

**CAPITAL CITY FIRE/RESCUE**

**SOG NUMBER 59.0**

**STANDARD OPERATING GUIDELINES**

**DATE: July 30, 2007**

**REVISION DATES:**

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**Controlled Substances**

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**OBJECTIVE:**

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

**GUIDELINE:**

59.1.0 The policy of the Capital City Fire/Rescue is to:

59.1.1 Prevent theft or diversion of controlled substances.

59.1.2 Comply with federal regulations regarding controlled substances.

59.1.3 Assure control over the use, inventory, security and access to controlled substances.

59.1.4 Perform regular and random audits of inventory of controlled substances to ensure compliance with CCF/R policies and federal regulations.

59.1.5 Maintain accurate records of inventory, audits, and administrations of substances.

59.1.6 Maintain sufficient levels of controlled substances to meet operational need.

59.1.7 The general access code for the entrances of the fire stations shall be periodically changed in order to maintain facility security, including when the department and a member have a separation of service

59.20 Capital City Fire/Rescue Controlled Substances

59.2.1 The following are considered controlled substances by the Drug Enforcement Administration (DEA) and are subject to the requirements outlined in this procedure:

59.2.1.1 All Substances listed in 21 Code of Federal Regulations (CFR) Ch II §1308- Schedule of Controlled Substances; CCF/R currently stocks two Schedule II substances; Morphine Sulfate and Fentanyl Citrate and Two Schedule IV substances; Lorazepam and Midazolam.

59.2.2 Division Chief of Operations shall oversee and enforce compliance with this policy and is to directly report to the Fire Chief.

59.2.3 Any discrepancy of count, loss, destruction, or damage to containers involving controlled substances or controlled medication forms shall be reported to the Company Officer *immediately*. The Company Officer shall contact the Division Chief of Operations and or designee as soon as possible.

59.2.4 The CCF/R Medical Director or designee may take any such means as he/she deems necessary to regulate, audit, survey or monitor the department's storage, use, inventory and safeguarding of those controlled substances.

### 59.3.0 Security of Capital City Fire/Rescue Controlled Substances

59.3.1 Personnel shall be vigilant when handling controlled substances to prevent theft, loss, or diversion. Loss of controlled substances is an extremely serious offense and subject to discipline.

59.3.2 The Division Chief of Operations and or designee will initiate an investigation into any discrepancies as soon as feasible. Confirmed medication discrepancies will be reported through the Division Chief of Operations or designee, the Fire Chief, the CCF/R Medical Director, Juneau Police and the DEA.

59.3.3 Only CCF/R members endorsed by the Fire Chief are authorized to access the controlled substance lockers. The individual who accesses the controlled substance locker has the responsibility for compliance with the elements of this policy

59.3.4 Controlled substances will not be left on out-of-service apparatus for the purpose of repair or modification by outside vendors under any circumstances.

59.3.4.1 Controlled substances taken from an apparatus for the purpose of going out of service will be transferred to the inventory of the primary first out unit until they can be placed into the central inventory

59.3.5 Controlled substances are not to be carried on apparatus without a locking drug box. Controlled substances that are unable to be secured in a locking drug box may be transported on an endorsed member for a response or directly to a replacement apparatus with a functioning lock box.

59.3.6 At the beginning of a shift the assigned Ambulance Attendant (AA) for ambulances, Engineer for engine companies and Airport Rescue Firefighter (ARFF) for medevac will perform an inventory of the controlled substances of each of the assigned apparatus or equipment inventories

59.3.6.1 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 the Division Chief of Operations.

59.3.7 When an Ambulance Attendant/Engineer/ARFF access controlled substance locking drug box, they shall:

59.3.7.1 Inspect the inventory form for discrepancies.

59.3.7.2 Inspect the controlled substances to assure that there is no evidence of tampering, seals damaged or broken and the proper amount is present.

59.3.7.3 If no discrepancies are found, fill out the inventory form and sign it.

#### 59.4.0 Locking Devices

59.4.1 Controlled substance lockers in CCF/R apparatus will be secured by a Knox KeySecure™ and a Knox EMS Drug Vault™, a double lock system

59.4.2 Each endorsed CCF/R member will be given a PIN code to access the KeySecure system to access the EMS Drug Vault. PIN codes will be chosen by the endorsed member.

59.4.3 The PIN code is not transferable. However, in the event of special emergency situations, an individual may relinquish their number to another CCF/R member in order to provide timely patient care interventions. In such an instance the PIN code must be changed at the next earliest opportunity. It should be noted in comment section of the drug log who accessed the controlled substance locker when the PIN number is relinquished to a third party

59.4.4 In emergency situations where no other option exists the Fire Captain may direct crews to force access.

#### 59.5.0 Controlled Substance Transactions and Inventory

59.5.1 Only one inventory form for each type of controlled substance will be utilized.

59.5.2 At the beginning of each shift (unless the duty crew is otherwise assigned to an emergency response; in such an instance the controlled substance inventory shall be verified as soon as possible) a complete inventory check will be conducted on each apparatus and/or inventory that has controlled substances.

#### 59.6.0 Inventory Forms

59.6.1 Controlled substance inventory forms are issued by and returned to the Division Chief of Operations monthly.

59.6.2 Only a single-sided copy of the current form is permissible. On the first day of every month the inventory forms for Morphine, Fentanyl, Ativan and Versed will be sent to the Division Chief of Operations. This will be the responsibility of the Fire Captain or designee on duty.

59.6.2.1 Forms completed prior to the end of the month will be retained by the Station Captains and sent in with the full set of inventory forms at the end of the month.

#### 59.7.0 Signatures

59.7.1 Signatures for documentation must be in ink and legible.

59.7.2 A legible department issued identification number is required with every signature.

59.7.3 No person may sign for another person.

59.7.4 The endorsed CCF/R members signing as witness are verifying the accuracy of the controlled substance inventory supply and records.

59.7.5 The significance of a signature is a statement of accuracy not ownership

#### 59.8.0 Administration of Controlled Substances

59.8.1 Shall be logged on the inventory control sheet of the source apparatus and witnessed. Quantities (in mg's or mcg's) administered and wasted shall be logged with the run number.

59.8.2 Quantities of controlled substances from partially administered syringes shall be wasted in the presence of the person signing as a witness. Partially administered vials, ampules or tubexes of controlled substances are to be wasted. Vials, ampules or tubexes with damage, or a breached seal must be surrendered to the on duty Fire Captain or designee. The Captain or designee will then report the incident to the Division Chief of Operations or designee as soon as reasonably possible

59.8.2.1 In the event that a controlled substance is drawn up but not administered, the controlled substance will be wasted in the presence of a witness followed by proper documentation in the drug inventory log

#### 59.9.0 Inventory Transactions

59.9.1 All transactions require two signatures. A transaction consists of issuing, receiving, administering or wasting. Each transaction of controlled substances will be logged as a unique event on separate lines, even if the net inventory effect is zero change. *Transactions will not be conducted without all required signatures being completed.*

- 59.9.2 No person shall sign as a witness before personally counting and verifying the count and transaction involved.
- 59.9.3 Signatures on a Controlled Substance Log are a certification that the count on the Controlled Substance Log equals the physical quantity in the related inventory.
- 59.10.0 Station 1 and Station 3 Central Inventories
  - 59.10.1 Station 1 and Station 3 will have a pre-determined central inventory of all controlled substance for the purpose of restocking.
  - 59.10.2 Each central inventory supply will be kept in a secured stationary combination safe within a locked room.
  - 59.10.3 Access to the central supply is granted only to the EMS Training Officer or designee
  - 59.10.4 An inventory will be taken on Tuesday of each week to assure the accuracy of the log as well as the inventory supply. All inventories shall be verified by the EMS Training Officer or designee and the Station Fire Captain or designee
- 59.11.0 Apparatus and Station Inventory Supplies
  - 59.11.1 Each apparatus shall have an acceptable quantity of controlled substances to remain in a state of operational readiness.
  - 59.11.2 A range of minimum and maximum quantities is as follows:
    - Apparatus: Morphine 10 – 50 mg, Fentanyl 200 – 1,000 mcg, Ativan 6 - 30 mg, Versed 5 - 25 mg
    - Central Supplies : Morphine 50 - 200 mg, Fentanyl 500 - 2,000 mcg, Ativan 30 - 120 mg, Versed 10 - 50 mg.
  - 59.11.3 When an apparatus falls below the minimum acceptable level of any controlled substance, the on-duty Captain or designee will request the EMS Training Officer to restock the apparatus inventory.
  - 59.11.4 If the Ambulance inventory falls below the recommended level between the hours of 1700 and 0900 of any given day, the Captain and the Ambulance Attendant may re-allocate supplies from the Engine to remain within the acceptable range. All applicable transaction paper work must be completed as well as a notation of the event in the Station Log Book.
  - 59.11.5 Should an event occur as described in 11.4, the Station Captain or designee shall contact the EMS Training Officer or designee as soon as possible on the next day of business Monday – Friday for the purpose of restocking the diminished supply. Should the apparatus inventory require re-stocking on the weekend, the Duty

Officer shall be requested to restock the apparatus inventory between the hours of 0900-1700.

59.11.6 When the central supply of Station 1 and or Station 3 fall below the minimum acceptable level of any controlled substance, the EMS Training Officer will inform the Chief of Operations and place an order using DEA form 222.

#### 59.12.0 Expiration of Controlled Substances

59.12.1 On the 25<sup>th</sup> of each month, the controlled inventories on each apparatus will be checked for dates of expiration

59.12.2 Ativan is normally refrigerated but can be safely kept out of refrigeration for the purpose of administration for two months

59.12.3 Ativan will be marked with the two month expiration date when issued from central inventory

59.12.4 Controlled substances found to be expired will be taken out of the apparatus inventory

59.12.5 The EMS Training Officer or designee will be notified on the need to restock the apparatus inventory following the guidelines set forth in 11.3-11.5

59.12.6 During the first week of each quarter, the EMS Training Officer will use the reverse distribution system using the DEA form 222 and eliminate the expired controlled substances from the central inventory.

59.12.7 All transactions of removing controlled substances from either the apparatus or central inventory will be properly documented as described above.

#### 59.13.0 Administration of Controlled Substances

59.13.1 The Division Chief of Operations or designee shall report the result of the monthly reconciliation of inventory forms to the Fire Chief and the Medical Director.

##### 59.13.2 Audits:

59.13.2.1 At least quarterly, the Division Chief of Operations will conduct an audit. The scope of the audit will be determined by the Division Chief of Operations. These audits will be documented and retained at fire administration headquarters.

59.13.2.2 Unannounced audits will be conducted from time to time.

59.13.2.3 A department wide 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 “beginning of business” or “close of business.”