


Section: Medical Operations General  
Subject: CONTROLLED SUBSTANCES  
Section #: 300.03  
Issue Date: February 1, 2013  
Revision Date: December 1, 2017  
Approved By: 

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1. Crew Change Inventory / Transfer of Control


- a. The quantity, concentration, condition and expiration date of each controlled substance shall be jointly inventoried daily by the off-going and on-coming Rescue Officer (Rescue Unit) or Stand Alone qualified Fire Medic, D/E or Captain (Suppression Unit). In the event no Rescue Officer or Stand Alone qualified personnel are available as identified, the Suppression Captain shall be responsible for this function until such time as a qualified Stand Alone employee/Rescue Officer becomes available (i.e. Fire Medic goes home emergency leave and no other Stand Alone qualified personnel immediately available). This joint inventory will be conducted in a face-to-face manner. **If there is a change in personnel responsible for the controlled substances at any point during the shift, the same procedures shall be followed.**
  - i. The quantity and concentration shall be recorded in the Controlled Substance Log.
  - ii. Until the crew change inventory/transfer of control, as detailed above, has been completed and the log book is signed by each of the above identified responsible personnel, the off-going employee responsible for the controlled substances is deemed to still be on duty and responsible to respond to calls as dispatched. The completion of this process shall in no way delay the response of the unit to a dispatched call.
  - iii. Any discrepancy (missing signature, incorrect entry, etc.) noted in the Controlled Substance Log book shall be immediately reported to the Battalion Chief and a tracking form initiated.

2. Drug Compartment

- a. Medications carried by HCFR units that are regulated by the U.S. Food and Drug Administration as a controlled substance shall be securely locked in the apparatus drug compartment, except during the crew change inventory / transfer of control as detailed above or when administering a drug to a patient. **No other access is authorized.**
  - i. Although Etomidate does not fall into the above classification, it shall be treated similarly.
- b. A unit specific Controlled Substance Log shall be kept in the apparatus drug compartment.
- c. Apparatus without an electronic safe shall use pre-identified storage with a serialized key
- d. Electronic safes shall be the primary storage compartment on units where they have been installed

3. Key Custody and Control

- a. The Serialized Key which provide access to controlled substances shall be maintained by the Rescue Officer (Rescue Unit) or Stand Alone qualified Fire Medic, D/E or Captain (Suppression Unit).
  - i. The key, where applicable, shall be passed from the off-coming Rescue Officer (Rescue Unit) and Stand Alone qualified Fire Medic, D/E or Captain(Suppression Unit) to the on-coming Rescue Officer, Fire Medic, D/E or Captain after the crew change inventory / transfer of control procedures as detailed above have been completed.
  - ii. At no time shall the Controlled Substance key be left unattended. The key shall remain in the sole possession of the documented responsible employee, as described above, at all times.

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4. **Electronic Safe Individual PIN access code**


- a. Individual PIN code access numbers to the electronic drug safe are **NOT** to be shared with anyone under any circumstances, nor shall they be stored in such a manner as to allow anyone else access to or knowledge of the issued individual PIN access code. Any breach of individual PIN access code security must be immediately reported to the Battalion Chief, Shift Commander, and Rescue Chief.
- b. The department shall randomly audit access data.

5. **Controlled Substance Usage and Documentation**

- a. When a controlled substance is used:
  - i. Every effort shall be made to use medications with the earliest expiration date first.
  - ii. A Controlled Substance Usage Form (FF-307) shall be completed and attached to a printed copy of the ePCR for each vial of medication used.
    1. A scanned copy of the FF-307 form(s) should also be attached to the ePCR prior to closing the report.
  - iii. Any medication remaining after use in a partially used vial will be disposed of in the emergency room, under the supervision of a nurse or physician, with the witness signing the FF-307 and also the Controlled Substance Log.
    1. In the event that a nurse or physician is unable, or refuses, to witness the disposal of the remaining medication or refuses to sign the FF-307 or Controlled Substance Log, a second on-duty HCFR crew member may serve as witness to the disposal.
      - a. If an on-duty HCFR crew member serves as witness to the disposal, a memo detailing the circumstances necessitating that action shall be attached to the FF-307 and a copy of both documents shall be scanned into the ePCR.
    2. In the event the entire amount of medication in the vial has been used and hospital staff either refuses to or is unavailable to witness the disposal of the empty container, then another member of the crew shall serve as the witness to disposal.
- b. Under no circumstances shall a controlled substance be transferred to another agency.
- c. Controlled substances may only be administered by on-duty HCFR paramedics as authorized by the Medical Director.
- d. At no time shall Controlled Substances be left unsecured to include during the transfer of patient care.

6. **Expired and/or Damaged Controlled Substances**

- a. Controlled substances that are within **two weeks** of expiration will be returned intact to HCFR Headquarters by the Battalion Chief. This shall be accomplished prior to expiration date of the medication.
  - i. An FF-307 will be completed indicating the expiration date and concentration for each vial.
  - ii. An entry shall be completed on the Controlled Substance Log indicating "Expired Drug" in the patient section.

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- b. In the event Logistics personnel are unable to replace the controlled substance upon presentation, Logistics personnel will sign the FF-307 indicating replacement pending and provide the Battalion Chief a photocopy for record keeping purposes.
- c. In the event a controlled substance vial or its packaging is damaged and tampering is not suspected, that package/vial shall be immediately secured and returned unopened to headquarters by the Battalion Chief with an FF-307 indicating a damaged drug.
  - i. An entry will be completed on the Controlled Substance Log indicating "*Damaged Drug*" in the patient section.
  - ii. Damaged controlled substances should immediately be reported to the Battalion Chief upon discovery.
  - iii. The officer(s) who discover the damage will complete and attach a memorandum to the FF-307 detailing the damage and events surrounding the damaged package/vial.
  - iv. The FF-307 and associated statements shall be reviewed by the Rescue Chief or designee prior to replacement being issued.
  - v. Damaged drugs/vials may be randomly tested by an independent lab for verification purposes.

#### 7. Replacement Procedure

- a. When the proper paperwork has been processed, replacement packages will be delivered by the Battalion Chief.
- b. The quantity, concentration, condition and expiration date of each controlled substance shall be jointly inventoried by the Battalion Chief and issuing Logistics personnel prior to accepting the controlled substance for delivery.
  - i. Upon receipt of a replacement drug, the transaction will be recorded in the receiving unit's Controlled Substance Log.
  - ii. The quantity, concentration, condition and expiration date of each controlled substance shall be jointly inventoried by the Battalion Chief and receiving officer prior to completing the transaction.
  - iii. The receiving officer and the Battalion Chief must ensure the paperwork corresponds to the correct drug, patient, and usage, and then sign the Controlled Substance Log indicating a replacement has been made.
  - iv. The paperwork indicating transaction completion as detailed above shall be returned to the Logistics Section by no later than the next business day.
- c. Controlled Substances being transported in the Battalion Chief vehicle shall be secured in the appropriate vehicle mounted lock box until such time as they are exchanged. The vehicle lock box shall be inspected jointly in a face to face manner by the off-going and on-coming Battalion Chief to ensure knowledge of its contents and proper distribution.
  - i. The key shall be passed from the off-coming Battalion Chief to the on-coming Battalion Chief after the joint inspection has occurred.
  - ii. At no time shall the Controlled Substance key be left unattended. The key shall remain in the sole possession of the Battalion Chief at all times.
- d. If an Engine Company uses a controlled substance prior to the rescue arriving on the scene, the rescue crew will replace the used drug to the Engine Company when possible, provided the rescue unit has sufficient stock to do so and time permits.
  - i. The remainder of the controlled drug will be transferred to the rescue crew which will allow the rescue crew to have the disposal of the unused portion witnessed at the hospital.

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- ii. In an urgent setting, this procedure may be deferred.
  - e. On the first and fifteenth calendar day of every month, the Controlled Substance Log will be checked for outstanding medications and upcoming expirations for the next month noted for timely replacement.
    - i. Any medication outstanding for more than two weeks will be reported to the Battalion Chief for follow-up.
  - f. Should discrepancies be discovered at any time during the replacement process, the controlled substance in question shall be secured with the Battalion Chief and returned to logistics until the situation can be clarified and/or resolved.
- 8. **Missing/Tampered With Controlled Medication**
  - a. In the event a controlled substance is discovered to be missing or appears to have been tampered with, immediate notification to the following chief officers will be made: Battalion Chief, Shift Commander, and Rescue Division Chief. The unit should be placed out-of-service until such time as an investigation can be initiated by fire rescue personnel and/or law enforcement as deemed appropriate by the Fire Chief or his designee. During such an event, all crew members from both affected shifts and all apparatus in that station shall remain at the station in a paid status until released by the Shift Commander.
- 9. The department shall randomly audit Controlled Substance Logs and inspect the Controlled Substance container and its contents.
- 10. **PAR levels:**
  - a. Suppression apparatus :
    - i. Two (2) Morphine
    - ii. Two (2) Valium
    - iii. Two (2) Fentanyl
    - iv. Two (2) Versed
    - v. Two (2) Ketamine
  - b. Rescue :
    - i. Five (5) Morphine
    - ii. Five (5) Valium
    - iii. Eight (8) Fentanyl
    - iv. Five (5) Versed
    - v. Five (5) Etomidate
    - vi. Five (5) Ketamine
    - vii. Five (5) short term paralytic
    - viii. Five (5) long term paralytic