled substances will be secured or surrendered to another PM before the Paramedic is relieved of duty.
- 3.8.2 Controlled substances may only be secured on apparatus equipped with a Trilogy or other lock per 2.7 above.
- 3.8.3 **Out of Service Transactions**

The off going Paramedic will count and sign with a Captain or another Paramedic as witness for an Out of Service (O/S) transaction. Controller and Witness will verify that the entire inventory of Controlled Substance is secured in a Trilogy Lock Box.

- 3.8.4 **In Service Transaction**  
Paramedics assigned to apparatus that were BLS shall open the Trilogy in the presence of the Captain or another Paramedic. The Paramedic (Controller) and the witness shall count and verify the presence of the counts shown on the CS Log. The Controller and witness will record an In Service (I/S) Transaction.
- 3.8.5 All personnel receiving Paramedic incentive shall sign as controller on apparatus with a Scheduled Controlled Substance Inventory. The only exception is when there is another PM on the same apparatus who has signed in as Controller for the shift.
- 3.8.6 When controlled substances are surrendered to a paramedic on another apparatus the log will show the surrender and result in stock levels of zero. The log showing zero stock will remain with the now BLS apparatus secured in the lock box. This is to minimize the number of logs and simplify accountability for *controlled substances*.
- 3.8.7 PM's on apparatus in the same station may surrender and reissue their entire inventories to each other to accommodate transitions between BLS and ALS status.
- 3.8.8 PM's may only surrender to a unit based in a different station when authorized by an EMS BC and then only to secure inventory for a rig transitioning to BLS status.
- 3.8.9 PM's will not issue CS to another unit for the purpose of replenishing inventory counts.
- 3.9 **Nerve Agent Antidote Kit (NAAK) and Nitrous Oxide Units assigned to an MICU**
- 3.9.1 The paramedic is responsible for complying with this section.
- 3.9.2 NAAKs will not be left on MICUs that are not staffed.
- 3.9.3 NAAKs will only be carried in the controlled substance locker.
- 3.9.4 Every *use* of nitrous oxide: document run # in comments and reseal.
- 3.9.5 Every *Monday*:
- 1) Inspect the NAAK perpetual inventory form for discrepancies.
  - 2) Assure the NAAK is present, locked, and locked to the vehicle.
  - 3) Assure the NAAK has no evidence of tampering.
  - 4) Assure the NAAK is sealed and the seal number matches the inventory form.
  - 5) Inspect the seal on the Nitrous Oxide Unit to confirm it is sealed and the seal number matches the inventory.
  - 6) If no discrepancies are found, fill out the inventory and sign it.
- 3.9.6 An EMS Battalion Chief shall be informed immediately of any discrepancy involving a NAAK, a Nitrous Oxide Unit, or NAAK or nitrous inventory forms.
- 3.10 **Nerve Agent Antidote Kit (NAAK) assigned to vehicles other than an MICU**
- 3.10.1 The company officer is directly responsible for complying with this section. The vehicle operator is responsible when no company officer is assigned to a vehicle.

- 3.10.2 An EMS Battalion Chief and the NCO, through the chain of command, shall be informed immediately of any discrepancy involving a NAAK or NAAK inventory forms.
- 3.10.3 NAAK's will not be left on apparatus that are not staffed.
- 3.10.4 NAAK's will not be carried on apparatus without the ability to secure them with a lock. The combination to this lock will be provided verbally to all operations personnel. All operations personnel shall commit this combination to memory.
- 3.10.5 Every *Monday*:
- 1) Inspect the NAAK perpetual inventory form for discrepancies.
  - 2) Assure the NAAK is present, locked, and locked to the vehicle.
  - 3) Assure the NAAK has no evidence of tampering.
  - 4) Assure the NAAK is sealed and the seal number matches the inventory form.
  - 5) If no discrepancies are found, fill out the inventory and sign it.

#### **4.0 Collection of Controlled Substances and NAAK/Nitrous Oxide Logs**

- 4.1 On the last day of each month, new perpetual inventory forms for Controlled Substances and NAAK/Nitrous Oxide shall be distributed by:
- a) The EMS Supply Technician, when on duty and available, or;
  - b) The EMS Fire Office Associate, or,
  - c) The EMS Battalion Chief
- 4.2 On the first day of every month, the perpetual inventory forms for Controlled Substances (Morphine, Fentanyl and Lorazepam) and NAAK/Nitrous Oxide will be switched over to the forms for the new month and the old forms shall be placed in the envelope provided. This will be the responsibility of the following persons on duty at 1000 hours on the first of the month:
- a) EMS Battalion Chiefs, company officers, and paramedics for all controlled substances under their direct control.
  - b) On those apparatus without an officer or paramedic, it will be the responsibility of the station captain.
- 4.3 The perpetual inventory forms in the provided envelopes *will not be placed in departmental mail*. They will be picked up by one of the following: the EMS Supply Technician, EMS Fire Office Associate or an EMS Battalion Chief.
- 4.4 Forms completed prior to the end of the month will be retained and sent in with the full set of inventory forms at the end of the month.

#### **5.0 Administration Responsibilities**

##### **5.1 Issuing Forms**

The EMS Fire Office Associate will issue inventory forms to all fire stations.

- 5.1.1 Each controlled medication shall have a unique color inventory form. Forms shall have the month, apparatus designator and medication printed on them.

## 5.2 Recordkeeping

The EMS Fire Office Associate will collect and file all controlled substance inventories.

- 5.2.1 All perpetual and biennial inventory forms will be retained at the AFD Administration building for a minimum of two calendar years from the last date entered.
- 5.2.2 Forms pertaining to Schedule II substances will be filed separately from all other controlled medication forms.
- 5.2.3 Access to controlled substance forms filed at Administration is restricted to the Chief of EMS, Chief of EMS's designated support staff, or personnel conducting audits.

## 5.3 Reconciling

The EMS Fire Office Associate will reconcile all forms assuring completeness, accuracy of the counts on the individual forms, and continuity of dates on the forms. Missing logs or discontinuities of date will be immediately reported to the Chief of EMS through the NCO. Notification shall be verbal and via email.

- 5.3.1 The person reconciling the monthly inventories will assure continuity of dates to the preceding inventory for the unit.
- 5.3.2 Individual transactions on the inventory will be verified back to the corresponding transaction on the EMS BC inventory monthly or to the related ePCR.
- 5.3.3 Transactions on the EMS BC logs will be verified to the administration inventory form and to paramedic staffed apparatus (PSAs) inventories monthly.
- 5.3.4 Administration inventory transactions will be verified to a form 222 source or to EMS BC inventories.
- 5.3.5 Irregularities will be reported to an EMS Battalion Chief for investigation. The NCO will be notified of any transactions not in compliance with this policy.

## 5.4 Reporting

- 5.4.1 The EMS Fire Office Associate will report to the Narcotics Control Officer on the reconciliation of inventory forms monthly.
- 5.4.2 The Narcotics Control Officer shall report the result of the monthly reconciliation of inventory forms to the Medical Director.

## 5.5 Audits

At least quarterly an audit will be conducted. The scope of the audit will be determined by the Chief of EMS. These audits will be documented and the documentation retained at fire administration.

- 5.5.1 Municipal Internal Audit will conduct unannounced audits from time to time coordinating timing and scope with the Chief of EMS.
- 5.5.2 A department wide biennial inventory will be conducted within 24 months of the previous inventory. This inventory will include *all* controlled substances present. This inventory will utilize unique forms denoting that it was conducted at the "close of business" or "beginning of business".

## 6.0 Version History

Supersedes:		
P&I	903-5: all previous versions	
Memo	Ops 03-34	
Revisions:		
Date:	Version #	Changes
12/16/02	1.0	➤ New Procedure
1/30/03	1.1	<ul style="list-style-type: none"> <li>➤ New separate Lorazepam and Morphine forms,</li> <li>➤ Biennial audits (line 2.1)</li> <li>➤ Inventory upon accessing drug locker (line 2.2)</li> </ul>
9/08/03	1.2	➤ Added NAAK instructions and forms
10/16/03	1.3	<ul style="list-style-type: none"> <li>➤ Corrected "biannual" to "biennial" throughout</li> <li>➤ Added min/max stock levels (line 3.6)</li> <li>➤ Clarified securing meds in locker (line 3.5)</li> </ul>
12/03/03	1.4	<ul style="list-style-type: none"> <li>➤ Changes to account for addition of Fentanyl to controlled substances (lines 3.3 b, 3.7 a, and form instructions in 4.3 )</li> <li>➤ Clarified that Schedule II stock counts are by container (4.3)</li> <li>➤ Added new lines 1.4 and 3.6</li> </ul>
04/15/04	1.5	<ul style="list-style-type: none"> <li>➤ 1.2 became 1.2.1 then added Audits as 1.2</li> <li>➤ 1.3 Added to 1.5; 1.4 has become 1.3</li> <li>➤ Added new lines 1.4 thru 1.8</li> <li>➤ Deleted 2.1.2</li> <li>➤ Deleted 2.2.5 f</li> <li>➤ Deleted 3.3 e</li> <li>➤ Added to 4.2, (9) &amp; (11)</li> <li>➤ Added to 4.3, (8) &amp; (10)</li> </ul>
10/12/04	1.6	➤ Changed verbiage from EMS BC to CMO
1/1/2005	1.7	<ul style="list-style-type: none"> <li>➤ Retitled Controlled Substances</li> <li>➤ Added language on controllers</li> <li>➤ New inventory sheet instructions, moved to Appendix</li> <li>➤ New reconciliation procedures for Controlled Substance Logs</li> <li>➤ Additional Audit procedures</li> </ul>
06/15/06	1.8	➤ Change log pending
07/31/07	1.9	<ul style="list-style-type: none"> <li>➤ Titles updated throughout to reflect departmental reorganization: EMS Battalion Chief or EMS BC replaces Chief Medical Officer or CMO, Chief of EMS replaces Deputy Chief of EMS or DC of EMS</li> <li>➤ 1.2 Owner of this document replaces steward as the NCO; deleted DC of EMS</li> <li>➤ 2.1 Clarified consequences of loss, theft, or diversion</li> <li>➤ 2.2 Deleted DC of EMS and replaced with NCO</li> <li>➤ 2.6.1 New language re: switching apparatus with inaccessible CS</li> <li>➤ 2.10.3 Removed language allowing PMs to direct crews to force entry into lock boxes during emergencies</li> <li>➤ 3.4.2 New language re: requesting continuation CS logs</li> <li>➤ Deleted old 3.9.6 and 3.10.6 re: starting new forms on first Monday of month (superseded by new section 4)</li> <li>➤ Added New Section 4 Collection of Controlled Substances and NAAK/Nitrous Oxide Logs; old Section 4 restructured and renamed to Section 5</li> <li>➤ 5.1 Revised: NAAK/Nitrous Oxide included in issued forms, forms delivered to all stations instead of specific apparatus</li> <li>➤ 5.2.1 Removed CMO from responsibility for audit conduct and scope</li> </ul>