



Rogers Fire Department Standard Operating Procedures

Policy Title:	Controlled Drug		
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PURPOSE

The purpose of this policy is to ensure RFD policies are in accordance with Arkansas Department of Health and Trauma systems rules and regulations section XI, Drugs and pharmaceuticals and the Office of Pharmacy Services and Drug Control.

POLICY

1. Registration and Procurement

The Rogers Fire Department shall obtain a registration from the Drug Enforcement Agency and Department of Justice. This registration shall be displayed in a prominent location located in the Rogers Fire Department Administration offices.

All controlled drugs shall be purchased through reputable vendors. At no time shall the Rogers Fire Department purchase from hospitals.

2. Security

The controlled substance storage area is and will be located in the EMS supply room at Station #1, 201 North 1st Street in Rogers, Arkansas. The controlled substance storage area is physically located in a room on the East Side of the Southern apparatus bay. This designated location is a room with temperature controls and a lock system for the door. This room will contain all EMS supplies and serve as a central receiving location for the distribution of supplies used by the Rogers Fire Department. Additional security is provided by a continuous camera monitoring the activities within the room with a monitor located in the office of the Deputy Chief of Operations.

The EMS Supply Room shall be maintained by policy. The storage area will also contain in it a metal cabinet that shall have a double lock system. This cabinet will contain all controlled drugs used by the Rogers Fire Department. This cabinet will also contain a log of controlled drugs and their disposition, which will be maintained by the EMS Program Manager.

The Citywide Tour Commander (Battalion Chief or Equivalent), Deputy Chief of Operations, and the EMS Program Manager will maintain a key to the narcotics cabinet that unlocks the inner door only. On-duty paramedics and the EMS supply coordinator will have a second key that unlocks the outer door to the cabinet. This key will be given to the on duty paramedic assigned to an ALS vehicle for the shift. This cabinet will be the only one used for the storage of controlled drugs used by the Rogers Fire Department.

All ALS and BLS vehicles licensed as such to the Rogers Fire Department shall have a locking system for the vehicle in place, the first of which is the outer doors to the vehicle. This key is kept with the vehicle and maintained by the on-duty crew assigned to that vehicle for that shift. This is the first line security for all the legend drugs kept on that vehicle. All legend drugs kept on board the ALS vehicle are inside a drug box, Trauma pack, or cabinets. Each item is individually sealed with a numbered seal for accountability and integrity.

The second security system for ALS licensed vehicles which carry controlled drugs is a locked on-board Knox Med Vault. This cabinet is located in the patient compartment area of the vehicle. Each Paramedic within the RFD is issued a PIN number to operate the Knox Med Vault. The Knox Med Vault serves as the drug cabinet on board ALS vehicles.

3. Lost Controlled Substances

The Rogers Fire Department shall follow the chain of command for the shift in proper notification of the suspected loss, theft and / or other diversion of any controlled substances under their supervision. All caution shall be exercised when discussing this incident outside of the chain of command, as not to speculate or unduly accuse individuals. Only facts surrounding the incident should be reported. Under no circumstances should this information be disclosed outside of the department without proper authorization. The Citywide Tour Commander shall immediately notify the EMS Program Manager of any suspected loss, theft and /or other diversion of any controlled substance. All suspected loss or thefts of controlled substances will cause the notification of the Fire Chief and Medical Director.

The Fire Chief or his designee will then make notification to the DEA and Office of Pharmacy Services and Drug Control along with the Arkansas Department of Health at (501)-661-2325. This notification will be made within one business day upon discovery of any suspected loss, theft and /or other diversion of any controlled substance under their supervision.

4. Records

The EMS Program Manager will copy all requisitions for drugs and invoices for drugs received by the Rogers Fire Department and maintain a copy of these records.

The basic records, which will be kept and maintained by the EMS Program Manager, shall be the controlled drug procurement and disposition and also a receipt for such controlled drugs within Rogers Fire Department. The patient medical records (encounter forms) will be kept and maintained through the EMS software system.

Those records shall in every case show the date of receipt, the name and address of the person or business from whom received and the kind and quantity of drugs received. This record will be kept and maintained by the EMS Program Manager.

The Rogers Fire Department Drug Administration Record shall be used on all drugs administered by the ALS provider and shall show how the drug(s) was administered, the amount of the drug given, the route, the time, the patients name, the facility transported to, the run number which will coincide with the patient encounter form and a diagnosis or chief complaint of the patient. In the notes the provider should indicate the patient's condition prior to the medication administered i.e. pain scale and condition or pain scale following the administration of the medication. If a controlled drug was used it will also have a counter signature showing witnessing of any waste. A copy of this record is to be forwarded to the EMS Program Manager when electronic documentation is unsuccessful.

Patient medication records will indicate in the narrative that Northwest Regional Protocols were followed as to medication administration, or that an order was given by a physician that was different (amount, route, drug, etc) than our protocols.

Each vehicle's Controlled Drug Log will be verified and signed every time responsibility/possession of the narcotics changes from one personnel to another.

The Log will be completely updated any time a narcotic is administered, or a seal is broken. If a seal has been broken for patient care a space is provided to give a short narrative. This would typically include information such as the run number, drug, and dose given. If the seals have been broken for any other reason, it should be stated in clear text. Examples would include: broken on accident, broken but no medication given, etc. If the seals have not been broken, write N/A in the narrative space.

The vehicle's Controlled Drug Log will be inspected at the beginning of every shift to ensure accuracy of seal numbers, narcotics inventory, and personnel currently responsible for the possession of the narcotics.

When all lines of a vehicle's Controlled Drug Log are full, the sheet shall be forwarded to the EMS Program Manager and a new sheet initiated in the log. If an error occurs on a drug sheet when an entry is made the provider shall draw a single line through it and sign above the error. Under no circumstances shall white out and / or correction fluid be used to correct the error.

When a breakage or wastage of a controlled drug occurs, the amount administered and the amount wasted must be recorded by the paramedic who wasted the drug and verified by the signature of a licensed person and / or another ALS provider who witnessed the wastage. The record needs to state how the drug was wasted on the drug administration record. If the drug was not administered to a patient, but the drug container was broken, an Unusual Circumstance Report shall be filled out and forwarded to the Fire Chief and Medical Director per the Unusual Circumstance Report policy.

The EMS Program Manager shall keep and maintain inventory records in one consolidated record system. Schedule II substances shall be maintained separately from all other records. Inventories of Schedule III, IV and V shall be maintained either separately from all other records or in such form that the information required is readily retrievable from the ordinary business records.

Every record shall be kept by the registrant and be readily retrievable and available for at least two (2) years from the date of the recording for inspection and copying by authorized agents of the Office of Pharmacy Services and Drug Control, Arkansas Department of Health, or the Office of EMS & Trauma Systems, Arkansas Department of Health.

5. Surrender of Unwanted Controlled Substances

All controlled substances no longer usable due to deterioration, expired dating or no longer used by the service shall be dealt with in the following manner:

- 1) Those drugs mentioned above must be delivered in person or by registered mail or other means of shipment with return receipt and all completed copies of report of drugs surrendered (Form PhA:DC-1) furnished by the Department of Health to: Office of Pharmacy Services and Drug Control, Arkansas Department of Health, 4815 West Markham Street, Little Rock, AR 72205-3867

Or

- 2) The drugs in question may be destroyed onsite by authorized members of the department utilizing a chemical drug neutralizing agent (RX Destroyer) following a written request and approval from the DEA Diversion Group at

the Arkansas DEA Office to do so. Once documented and destroyed a completed Drug Enforcement Administration Form: Registrant Record of Controlled Substances Destroyed (Form DEA-41) must be submitted to the Diversion Group Supervisor at the Little Rock DEA office.

Copies of all disposal requests and DEA-41 forms shall be filed electronically in the DEA file located on the administrative shared drive.

6. General Protocol

The policy pertaining to drug handling shall be followed and a copy shall be submitted to the Office of Pharmacy Services and Drug Control for approval. This manual shall include but not be limited to a minimum of the following:

- A. The detailed job descriptions, duties and responsibilities of each employee handling drugs. Those individuals shall include EMT's, Paramedics, EMS Program Manager, Company Officers, Battalion Chiefs, and other Chief Officers. Detailed job descriptions are available through fire department headquarters or the Human Resource office of the City of Rogers.
- B. Pursuant to 21 CFR Ch II (4-1-93 Edition) part 1305 along with and pursuant to section 1308 of the Act (21 U.S.C. 828), the Medical Director was selected by Rogers Fire Department and a Power of Attorney was obtained from the physician. Registration was subsequently obtained through the proper rules and regulations that have been set forth. Limiting access to the controlled drugs has been described in the before mentioned areas of this policy, along with the procedures for accurate and complete record keeping of the drugs.

7. Storage of Pharmaceuticals

The EMS supply room will serve as a suitable location for the Rogers Fire Department and meets or exceeds all requirements set forth by the State of Arkansas Department of Health and Trauma Systems. The room has a lock system and temperature control system to offer heating and cooling as per the drug manufacture requirements for storage.

The EMS Program Manager shall be the one to control the heating and cooling of that room in accordance with drug manufactures guidelines. The ALS vehicles used by the Rogers Fire Department are housed inside of the fire station and are temperature controlled by heating and air as not to freeze or have excessive heat while at the station.

The EMS Program Manager shall conduct a monthly inspection to verify inventory of the department's controlled medications.

8. Authorized Drug List

The Rogers Fire Department follows the North West Arkansas Regional Protocols, which in turn follows the optional and required drug list mandated by the Arkansas Department of Health and Trauma Systems. These drugs have been approved by the Rogers Fire Department Medical Director. No drugs shall be added to the list with out authorization of the Governor's Advisory Council on EMS and Trauma systems along with the Office of EMS prior to implementing the drug to this service and those providers which work for it.