

This procedure is designed to provide for the record keeping, security and distribution of Controlled Substances by Miami-Dade Fire Rescue personnel in accordance with current Federal laws and State of Florida HRS EMS 64J. In addition the Electronic Controlled Substance eLog tracking and documentation is not limited to controlled substances but all medications deemed necessary by Miami-Dade Fire Rescue.

It is the responsibility of each unit OIC or Acting OIC to ensure the security of their controlled substances and that the Electronic Controlled Substance e Log (CS eLog) is completed entirely and accurately.

A. Daily Exchange of Responsibility

1. At shift change, or anytime there is a change of responsibility, both off- going and on-coming Officers-in-Charge (OIC), will visually inspect the controlled substances for security and accuracy.
2. This inspection is to include an examination of each vial for tampering, color, clarity and consistency.
3. Drug keys to all locked areas are to be exchanged at the time of the OIC face-to-face drug inspection. Drug keys are to be kept on the OIC's person at all times.
4. A successful OIC Exchange of Responsibility will be documented within the CS eLog. The log will be initiated by the OIC taking responsibility of the controlled substances. The relinquishing OIC must affirm via digital signature, the accuracy of the CS eLog to successfully complete the exchange.

Note: The appropriate Battalion Chief will ensure Unit OIC's complete their daily OIC exchange of responsibility. Battalion Chiefs are notified via email daily at 1700 of incomplete OIC exchanges.

5. Company Officers working on the same unit at shift change must complete the OIC Exchange of Responsibility at shift change. One of the on-coming paramedics assigned to the unit can witness the log.
6. If a face-to-face drug inspection and exchange of responsibility is not possible with the off-going OIC, the inspection and OIC exchange will be completed and witnessed by a paramedic assigned to that unit.
7. If any discrepancies are found and/or a successful OIC exchange cannot be completed, an EMS Captain will be contacted to resolve the Controlled Substance Log issues.



B. Controlled Substance Security

1. For the safety and security of medications, all narcotics will be locked in the unit's onboard security cabinets.
2. All portable narcotics will be kept in their assigned small boxes with their seals attached and stored in the onboard security cabinets. Deployment of portable narcotics will occur under the following conditions:
 - a) Referenced alarm necessitates the use of Controlled Substances
 - b) Occupancy dictates the need to deploy portable (i.e. High Rise, Warehouse, Mall)
 - c) Any other anticipated operational needs that enhances patient care dictated by the OIC

C. Unit Inventory, Minimums, Re-Ordering and Expired Medications

1. All MDFR unit's will have a standard operational cache of five (5), of each controlled substance.
2. Mandatory notification and re-ordering is required, through an EMS Captain, when the inventory is less than half ($\frac{1}{2}$), of the standard operational cache.
3. Upon delivery of the controlled substance, a face-to-face visual inspection of the medication must be completed by the issuing EMS Captain and the receiving units OIC.
4. A successful Unit-to-Unit transfer must be completed within the issuing EMS Captain's, CS eLog. The receiving units' OIC will witness the transfer and confirm the correct receiving MDFR unit, medication and count transferred.
5. Expired medications are to be returned to the EMS Division master inventory via an EMS Captain. A successful Unit-to-Unit transfer must be documented to account for the expired medication transaction between EMS Captains and MDFR units.

D. Master Inventory

1. The EMS Divisions appointed designees shall inventory and maintain the headquarters controlled substance master inventory utilizing the CS eLog.

E. EMS Captain's Inventory

1. EMS Captain's maintain their operational cache from the headquarters master inventory via the EMS Division's designee.
2. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred between headquarters and the EMS Captain inventory.

3. Expired controlled substance will be collected and returned to the headquarters expired inventory via an EMS Captains. A successful Unit-to-Unit transfer will be documented for each type of expired controlled substances exchanged with operational units and with headquarters expired inventory.
4. EMS Captain's will have a standard operational cache of at least sixty (60), of each type of controlled substance.
5. Discrepancies between the EMS Captains on hand and CS eLog drug count number will be resolved by contacting the EMS Division or the EMS Division designee.

F. Patient Information

1. The ePCR or Florida EMS Report shall reflect the complete patient information, indication for use, dose(s), time(s) given for each controlled substance and any amounts wasted with witness.
2. The CS eLog will include the Alarm #, name of officer in charge of medication administration, name of witness, dose given and amount wasted.
3. The unit OIC will confirm that the complete patient information, dose(s), and any amounts wasted are accurately documented within both the ePCR/Florida EMS Report and the CS eLog.

G. Unit-to-Unit Transfers

In order to maintain a units immediate cache of available medication, only complete and un-opened controlled substances may be transferred between MDFR units. Partially used medication will not be transferred between units. This transfer between units may occur without an EMS Captain present.

1. An MDFR Unit-to-Unit transfer must be initiated and completed on the sending units' CS eLog.
2. The receiving MDFR units' OIC must confirm the accuracy of the following information on the sending units CS eLog: correct medication, quantity, and the correct receiving MDFR unit's designation. Finally, a witness signature will be required by the receiving units' OIC to complete the sending units CS eLog.
3. Successfully completing a Unit-to-Unit transfer automatically logs and updates each participating units CS eLog with an updated medication count and the exchange transaction details.

H. Special Events

1. Obtaining any controlled substances for a special event will be the responsibility of the Special Events Bureau. All controlled substances must be obtained within 48 hours of an event, from the master inventory.
2. When a unit is placed into service, the controlled substances are to be inventoried and verified by two personnel and the CS eLog will be completed and electronically signed to reflect the inventory.

3. The minimum security for the controlled substance will be the Controlled Drug Container (Otter Box) with a locking numbered tag. Whenever possible, more secure storage shall be maintained within a lockable vehicle compartment.
4. The standard inventory will be two of each controlled substance, with a minimum of one.

I. Damaged, Lost / Missing / Stolen and Discrepancy Procedure

1. After completing an OIC Exchange of Responsibility, the unit officer owns all responsibility for the CS eLog until the next successful OIC Exchange. The owner of the CS eLog is responsible for any damage, lost, missing, or stolen medications, along with any discrepancies discovered during their time of ownership.
2. Controlled substance medications that are lost, missing or stolen must be reported to the EMS Captain and Battalion Chief, immediately upon determination.
3. Discrepancies between the on-hand and CS eLog drug count numbers will be resolved by contacting an EMS Captain. Do not attempt to take ownership of the CS eLog by using drug counts other than what is on hand.
4. For all controlled substance medication that are deemed damaged or inadvertently damaged while on a call, the OIC along with a paramedic acting as a witness will use universal precautions to safely and properly dispose of the remaining medication.

Note: When disposing a controlled substance, use universal precautions.

Dispose controlled substances waste into a non-food sink and place packaging into biohazard box.

Controlled Medications deemed damaged/unusable

- A separate, stand-alone log entry will be entered using the, “Damaged Medication” button on the “Administer Medication” page, within the CS eLog.
- The entry will include the medication name, total amount wasted, witness signature and a summary of events in the comment area of the, “Unit/Patient Information area”.

Controlled medication damaged while on a call

- Only opened or partially administered patient medication, damaged on a call are to be documented as part of that incidents administered/wasted medication count.
- All portions of the patient’s damaged and unusable controlled medication will be documented as “Wasted,” within that incident’s CS eLog entry.
- Any other controlled medications that are damaged, or are not actively being administered to a patient while on a call, will be documented using the “Damaged Medication” button in the CS eLog.
- The entry will include the medication name, total amount wasted, witness signature and a summary of events leading up to the damage in the comment area.



5. If there is a discrepancy as to the count that cannot be explained, the EMS Captain will initiate the investigation. The Battalion Chief will be notified immediately of the discrepancy. After investigating, if the discrepancy is found to be suspicious or found to be unexplained, the Battalion Chief will notify the appropriate Operations Division Chief and EMS Division Chief. Contact will be made with the proper law enforcement agency having jurisdiction by the Battalion Chief.
6. At the conclusion of the primary inquiry, all responsible officers involved will explain their involvement via a taped statement.
7. The Battalion Chief will prepare the final report, with input from the EMS Captain, appropriate field personnel, and if necessary the law enforcement agency having jurisdiction.
8. The final report on the incident will be sent to the Assistant Chief of Operations.