



# Carroll County Department of Fire and EMS

## EMS Policies and Procedures

<b>Standard Operating Procedure: 3.03</b>	<b>Effective Date: June 8, 2023</b>
<b>Subject: ALS Controlled Substances</b>	<b>Section: EMS Operations</b>
<b>Authorized: Michael Stoner, Assistant Chief</b>	<b>Revision Date: January 26, 2024</b>

### I. PURPOSE

The Carroll County Department of Fire and EMS (DFEMS) is mandated by the Comprehensive Drug Abuse Prevention and Control Act of 1970 (otherwise known as Controlled Substance Act), to maintain security of controlled substances. Any Fire/Emergency Medical Services (EMS) Department unit that has assigned controlled substances shall adhere to this policy.

### II. DEFINITIONS

- A. ALS Clinician - The sole clinician that will be accepting, maintaining, and giving up custody of narcotics.
- B. Controlled Substance - A drug or chemical substance whose possession and use are regulated under the Controlled Substance Act.
- C. Control Number - A unique identifying number assigned to a container of medication for the purpose of tracking.
- D. Daily Log - A daily log of all controlled substances that shall be accounted for and documented.
- E. ePCR - Electronic Patient Care Report used by DFEMS to document patient care.
- F. Assistant Chief of EMS - The Career EMS officer responsible for all EMS related issues.
- G. DEA - United States Drug Enforcement Administration.
- H. Face-to-Face Controlled Substance Transfer of Custody – is the direct contact and presence of both off-going and on-coming ALS providers assigned to the unit and/or station. During the transitioning of custody of the controlled substances, medication quantities shall be counted and signatures placed on the controlled substance log(s).
- I. Jurisdictional Medical Director - Physician contracted by the County pursuant to the requirements of COMAR Title 30 Emergency Medical Services Operational Program and the *Controlled Substance Act*. The Jurisdictional Medical Director provides the

- prescription and receives the DEA authorization for the department to purchase controlled substances.
- J. Med Vault - The storage system used by the DFEMS to store all controlled substances that need to be securely locked in a substantially constructed cabinet which complies with 21CFR 1301.75- Physical Security Controls for Partitioners.
  - K. Med Vault Personal Identification Number (PIN) - Unique 6-digit number used specifically for accessing the Med Vault storage safe to be kept secure and confidential by the provider.
  - L. Shift Commander - Highest ranking career staff working who is responsible for shift duties.

### III. PROCEDURE:

#### A. General

1. The Department of Justice, specifically the Drug Enforcement Administration, is responsible for the enforcement of the *Controlled Substances Act*. The *Controlled Substances Act* requires "all persons who manufacture, distribute or dispense any controlled drug provide effective controls and procedures to guard against theft and diversion of controlled substances." The Act further requires "all persons who manufacture, distribute or dispense any controlled drug keep inventories and maintain complete and accurate records of all drugs manufactured, dispensed, obtained, or disposed of." The Fire & EMS Department and all affiliated EMS providers fall under this law and are subject to its requirements.
2. This policy identifies the electronic process to track a controlled substance from the receipt into DFEMS until administration, waste, or disposal.
3. This policy applies to all medications designated in the schedule of addictive medications ("schedule") by the *Controlled Substances Act*. The Maryland Medical Protocol for Emergency Medical Service Providers allows for the use of the following scheduled drugs:
  - a. Schedule II - drugs available only by prescription and distribution is carefully controlled and monitored by the DEA.
    1. The drug or other substance has a high potential for abuse.
    2. The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
    3. Abuse of the drug or other substances may lead to severe psychological or physical dependence.
  - b. Schedule III - drugs available only by prescription, and distribution is carefully controlled and monitored by the DEA.
    1. The drug or other substance has a potential for abuse, less than drugs or substances in schedules I and II.
    2. The drug or other substance has a currently accepted medical use in treatment in the United States.
  - c. Schedule IV - drugs available only by prescription, though control of wholesale distribution is less stringent than Schedule II drugs.

1. The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I, II, and III.
2. The drug or other substance has a currently accepted medical use in treatment in the United States.
3. Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
4. These drugs are carried in a prescribed method to reduce the potential for medication dosage errors and tampering. Controlled substances carried on Carroll County Department of Fire and EMS units will be in a concentration as determined by the Jurisdictional Medical Director and supplied **ONLY** by the Department. Under no circumstances should controlled substances be accepted from any other source, absent permission from the Director/Fire EMS Chief or his designee.
5. In all cases, the drug packaging must provide a tamper evident seal to show if someone has accessed the drug. If seal is broken or missing, the drug should not be used in patient care and should be reported to the Shift Commander and documented as described below in this Policy.

## **B. Narcotic Storage**

1. Assistant Chief of EMS
  - a. The Department's stock supply of controlled substances will be stored in accordance with applicable state and federal laws and regulations.
  - b. The Assistant Chief of EMS shall distribute the controlled substances to the shift commander and ALS chase cars on an as needed basis.
  - c. The Assistant Chief of EMS will issue a Med Vault access PIN# to all licensed Advanced Life Support Providers with County; ALS Authorization as approved by the Jurisdictional Medical Director.
  - d. The Assistant Chief of EMS shall ensure all medication is sealed in a tamper proof manner prior to distribution.
2. ALS EMS Transport Units and Volunteer Chase Cars
  - a. Patient administration and supply of controlled substances will be stored in accordance with the applicable state and federal laws and regulations in a Med Vault storage box with a quantity as determined by DFEMS.
3. Shift Commanders and Career Chase Cars
  - a. Patient administration and supply of controlled substances will be stored in accordance with the applicable state and federal laws and regulations in a Med Vault storage box with a quantity as determined by DFEMS.
  - b. Shift Commander and ALS Chase cars shall carry additional narcotics to allow for restocking of ALS Chase Cars.

### **C. Acquisition of Narcotics**

1. Narcotics are ordered from the County's designated vendor by the Assistant Chief of EMS utilizing the Jurisdictional Medical Director's DEA authorization number.
2. Upon receiving controlled substances, the Assistant Chief of EMS must:
  - a. Add the controlled substance to the Narcotics tracking database providing, LOT number, and expiration date of each vial.
  - b. Store the vials in accordance with this Policy.
3. Assistant Chief of EMS shall distribute to Career ALS Chase Cars and Shift Commanders, controlled substances based upon established minimum quantities.
  - a. These controlled substances shall be logged into the appropriate controlled substance log for the unit.
4. Assistant Chief of EMS / Career ALS Chase Car personnel / Shift Commander shall distribute controlled substances to units with controlled substances on an "as needed" basis based upon established minimum quantities.
  - a. Each ALS unit shall log the addition of controlled substances into the controlled substance log.
  - b. Personnel administering the controlled substance shall ensure that the controlled substance is removed from their stock in the controlled substance log.
5. Expired controlled substances shall be replaced on a one for one basis by the Assistant Chief of EMS or designee.

### **D. Custody of Controlled Substances**

1. Custody of controlled substances must be always maintained by an Advanced Life Support Provider as described below:
  - a. Controlled substances, each with a control number in a med vault.
  - b. An ALS Provider assigned to the unit will have custody of all controlled substances in a med vault.
2. When custody of the controlled substances are transferred:
  - a. The provider transferring the controlled substances logs into the appropriate tracking form.
  - b. The provider receiving custody verifies appropriate label numbers on controlled substance vials.
  - c. This transfer of custody is a dual Face-to-face verification process (transfer and receipt), requiring both to be ALS providers and to sign for transfer of the controlled substance.
  - d. If the unit(s), in the station, are not staffed but have controlled substances stored on it, then, the ALS provider(s), assigned at that station will ensure those units-controlled substance logs are signed-off utilizing the same verification procedure.
  - e. In the event that there is not an ALS provider (DFEMS, Corporate or Volunteer) to accept custody of the controlled substance, the EMS Chase Truck from that battalion shall be notified by the volunteer chief or their designee. The EMS

chase truck shall report to that station to complete the verification procedure. In the event that the EMS Chase Truck is unavailable, the Shift Commander shall be notified.

- f. If the unit is dispatched on an incident prior to the proper transfer of the controlled substances being completed, the ALS provider accepting the controlled substances must immediately, upon returning from the call, Notify the on duty EMS Chase car to verify counts.
- g. Once custody is accepted, the provider accepting custody is responsible for maintaining the security of the controlled substances until custody is transferred again, as outlined above.
- h. At no time should the transfer of controlled substances occur during an incident that will delay patient care or transport. Transfer will occur after the completion of an incident.

#### **E. Controlled Substance Administration/Waste**

1. The ALS Clinician administering/wasting the controlled substance, shall complete the appropriate documentation in the tracking system to account for all controlled substances.
2. Controlled substances that are wasted shall be witnessed, signed and documented by the receiving facility or another DFEMS EMS Clinician, preferably an ALS Clinician.
3. If controlled substances are administered and/or wasted and the patient is either not transported or the ALS Clinician does not transport the patient to the receiving hospital, the ALS Clinician shall have the Shift Commander or Career ALS Chase Car Clinician verify and document the amount used/wasted.
4. The primary ALS Clinician shall document in the ePCR the amount administered along with the amount wasted and include the vial tracking number.
5. Disposal of wasted controlled substances shall be drawn into a syringe and wasted into a sink with a witness present. Vials filled or partially filled, with controlled substances shall **NOT** be discarded into a sharps container prior to wasting the controlled substance.
6. Any vials that are not suitable for patient administration shall be returned to the Assistant Chief of EMS or designee for disposal.

#### **F. Lost, Stolen, or Damaged Controlled Substances**

1. Once a discrepancy is noted in the controlled substance, the unit shall be placed out of service immediately.
2. The Shift Commander and Assistant Chief of EMS shall be notified immediately.
3. All clinicians that had access to or custody of the controlled substance may be required to submit to an immediate “with cause” drug screening.

4. If lost or stolen, a police report shall be completed along with an investigation initiated by the Assistant Chief of EMS.
5. All controlled substances shall be removed from the unit and replaced with new controlled substances. The controlled substances removed shall be handled with gloved hands and sealed in a zip lock style bag. These controlled substances shall then be turned over to the Assistant Chief of EMS unless police confiscate as evidence.
6. An interdepartmental memo shall be completed by the ALS Clinician that noted the issue, documenting the entire event.
7. Controlled substances that have been tampered with or suspected stolen shall be returned to Shift Commander.

#### IV. RECISION

This Standard Operating Procedure rescinds all directives regarding ALS Controlled Substances or similar content previously issued for personnel of the Carroll County Department of Fire and EMS.

1/26/24

1. Updated definition to include Face-to-Face Controlled Substance Transfer of Custody
2. Updated: Custody of Controlled Substances section 2 d. and e.