



**CALVERT COUNTY GOVERNMENT
GUIDELINE/POLICY/PROCEDURE**

TITLE:	2.7-Transfer of Narcotics		
ISSUED BY:	Department of Public Safety/Career EMS		
RESPONSIBLE STAFF:	Division Chief Kenneth N. Miller II		
ISSUE DATE:	9/1/2020	REVISION DATE:	09/01/2021
PURPOSE:	To establish the procedure for transferring narcotics between personnel.		
APPLICABLE TO:	CEMS Paramedics and Shift Supervisors, and CALS Paramedics		
ATTACHMENTS:			

<input type="checkbox"/> GUIDELINE	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROCEDURE
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This document needs to be reviewed/updated:

<input type="checkbox"/> Annually <input type="checkbox"/> (Fiscal Year) <input type="checkbox"/> (Calendar Year)	<input type="checkbox"/> Other Interval:	Flag for review on:	
	<input checked="" type="checkbox"/> As needed		

I. Purpose

To establish the procedure for transferring narcotics between CEMS field clinicians, and to guide the use, replacement, and destruction of CDS in Calvert County.

II. Policy

Calvert County EMS takes seriously its duty to maintain and control scheduled substances under the authority of the *US Code Title 21 Controlled Substances Act* and **the Drug Enforcement Administration (DEA)**, as well as the **Maryland Institute of Emergency Medical Services (MIEMSS)**. In accordance with *USC Title 21 §1301.72*, storage of Schedule II, III, & IV substances be secured in a tamper-proof safe that has an electric input and alarm system. Further, it is required that access to controlled substances be limited to the fewest individuals possible. MIEMSS, in addition, requires all narcotics to be under a two (2) lock system, and sealed between uses for tracking.

MIEMSS approved Controlled Dangerous Substances (CDS) include:

Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
None	Fentanyl	Ketamine	Midazolam	None

All Scheduled CDS in the care of Calvert County EMS must be secured as prescribed in this policy. Medications that are not governed under the Controlled Substances Act should still be tracked and maintained judiciously by all EMS clinicians, but are not subject to the security requirements of Scheduled Substances. MIEMSS approved medications that are not Scheduled, but do have a potential for abuse include: diphenhydramine, etomidate, and haloperidol.

While security of CDS is regulated and enforced by the DEA and MIEMSS, all field clinicians should remember that the Calvert County Medical Director maintains fiduciary responsibility of all CDS. All Field clinicians privileged to hold proxy agency under the Medical Director for the care of CDS will maintain, monitor, administer, and destroy them judiciously.

III. Definitions

Controlled Dangerous Substances (CDS) – any substance that the DEA deems dangerous and addictive, requiring surveillance of use and transport.

Controlled Substances Act (CSA) – 1971 legislation establishing federal U.S. drug policy under which the manufacture, importation, possession, use, and distribution of certain substances is regulated.

Diversion – A medical and legal concept involving the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.

Narcotic – any drug or other substance affecting mood or behavior.

PMIC- Paramedic In Charge

Proxy Agency – When an individual acts on behalf of someone else.

Scheduled Drug – CDS which has been categorized by level of danger and addition by the DEA, and placed in one of 5 “schedules” or regulation.

Schedule I – Drugs with high potential for abuse and little or no (current) known medical benefit.

Schedule II – Drugs with a high potential for abuse which may lead to severe psychological or physical dependence.

Schedule III – Drugs with a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Schedule IV – Drugs with a low potential for abuse relative to substances in Schedule III.

Schedule V – Drugs with a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Operative IQ – The current Calvert County EMS software tracking the use and storage of CDS.

USC Title 21 – The United States federal code the Controlled Substances Act can be found.

IV. Procedure

1. Central Supply Maintenance

- a. CDS for Calvert County will be ordered and maintained by the CEMS Division.
- b. Security
 - i. Central Supply stock of CDS will be maintained in an electronic safe with access limited to the CEMS Division Chief, CEMS Administrative Specialist, and the EMS Shift Supervisors. Each individual with access will have their own unique PIN.
 - ii. Central Supply stock of CDS is monitored with a security camera.
- c. Maintenance
 - i. Central Supply will be inventoried once per month and monitored in Operative IQ.
- d. Addition, Removal, and Transfers
 - i. All addition to and removal from Central Supply stock of CDS will be documented in Operative IQ.
 - ii. Transfer of stock from Central Supply to another location must also be documented for the new location.

2. Restock of Narcotic Boxes

- a. The CEMS EMS Shift Supervisor will pick up the needed narcotics from the Master Supply Safe and document it in Operative IQ.
- b. Security
 - i. A Master Supply of CDS will be maintained in an electronic safe accessible by the CEMS Division Chief and the EMS Shift Supervisors. Each authorized individual will have their own unique PIN.
 - ii. Master Supply of CDS will be secured with a numbered seal to prevent tampering. Each time the Restock box is accessed, a new numbered seal must be placed and documented with one (1) witness.
- c. Maintenance
 - i. Master Supply of CDS will be monitored using Operative IQ for expiration and par levels.
 - ii. Master Supply of CDS will maintain the following Medications:
 - Fentanyl 100mcg/ml
 - Ketamine 100mg/ml
 - Ketamine 10mg/ml
 - Midazolam 5mg/ml
 - Etomidate 2mg/ml (Medical Director Use Only)
 - Rocuronium 1mg/ml (Medical Director Use Only)
 - iii. If the above standard concentrations are not available, PAR level must be adjusted to maintain the minimum count and minimum mass total of each medication listed.

- d. Addition, Removal, and Transfers
 - i. All addition to and removal from the Master Supply of CDS will be documented in Operative IQ.
 - ii. Transfer of stock from Master Supply to another location must also be documented for the new location.

3. CEMS Paramedic Narcotic Box

- a. The CEMS Paramedic will maintain a small supply of CDS for use in Calvert County Narcotic Boxes.
- b. Security
 - i. Paramedic Narcotic Boxes will be maintained in an electronic safe accessible by the cleared PMICs with an individual pin.
 - ii. Paramedic Narcotic Boxes will be secured with a numbered seal to prevent tampering. Each time the box is accessed, it shall be resealed and new seal number shall be documented in Operative IQ.
- c. Maintenance
 - i. Paramedic Narcotic Boxes will be inventoried once per shift AND after each use, and documented in Operative IQ.
 - 1. Transfer of care from one clinician to another:
 - a. The off-going clinician will initiate the check in Operative IQ, confirm seal number, and correct PAR.
 - b. The on-coming clinician will verify the information on the check, and sign as a witness.
 - c. This must be done IN PERSON.
 - 2. Use and Replacement of CDS:
 - a. The clinician will “record usage” of CDS in Operative IQ and in the EMEDS Elite.
 - ii. Paramedic Narcotic Boxes will be considered full at the following PAR levels:
 - 1. Eight (8) Fentanyl 100mcg/ml (800mcg total)
 - 2. One (1) Ketamine 100mg/ml (500mg total)
 - 3. One (1) Ketamine 10mg/ml (100mg total)
 - 4. Five (5) Midazolam 5mg/ml (25mg total)
 - iii. A minimum acceptable Par level is labeled on each box. This is the level of medication that is required to initiate a mandatory refill of the box. This number is expected to change as we evaluate the average usage levels.
 - iv. If the above standard concentrations are not available, PAR level must be adjusted to maintain the minimum count and minimum mass total of each medication listed.
- d. Addition, Removal, and Transfers
 - i. All addition to and removal from Paramedic Narcotic Boxes will be documented in Operative IQ.
 - ii. Transfer of stock into Paramedic Narcotic Boxes from another location must be documented in Operative IQ.

4. Calvert Advanced life Support Narcotic Box

- a. CALS will maintain their own Paramedic Narcotic Boxes. CALS policy will outline the roles, responsibility, and security of CDS for their agency.
- b. Upon use of CDS, CALS members may receive a replacement from the EMS Shift Supervisor via the following process.
 1. Call the on-duty EMS Supervisor
 2. Request the specific CDS and amount needed
 3. Establish a secure location to meet.
 4. Follow CALS policy for sealing and securing new narcotic.
 5. Following section 2 of this policy for EMS Supervisor restock.
 6. EMS Shift Supervisor will provide CALS member with a CALS red numbered seal.

5. Expirations

- a. Field clinicians who identify expired CDS must notify the EMS Shift Supervisor to request exchange. The Supervisor will exchange the expired medication in accordance with this policy.
- b. Expired stock of CDS will be destroyed as prescribed in Section 7 of this policy and documented in Operative IQ.

6. Diversions

- a. *USC Title 21 §1301* requires meticulous tracking and documentation of CDS. From time to time, error in documentation may result in a miscount of CDS. When this happens, it is important to immediately reconcile the previous information with the new information, and document it in Operative IQ.
- b. In the event of an irreconcilable diversion, §1301 requires reporting to the DEA and investigation of the following:
 - i. The actual quantity of controlled substances lost in relation to the type of business;
 - ii. The specific controlled substances lost;
 - iii. Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances;
 - iv. A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and, if known,
 - v. Whether the specific controlled substances are likely candidates for diversion;
 - vi. Local trends and other indicators of the diversion potential of the missing controlled substance.
- c. In addition, an incident report will be completed in Operative IQ. This will be completed for, but not limited to, the following situations:

- i. Expired Medication
- ii. Broken Vial
- iii. Lost Medication
- iv. Diversion

7. Destroying CDS (Waste)

- a. When remaining CDS is destroyed (wasted) after use on a patient, the clinician and a witness **MUST** utilize the “Controlled Substances” section of eMeds to document amount administered, amount being destroyed, and full name and title of the clinician and the witness. Acceptable witnesses are:
 - i. EMS Shift Supervisor
 - ii. Calvert County Affiliated Paramedic
 - iii. A Calvert County EMT on the call.
 - iv. Registered Nurse from the receiving facility
 - v. Licensed Independent Practitioner (MD, DO, PA, NP) from the receiving facility
 - vi. Calvert County Medical Director
- b. Wasting of medication will be documented in Operative IQ. The system automatically calculates waste based off the administered amount.

8. Return of Expired Narcotics

- a. Calvert county is currently working on identifying a company to pick up and destroy our expired CDS medication. At this time, all expired medication is documented in Operative IQ’s destruction box. The physical vials are stored in an electronic safe, under multiple locks and video surveillance.