



EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols

Approved 11/9/16, Effective 2/1/17, replaces all prior versions

PROTOCOL 17I: Controlled Substance Handling & Documentation - Field Paramedics

EMT-PARAMEDIC

Indication:

Federal, State of Oklahoma, and Medical Control Board/Office of the Medical Director laws, regulations, and requirements for appropriate control of controlled substances. These procedures apply to all scheduled controlled substances: Class II - Fentanyl (Sublimaze) and Morphine Sulfate; Class IV - Diazepam (Valium) and Midazolam (Versed).

Authorized Handling, Inventory, & Custody:

1. While in field use inventory, only system-certified paramedics may access and handle controlled substances.
2. At the start and end of every shift and at any time of resupply of controlled substance, direct inspection of each controlled substance container (e.g. vial, ampule, pre-filled syringe or cartridge) will be conducted for any signs of damage to the individually numbered and/or letter tamper-evident seals and overall container, recording of controlled substance containers present and/or missing, and such inspection shall be signed by the oncoming paramedic with an appropriate witness signature as well (e.g. off going paramedic if at shift change, authorized materials agent if at EMSA, supervising officer). Expiration dates are to be noted at these inspections. All such inspection/inventory shall be recorded in an apparatus specific controlled substance log book, itself having secured access.
3. At the start and end of every shift, if the apparatus is dispatched to an incident prior to the proper transfer of controlled substances to the oncoming paramedic, the paramedic with current documented custody must respond on the incident. At no time will transfer of controlled substances delay apparatus response or occur during an incident response.
4. In the event of tampered/damaged and/or unaccounted controlled substances at any inspection, all involved personnel will remain on-duty and the last authorized personnel will retain custody of the controlled substances until all discrepancies are immediately reported to the supervising EMS officer and an OMD director with sufficient resolution acceptable to both the EMS officer and OMD director.
5. In the event of expired controlled substances, the expired controlled substance will be removed from immediate patient use stock, reflected in the apparatus specific controlled substance log book and be secured, using a clear chain of custody per specific agency policy, until the expired controlled substance is in the secured custody of the agency's Controlled Substance Officer.
6. All completed pages in the apparatus specific controlled substance log book will be retained by the agency's Controlled Substance Officer in compiling an agency specific master log of controlled substance use and inventory.



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Storage for Immediate Patient Use:

1. All MCB-approved controlled substances will be maintained in locked, temperature-controlled locations on paramedic-staffed apparatus.
2. Securing of controlled substances will be primarily by mechanical lock.
3. Securing of controlled substances will be secondarily by consistent personal control of devices for accessing the controlled substance location on the apparatus. Paramedics are not to share individual access codes, keys, or other devices for access with anyone other than agency clinical leadership, Office of the Medical Director personnel, and/or law enforcement personnel conducting a formal inspection of controlled substances assigned to the individual paramedic/apparatus.
4. Securing of controlled substances will be by individually numbered and/or lettered tamper-evident seals (as approved and assigned by the Office of the Medical Director) that are uniquely assigned to each controlled substance container.
5. At any time the paramedic-staffed apparatus is taken out of service, the assigned paramedic at the time of such status change will maintain direct control of controlled substances until all assigned substances on that apparatus are secured within the station or central inventory as applicable based upon specific agency procedure.

Patient Administration

1. Paramedics may only administer a controlled substance in accordance with MCB treatment protocol(s) and/or a direct order from an on-line medical control physician.
2. When a controlled substance is administered in patient care, the patient care record will contain at a minimum in relation to the controlled substance: date, time, incident number, medical condition being treated, patient name, physician ordering (if applicable), and name, dose, and route of controlled substance administered.
3. When a controlled substance is administered in patient care, the apparatus specific controlled substance log book will contain at a minimum in relation to the controlled substance: date, time, incident number, medical condition being treated, patient initials, physician ordering (if applicable), and name and dose of controlled substance administered. Additionally, any unused ("wasted") amount of controlled substance will be recorded by patient care incident.
4. Any partially unused amount of opened controlled substance will require the log book entry to bear the signature of two persons each attesting to the fact that the drug was properly disposed. One of two persons should be a physician, nurse, or the paramedic's partner (if unable to obtain nurse or physician's signature).
5. Any wholly unused amount of an opened controlled substance (e.g. vial seal opened but not administered to patient) will be denoted in both the apparatus specific controlled substance log book and an incident report that details the specifics of why the controlled substance was accessed but not administered to the patient (e.g. seizure abated prior to medication administration). The involved container of controlled substance will be transferred, maintaining a clear chain of custody, to the agency's Controlled Substance Officer or his/her designee.