

GENERAL: Controlled Substances

Some advanced skills carried out by EMS personnel as a transfer of function involve the use of controlled substances. At the present time, the controlled substances include morphine, lorazepam, diazepam, and midazolam. In other health care settings such as clinics and hospitals, use and storage of these substances are monitored closely according to federal and provincial regulations. EMS personnel must also adhere to similar regulations, taking into account the unique work environment.

Most regions have adopted policies and procedures that have been independently developed by their local pharmacy and therapeutics committees, in accordance with Provincial and Federal legislation, and may continue to operate in this manner. In regions that have not developed such policies and procedures, this guideline is to be used to guide operational issues in regards to the use of controlled substances.

The following is abstracted from the federal and provincial regulations regarding controlled substances, and forms the basis for Provincial EMS policy regarding controlled substances as they relate to the practitioner of medicine (regional EMS medical director or physician designate) and their agents (EMS personnel).

Emergency Supply

A practitioner of medicine may store an emergency supply of controlled substances at a remote location where emergency medical treatment is not readily available or in an emergency medical service vehicle, if the practitioner has an agent at that location on in the vehicle who will control and administer the controlled substance on behalf or, and under the direction or, the practitioner.

Emergency Use

When aid is being provided to an individual in an emergency, the agent of the practitioner of medicine may administer a controlled substance from the emergency supply to the individual if

- a practitioner of medicine has, by telephone or other means, directed the agent to administer the controlled substance or
- the agent follows written directives provided by the practitioner with respect to the administration of the controlled substance

Records

A practitioner must keep the following records:

- the brand name of the controlled substance or, if the controlled substance does not have a brand name, the specific name, the quantity and strength per unit of any controlled substance received from a licensed dealer, pharmacist or hospital and the date on which it is received
- the name and address of the licensed dealer, pharmacist or hospital that sold or provided the controlled substance
- if a transaction involves a quantity of controlled substance that exceeds five times the usual daily dose for the substance, the disposition of the controlled substance and the date of its disposition, and
- in the case of an emergency supply...the name of the administering agent, the location of the emergency supply, the name, quantity and strength per unit of each controlled substance, the date of all transactions related to that emergency supply and the name of the individual to whom the controlled substance was administered

Records – Agent

In respect of the administration of a controlled substance from an emergency supply, the agent of the practitioner must keep the following records:

- the name, strength per unit and quantity of each controlled substance administered and the date on which it was administered
- the name of the individual to whom the controlled substance was administered, and
- the name of the agent of the practitioner who administered the controlled substance

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Obligations – Agents

An agent of a practitioner of medicine must

- take reasonable steps to protect any controlled substance in their possession from loss and theft, and
- inform the practitioner without delay of any loss or theft of a controlled substance

Obligations – Practitioner of Medicine

Loss or theft of a controlled substance must be reported to the Office of Controlled Substances, Health Canada, within seven days of the occurrence. The appropriate forms are available from the Office of Controlled Substances, Health Canada.

Note to all Emergency Medical Services personnel:

Each emergency response vehicle, EMS station, or similar EMS agency where controlled substances are available must make all necessary provisions to adhere to this policy. In addition, it is the responsibility of all EMS personnel who are certified in transfer of functions that include use of controlled substances to adhere to policy related to their use. Failure to adhere to any aspect of the policy may result in removal of controlled substances from use, revocation of transfer of function, and possible disciplinary action.

Controlled Substances Registry

All activity involving a controlled substance within the EMS service will be recorded in a **controlled substance registry**. The registry is designed to record movement of all quantities of controlled substance from the time it is acquired by the EMS system to the time of its use or disposition. Each EMS station where EMS personnel certified in transfer of functions involving controlled substances shall maintain one single registry.

A template for the registry (and its forms) is included as an appendix to this section. Regions may elect to adopt a controlled substances registry model already in use hospitals and other health care facilities within their region. This is acceptable, as long as the required elements are included and there is a uniform adoption of a single, consistent registry model in the **entire** region.

Only **one single registry for each station** will be maintained at each station, regardless of the number of emergency response vehicles or EMS personnel certified in transfer of functions involving controlled substance use.

Procurement of Controlled Substances by EMS Services

Each region and service is responsible for establishing a method to procure controlled substances that is in keeping with regulations regarding controlled substances. If the substance is covered by the College of Physicians and Surgeons Prescribing Practices Program, the substance can only be acquired via a prescription written by the regional EMS medical director using a triplicate prescription pad. At the present time, morphine is the only substance used by EMS that is included in the Program.

All controlled substances will be procured from licensed and authorized vendors, under the authorization of the regional EMS medical or physician designate, based on regional and service policies.

Each region, or portion thereof, should maintain a central supply of controlled substances from which individual EMS services or stations can access 24 hours a day. This central supply is typically a hospital pharmacy or similar institution, but can be an appropriately secure, locked area within an EMS station.

Any procurement of a controlled substance by an EMS service will be recorded in a controlled substance registry maintained by each EMS service or station where controlled substances are present. The registry is designed to record movement of all quantities of controlled substance from the time it is acquired by the EMS system to the time of its use or disposition.

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Storage of Controlled Substances by EMS Services

Each region and service is responsible for safe storage of all controlled substances. Safe storage is required in all EMS station and EMS response vehicles where controlled substances may be available. The minimum safe storage facilities are as follows:

EMS stations

- locked box securely fastened inside large, locked immobile location (filing or wall cabinet)
- locked immobile location within locked room not routinely accessible to EMS staff
 - examples include station supervisor's office, medical director's office, or similar

EMS response vehicles

- locked box securely fastened inside a locked, non-visible location within vehicle
 - new Fleet vehicles are designed to accommodate this locked storage area
 - older vehicles should make provisions for a suitable locked storage area if this option will be exercised

EMS personnel (only while on duty and in the station or on a response)

- pouch securely fastened to belt

Only those EMS personnel who hold current certification in transfers of function that include controlled substance(s), the regional EMS supervisor (or designate), and the regional EMS medical director (or physician designate) may possess keys to access controlled substances under lockup. At no time are keys to be taken home by EMS personnel, unless personnel are on duty or on call. The number of keys permitting access to controlled substances is to be kept to an absolute minimum, as determined by the regional EMS supervisor (or designate) in consultation with the regional EMS medical director (or physician designate). Loss of any key must be reported in the same manner as loss of a controlled substance (see below).

The maximum amount of each controlled substance stored at any one EMS station will be determined by regional policy, in consultation with the regional EMS medical director (or physician designate) and the regional EMS manager (or designate). At no time is the amount stored in any given station to exceed five times amount utilized on an average daily basis for patient care by that station.

Controlled substances must not be stored in any other location. Storage of controlled substances in the regular drug kit or with other EMS equipment is not permitted. EMS personnel are not permitted to take controlled substances home (or any other location other than the station or related building) while on call.

In the event that only one member of an EMS crew is certified in transfer of functions that include controlled substance(s) use, that crew member will be responsible for access to, storage of, and use of controlled substances. This role cannot be assigned to the EMS personnel who are not certified in transfer of functions that include controlled substance(s) use. Regardless, any EMS personnel can witness controlled substance transactions on the patient care report, in the controlled substances registry, or on the appropriate form, where required.

Controlled Substances and Shift Change

At change of shift change, the off-going crew must sign over their controlled substances. A number of scenarios exist. They are as follows:

- on-coming crew certified in same transfer of functions as off-going crew
 - off-going crew gives on-coming crew any controlled substances in their possession
 - transaction recorded in the controlled substance registry
 - on-coming crew then ensures all controlled substances are secured in an appropriate manner
- on-coming crew certified in some, but not all, transfer of functions as off-going crew

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- off-going crew gives on-coming crew only those controlled substances for which they are certified to use
 - on-coming crew then ensures those controlled substances are secured in an appropriate manner
- all other controlled substances are returned to station's secure lock-up
- both transactions recorded in the controlled substance registry

- on-coming crew not certified in any transfer of functions involving controlled substance use
 - off-going returns all other controlled substances to station's secure lock-up
 - transaction recorded in the controlled substance registry

If the on-coming crew is certified in transfer of functions involving controlled substance use for which the off-going crew does not have certification, the on-coming crew must sign out the additional controlled substances from the station's secure lock-up. This transaction is recorded in the controlled substance registry.

If there is no on-coming crew to receive the controlled substances, the controlled substances must be returned to the station's secure lock-up. This transaction is recorded in the controlled substance registry.

Under certain circumstances, an on-coming crew certified in transfer of functions involving controlled substance use might not be present in the station at change of shift. This may occur if the crew is on call and or not required to be physically present in the station (or its proximity) at the beginning of their shift. In this circumstance, two options exist regarding controlled substances:

- off-going crew returns controlled substances to station's secure lock-up (as indicated above) and on-coming crew retrieves controlled substances when a call occurs, prior to departure for the call
- off-going crew leaves the controlled substances in the emergency response vehicle's lock-up; off-going crew is then responsible for controlled substances locked up in vehicle until the on-coming crew certified in controlled substance use acknowledges receipt and acknowledges receipt of substances in the registry
 - this option removes the need for the on-coming crew to retrieve controlled substances from the station's secure lock-up, but does not provide the same level of lock-up security
 - this option is permitted only if approved by the regional EMS medical director, regional EMS manager, and station manager, and only if the emergency response vehicle is housed in a locked or similar facility

In either case, any transaction is recorded in the controlled substance registry.

Controlled Substances and Use by EMS Personnel

When EMS personnel use a controlled substance for patient care, the following is required:

- on the patient care report
 - time drug was administered
 - type of drug administered
 - dose administered
 - route of administration
 - effects
 - name of physician giving order (if done on advice of on-line medical control)
 - any wastage of controlled substance (partner's signature required, as per protocol)
- receiving physician must sign patient care report if drug was not administered as part of protocol
- above information must be recorded in registry, with patient's name and dispatch number
 - both EMS crew members must sign the registry
- if a portion of the drug was not used, record the wastage on the patient care report and in the registry
 - both EMS crew members must sign the registry to verify wastage

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After use of a controlled substance, the EMS crew must replenish the controlled substance(s) used via that service's established procurement route. The use, wastage, and replacement will be recorded in the registry.

There are instances where the EMS crew may not be able to replenish their controlled substance(s) supply before being dispatched to another response. In this situation, the EMS crew should contact their supervisor (or designate) to replenish their controlled substance(s) supply. In this situation, the supervisor can provide the EMS crew with the requisite controlled substance(s) from their supervisory stock. This will be recorded using the appropriate form (see appendix to this section), with copies of the form being returned to the EMS crew's and the supervisor's registries.

Controlled Substances and Loss by EMS Personnel

EMS personnel must report the loss, theft, or breakage of controlled substances to their supervisor (or designate) immediately. A designated report for this occurrence must be completed. The report will include the following information:

- description of occurrence, including
 - time of occurrence
 - place or location of occurrence
 - how occurred
- substance(s) involved
 - total dose amount (milligrams or other measure)
 - number of vial / doses
- EMS personnel license numbers
- signature of both crew members
- signature of supervisor (or designate)

A copy of this report is to be appended to the registry. The supervisor (or designate) will arrange to replace the crew's controlled substance supply once the appropriate reports have been completed. The supervisor (or designate) will investigate the occurrence and submit a report to the regional EMS medical director (or physician designate) within 48 hours of the occurrence.

A separate report must also be submitted to the Office of Controlled Substances, Health Canada, within seven days of the occurrence. The approved form for this report is the "Report of Loss, Theft, and Forgery Form". It is produced by and available from the Office of Controlled Substances, Health Canada.

Controlled Substances, Routine Inventory, and Regular Reports

The EMS supervisor (or designate) will conduct a regular inventory of all controlled substances in each and every station for which they are responsible. The inventory will be done no less frequent than twice monthly (first and third Monday of each month). A shorter interval is suggested for services with higher call volumes (>1000 total calls per year), but this is at the discretion of the regional EMS medical director (or physician designate). A quarterly report summarizing all controlled substance use will be forwarded to the regional EMS medical director (or physician designate). All records, reports, and other documents related to controlled substances will be maintained by the service for a minimum of two years.

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Figure 1. Movement of Controlled Substances Within EMS System

