



CONTROLLED SUBSTANCE POLICY

I. PURPOSE

To establish minimum requirements and accountability for ICEMA approved ALS providers to procure, stock, transport, and use controlled substances in compliance with the Federal Controlled Substances Act.

II. POLICY

All ICEMA approved ALS providers shall have a formal agreement with a qualified Medical Director or a drug authorizing physician who agrees to purchase controlled substances using the appropriate DEA registration number and forms. This physician will retain ownership, accountability and responsibility for these controlled substances at all times.

All ALS providers shall develop policies compliant with The Controlled Substances Act Title 21, United States Code (USC) and California Code of Regulations Title 22, Division 9, Chapter 4, Article 7, Section 100168. These policies must ensure that security mechanisms and procedures are established for controlled substances, including, but not limited to:

- Controlled substance ordering and order tracking
- Controlled substance receipt and accountability
- Controlled substance master supply storage, security and documentation
- Controlled substance labeling and tracking
- Vehicle storage and security
- Usage procedures and documentation
- Reverse distribution
- Disposal
- Re-stocking

Additionally, the policies must ensure that mechanisms for investigation and mitigation of suspected tampering or diversion are established, including, but not limited to:

- Controlled substance testing
- Discrepancy reporting

- Tampering, theft and diversion prevention and detection
- Usage audits

The ALS provider's medical director or drug authorizing physician must be a physician licensed to practice medicine in the State of California and must apply and obtain a valid DEA registration number for the ALS provider they propose to purchase controlled substances for. If a physician has agreements with multiple ALS providers, separate DEA registration numbers are required for each individual EMS provider. Physicians should not use their personal DEA registration number that they use for their clinical practice.

III. PROCEDURE

All controlled substances shall:

1. Be purchased and stored in tamper evident containers.
2. Be stored in a secure and accountable manner.
3. Be kept under a "double lock" system at all times.
4. Be reconciled at a minimum every 24 hours or at any change of shift or change in personnel.

IV. REQUIRED DOCUMENTATION

1. ALS providers must maintain a log of all purchased controlled substances for a period of no less than two (2) years.
2. All controlled substance usage will be documented on all patient care records (PCR) or electronic patient care reports (ePCR).
3. EMS Provider's medical director must determine the manner by which unused and expired controlled substances are discarded. The practice must be in compliance with all applicable local, state, and federal regulations and the process should be clearly stated in the EMS provider's controlled substances policy.
4. In the event of breakage of a narcotic container an incident report will be completed and the damage reported to the appropriate supervisor.
5. Discrepancies in the narcotic count will be reported immediately to the appropriate supervisor and a written report must be submitted.

SAMPLE DAILY LOG

Agency: _____

Month: _____ Year: _____

Double Lock

Shift Change Medic

Date

In Place

Midazolam 5mg

On

	DATE	DOUBLE LOCK IN PLACE?	MIDAZOLAM 5MG	FENTANYL	DRUG ADMINISTERED - AMOUNT GIVEN/WASTED O1A # PATIENT NAME DATE/TIME MEDIC NAME	DUTY MEDIC	CAPTAIN OR SUPERVISOR
1		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
2		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
3		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
4		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
5		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
6		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
7		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
8		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature

