

S.O.P. #: 600-20

SUBJECT: CONTROLLED DANGEROUS SUBSTANCE (CDS) POLICY FOR ALS UNITS

DIVISION: EMERGENCY MEDICAL SERVICES

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Objective: To maintain usage and accountability of controlled dangerous substances. To outline the expectations of ALS and BLS accountability.

#### Section 1: Storage Guidelines

- A. Storage – All EMS supervisors and medic units (Career/Volunteer) shall be equipped with a narcotic vault (e.g. KNOX MedVault®). The narcotic vault shall be known as the “Field Box” in Operative IQ®. Each Field Box shall be identified by a box name and box ID. The box name shall be “Medic” or “EMS” and the box ID shall be “M-XXX”, “M-XX” or “EMS-XX” (E.g. the field box for Medic 1 shall be “M-01”, M356 shall be “M-356” and EMS7 shall be “EMS-07) Controlled medications are to be stored in the “Field Box” at all times. Verification, usage, and changeover are the only acceptable reasons to remove the controlled medications from the narcotics safe.
1. Should a narcotics safe fail:
    - a. The Narcotics Administrator (Administrative EMS Captain assigned to the PSB) shall be notified for direction in getting the narcotics safe repaired.
    - b. The crew shall be directed to change over into a reserve medic unit unless one is not available.
    - c. In the event a reserve medic unit is unavailable the crew will be issued a storage bag with a keyed padlock by the EMS Lieutenant/Captain. A complete inventory of all CDS will be conducted by the EMS Lieutenant/Captain. The key for the padlock will be stored with the KnoxBox key and its presence verified daily.
    - d. The storage bag will be placed in a sealed compartment (preferably lockable) inside the medic unit. If the storage bag is unable to be secured in a locked compartment, the medic unit shall be locked when left unattended outside of the station. e.g. when out in the public, while at a hospital, etc.
    - e. The storage bag will only be removed from the compartment for the following reasons:
      - Medication verification, usage, and changeover

#### Section 2: Inventory Management

- A. Quantity/Type – The quantity and type of controlled medications carried on each medic unit will be dictated by current department policy, medication availability and the Maryland Medical Protocols.
- B. Control numbers – Each controlled medication will be labeled with a unique control number and will be sealed in a plastic sleeve containing a medication information sheet, syringe and safety needle.

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### Section 3: Usage and Restocking

- A. Usage – All controlled medication transactions will be documented in the Narcotics Module Of the Operative IQ® system. ALS providers will also be required to document the use of controlled medication in their eMEDS® report.
- a. Complete eMEDS documentation of a controlled substance consists of the following:
    1. Documentation in the medication administered section.
    2. The amount used and wasted, in units (i.e. mg, mcg, etc.) not volume (i.e. mL), documented in eMEDS ® must match the amount documented in Operative IQ ®.
    3. The vial number is the Operative IQ control number.
- B. Completion of the controlled substance signature section documenting use and waste.
1. Two signatures are required
  2. One of the signatures must be listed as a provider in the eMEDS® report
    - a. Both signatures must be clinicians in eMEDS ®
    - b. Clinician administering and witness (a BLS provider is acceptable for use as a witness in eMEDS®)
- C. Restocking –
1. Medic Units - Controlled medications (Schedule II, III, and IV) will be restocked by the EMS Lieutenant/Captain. No CDS will be issued until complete documentation in the Operative IQ® system is verified. The EMS Lieutenant/Captain is responsible for ensuring that Operative IQ® documentation is completed in its entirety prior to issuing replacement medication.
  2. Units must contact the EMS Lieutenant/Captain to set up a site for controlled medication restocking. The crew utilizing the controlled medication will contact the EMS Lieutenant/Captain immediately after transfer of patient care or upon clearing the incident if a non-transport. If restocking of controlled medication will be delayed or passed on to another shift the EMS Lieutenant/Captain must be made aware and must be agreeable to the delay. All information will be logged immediately in the Operative IQ ® system upon replacement of the medication.
  3. EMS Officers – EMS Lieutenants/Captains will be restocked from the “Narcotic Safe” located at the Public-Safety Building.
    1. Controlled medication will be replaced on a one for one basis.
    2. Documentation will be completed in the Operative IQ® system.

### Section 4: Accountability

- A. Controlled medications will be verified at each change of shift as per below. The ultimate responsibility for the integrity of inspection and the logging of required information will be the ALS clinicians. Functioning ALS clinicians shall be issued a Narcotics safe PIN as well as an Operative IQ® Narcotics Module PIN. Clinicians should keep their PINs secure and under no circumstances

should they be shared with anyone. Anytime a clinician's name is recorded as logging into or out of the narcotics safe and Operative IQ narcotics module it shall be assumed that the clinician logged in/out themselves. A CDS Verification Form must be completed at the change of each shift. The CDS Verification Form is located in Operative IQ ® Frontline (where Pre-trip checks are completed). BLS clinicians will not be issued a Medvault or Operative IQ narcotics module PIN nor will they be required to verify CDS at shift change.

A. The Medical Director or his/her designee, will review the Operative IQ® system monthly.

1. Career Medic units/EMS Officers:

- ALS Staffing Duties

- i. At the beginning of each shift, the oncoming and off-going ALS clinicians will verify the CDS count, integrity of vials, and document via the "Transfer" function in Operative IQ®. BLS clinicians will not be issued MedVault or Operative IQ narcotics module access.
- ii. If the oncoming and off-going ALS clinicians are not available (ie: call at shift change, unit not attended ALS, unit staffed at BLS level, etc.), the oncoming clinician will use the "Pick-up" function in Operative IQ®.
- iii. The vault will be opened and the following will be verified.
  - The correct amount of CDS is present as stated in Section 1.B. above.
  - The control numbers match those assigned to the associated Field Box in Operative IQ®.
  - The expiration dates for all CDS are valid.
  - Ensure all vials are undamaged with caps firmly attached to the vials.
  - Damaged vials must be recorded in Operative IQ® and placed in the destruction cabinet at the PSB (see Section 7: Expired/Damaged Medication).
- iv. The check and recording of the above mentioned information is to be done immediately at shift change as part of the daily checkout for that unit (either medic unit or EMS Lieutenant/Captain vehicle). Failure to do so will result in appropriate disciplinary action or sanctions. The Company Commander and EMS Lieutenant/Captain is to be notified immediately of any discrepancy. The unit (or EMS Lieutenant/Captain vehicle) and personnel will remain out of service until review of the incident and reconciliation of Operative IQ ® control numbers have been completed by the Medical Director or their designee.

2. BLS Staffing Duties

- i. BLS clinicians will not be issued a Medvault or Operative IQ narcotics module PIN nor will they be required to verify CDS at shift change.
- ii. BLS clinicians will be permitted to witness narcotics use in Operative IQ and eMEDS®.

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### 3. Volunteer Medic units:

- ALS Staffing Duties

1. At the beginning of each shift, the oncoming and off-going ALS clinicians will verify the CDS count, integrity of vials, and document via the “Transfer” function in Operative IQ®. BLS clinicians will not be issued MedVault or Operative IQ narcotics module access.
2. If the oncoming and off-going ALS clinicians are not available (ie: call at shift change, unit not attended ALS, unit staffed at BLS level, etc.), the oncoming clinician will use the “Pick-up” function in Operative IQ®.
3. The vault will be opened and the following will be verified.
  - i. The correct amount of CDS is present as stated in Section 1.B (above).
  - ii. The control numbers match those assigned to the associated Field Box in Operative IQ®.
  - iii. The expiration dates for all CDS are valid. Ensure all vials are undamaged with caps firmly attached to the vials.
  - iv. Damaged vials must be recorded in Operative IQ® and placed in the destruction cabinet at the PSB (see Section 7: Expired/Damaged Medication).
4. The check and recording of the above mentioned information is to be done immediately at shift change as part of the daily checkout for that unit. The Volunteer Company Commander and Career EMS Lieutenant/Captain is to be notified immediately of any discrepancy.

- BLS Staffing Duties

- i. BLS clinicians will not be issued a Medvault or Operative IQ narcotics Modul PIN nor will they be required to verify CDS at shift change.
- ii. BLS clinicians will be permitted to witness narcotics use in Operative IQ and eMEDS®.

### B. Company Commanders

1. Volunteer Company Commanders/EMS Officers are required to ensure that the narcotic safe is inspected at least on a weekly basis if not more frequently. Volunteer Company Commanders/Officers who do not have narcotic vault login access should contact their assigned EMS Lieutenant/Captain to assist in performing the weekly inspection. Volunteer stations with narcotic vaults will be subject to routine audits to ensure CDS accountability.
2. Volunteer units being sent out for repair must have their CDS removed from the narcotic vault and secured in another narcotic vault. Should a reserve not be available to change into all CDS must be removed and transferred or picked up by a BCoFD EMS Lieutenant/Captain and secured in their vault.

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### Section 5: Discrepancy

1. The Company Officer and EMS Lieutenant/Captain shall be notified immediately if there is a discrepancy in the control number(s), integrity of the seals, lost or missing vial cap, damaged or broken vial or missing medication is identified.
2. In the event of such a discrepancy, the unit will be taken out of service immediately and the personnel held out of service until the discrepancy has been resolved.
3. Resolution of the discrepancy must include completion of an Operative IQ ® Incident Report. The incident report shall include a listing of ALL corroborating pick-ups and transfers in Operative IQ ® associated with that medic unit Field Box and a listing of all eMeds reports for incidents in which CDS was administered during the period of time in question.
4. In the event a discrepancy cannot be resolved as stated above, the EMS Captain or EMS Bureau Chief, in the event the unit is assigned to or involves a Captain, will be immediately notified. The unit and personnel will remain out of service until review of the incident and reconciliation of Operative IQ® has been completed by the Medical Director or his designee and the EMS Bureau Chief or his designee. The BCVFA EMS chairperson will be notified of the incident in the event it involves a volunteer unit.
5. When a unit has discovered the loss, misplacement or theft of a CDS or any discrepancy is unable to be reconciled the Company Officer, EMS Lieutenant/Captain, and BCVFA EMS chairperson, (when incident involves a volunteer unit) shall be notified immediately.  
The following action shall be taken:
  - a. If a rapid, preliminary investigation suggests that loss, theft or other foul play may be involved, the on-duty Field Deputy/Battalion Chief, Medical Director and EMS Bureau Chief will be notified (refer to Personnel 28 and follow all recommendations including the filing of a police report).
  - b. If it is conclusively determined that the situation is a result of a failure of personnel to appropriately document or replace legitimately used medication, appropriate disciplinary procedures will be initiated. A report of the incident shall be completed and forwarded (through proper channels) to the EMS Bureau Chief and Medical Director.

### Section 6: Compliance

1. It is not anticipated that problems will arise, however, a consistent policy must be in place. With the adherence of all units to the above policy and the continued cooperation between the career and volunteer divisions, this program will be successful. Any questions regarding this policy should be directed to your EMS Lieutenant/Captain. The purpose of this policy is to ensure that the Fire Department is in complete compliance with all applicable federal regulations regarding use the of CDS, and any potential for theft or abuse is minimized.
2. All units will adhere to the requirements for CDS. Failure to adhere to the above mentioned requirements or the unaccountable loss of Schedule II, III, or IV medications may result in the unit losing the capacity to carry those medications until a full investigation has been

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completed. Additional actions may be implemented if providers or companies fail to adhere to Departmental policy.

### Section 7: Expired/Damaged Medication

All expired/damaged CDS **must be returned** to the EMS Lieutenant/Captain. A notation will be made in Operative IQ® indicating expired medications retrieved by the EMS Lieutenant/Captain.

- a. The EMS Lieutenant/Captain will return all expired/damaged CDS to the EMS Office for replacement.
- b. Expired/damaged CDS control numbers will be documented in the Operative IQ® system and moved to the virtual destruction box.
- c. Expired/damaged vials will be placed in the “destruction cabinet” at the Public-Safety Building once documentation in Operative IQ® is complete.
- d. Expired/damaged vials will be destroyed on an annual basis or as needed through the use of a reverse distributor.

### Section 8: Quality Assurance

A. The EMS Captains will review all CDS administrations and document any CDS variance in the EMS SharePoint site.

B. All CDS administrations will be reviewed for the following:

1. Appropriate use of medication
2. Appropriate dosing of medication
3. Complete eMEDS® documentation
4. Complete Operative IQ® documentation

C. Variance Procedures

1. A CDS variance occurs when any of the following are identified:
  - i. Questions regarding appropriate use of medication
  - ii. Inappropriate dosing of medication
  - iii. Incomplete eMEDS® documentation
  - iv. Incomplete/incorrect documentation in Operative IQ®
  - v. Anytime an EMS Captain identifies a concern with the CDS administration
2. Any time a CDS variance is identified the CDS Variance Tracking list will be initiated on the EMS SharePoint site by the EMS Captain conducting the review.
3. The CDS Variance will be given a CDS variance tracking number. The CDS variance tracking numbers will be sequential by year and cumulative number of variances (ie: 2022-12, 13, 14, etc.).
4. Once the CDS variance has been resolved the CDS Variance Tracking list in SharePoint

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will be updated and a note entered describing the resolution steps by the EMS Captain reconciling the variance.

### Section 9: Medical Direction

Controlled medication accountability falls under the responsibility of the Fire Department Medical Director and his/her DEA license. The Fire Department Medical Director has the discretion to institute any modifications and/or sanctions, related to this policy or the utilization of a Controlled Dangerous Substance.

### Section 10: Federal Requirement for Destruction of Controlled Substances and Theft or Loss of CDS

1. The Medical Director is responsible for complying with all Federal and State regulations related to:
  - Destruction of Controlled Substances DEA Form 41
  - Theft or loss of Controlled Dangerous Substances, DEA Form 106

### Section 11: Operative IQ Down-time Workflow

During times when Operative IQ® is down due to upgrades and system issues ALS Clinicians and EMS Lieutenants/Captains will be required to ensure all transactions involving the use, transfer, pick-up and issuance of narcotics are recorded as soon as practical after the system is back to normal operations. ALS Clinicians and EMS Lieutenant/Captains are responsible for keeping a personal record of such transactions as well as the appropriate documentation of narcotics use in eMEDS® as described in Section 1 D.

### Section 12: Definitions

**Administer** – The process of administering a narcotic(s) to a patient. Administration of a narcotic is then recorded in Operative IQ® as well as eMEDS®.

**Destruction Box** – Virtual location where control numbers are moved to pending final destruction (e.g. expired, damaged, etc.)

**Field Box**- The individual narcotic vault containing all assigned narcotics for a given transport unit (E.g. Medic 101 will be M-101).

**Issue to Crew** – The process of issuing narcotics control numbers to a clinician for the purpose of replacement after use.

**Receive** – When the EMS Office receives a shipment of narcotics. Narcotics are received into the safe at the PSB that holds available narcotics for re-stocking of EMS Lieutenants/Captains.

**Return to Safe** – The process of returning narcotics from a clinician to the safe at the PSB. This is a rare occurrence and would only be done in certain extenuating circumstances such as removal of CDS from a specific medic unit.

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Pick Up – The process of receiving narcotics controls numbers currently assigned to another clinician that is not physically present to witness the exchange. This process is used when the off-going ALS provider is unable to witness the on-coming ALS provider taking virtual possession of the narcotics due to getting a call at shift-change, E or M-shift personnel, etc.

Safe- The KNOX MedVaults ® located at the PSB are considered the narcotic safe.

Transfer- The process of moving control numbers between two crew members. Both the crew member performing the transfer and the crew member receiving possession will need to be present, as both parties are required to verify the event.