



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, Florida Statutes and Florida Administrative Code 64J. 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 eLog (CS eLog) is completed entirely and accurately.

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A. Daily OIC 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 do a face-to-face OIC Exchange of the CS eLog.
2. A Daily successful OIC Exchange must be completed for each MDFR unit that carries controlled substances, even if the controlled substance count is zero (0). Any changes in OIC throughout the shift will also require a successful OIC Exchange.
3. Both off-going and on-coming Officers-in-Charge (OIC) will visually inspect the controlled substances for security and accuracy.
4. This inspection is to include an examination of each vial for tampering, color, clarity, consistency and expiration date.
5. 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.
6. A successful OIC Exchange 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.
7. The appropriate EMS Field Supervisors will be notified via e-mail daily at **0800, 1100, and 1700** of incomplete CS eLog. The EMS Field Supervisor and/or the appropriate Battalion Chief will contact the Unit OICs immediately upon notification to complete their incomplete daily CS eLog.



8. Battalion Chiefs will be notified via e-mail daily at **0800 and 1700** of incomplete CS eLogs. The appropriate Battalion Chief will make sure Unit OICs complete their daily CS eLog.
9. Company Officers working on the same unit at shift change must complete the OIC Exchange at shift change. One of the on-coming EMTs or paramedics assigned to the unit can witness the log.
10. In the event that a face-to-face drug inspection and OIC Exchange is not possible with the off-going OIC, the inspection and OIC Exchange will be completed and witnessed by an EMT or paramedic assigned to that unit. This procedure is intended to serve as an exception rather than standard practice.
11. If any discrepancies are found and/or a successful OIC Exchange cannot be completed, an EMS Field Supervisor will be contacted to resolve the Controlled Substance Log issues. Do not attempt to take ownership of the CS eLog by using drug counts other than what is on hand.

B. Controlled Substance Security

1. After completing an OIC Exchange, 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. For the safety and security of medications, all narcotics will be locked in the unit's onboard security cabinets.
3. All portable narcotics will be kept in their assigned small boxes 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. Medication Administration

1. To perform a medication administration entry in the CS eLog, the closed ePCR must reflect the correct incident number, patient's name, the correct controlled substance and the correct dose(s) administered.
2. The information from the closed ePCR must be imported by clicking the "ADD" button. The CS eLog entry will include the incident number, the patient's name, officer in charge of medication administration, name of the witness, the dose given and the amount wasted.

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3. The unit OIC will confirm that the information is accurately documented within both the ePCR and the CS eLog.
4. If a successful medication administration entry cannot be completed because the controlled substance was not entered in the ePCR, the following must be done:
 - a. The unit OIC will add an addendum to the closed ePCR on the SafetyPad website.
 - b. The EMS Field Supervisor will verify that the addendum was added prior to completing an "Administer Override" within the Units CS eLog.

D. Operations Inventory

1. All transport units shall maintain a standard operational cache of **five (5)** units of each controlled substance. The cache may be adjusted as needed based on call volume and medication utilization.
2. All non-transport units shall maintain a standard operational cache of **three (3)** units of each controlled substance. The cache may be adjusted as needed based on call volume and medication utilization.
3. Mandatory notification and re-ordering is required, through an EMS Field Supervisor, when the inventory is less than half ($\frac{1}{2}$), of the standard operational cache.
4. Upon delivery of the controlled substance, a face-to-face visual inspection of the medication must be completed by the issuing EMS Field Supervisor and the receiving unit's OIC.
5. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred between the EMS Field Supervisor and a unit. The receiving unit's OIC will witness the transfer and confirm the correct receiving unit, medication and count transferred.

E. EMS Field Supervisor Inventory

1. EMS Field Supervisors will have a standard operational cache of **forty (40)** of each type of controlled substance. This cache may be adjusted as needed based on call volume and medication utilization.
2. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred between the EMS Field Supervisor and a unit. The receiving unit's OIC will witness the transfer and confirm the correct receiving unit, medication and count transferred.

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3. Discrepancies between the EMS Field Supervisor's on hand and CS eLog drug count number will be resolved by contacting the EMS OIC or the EMS Division Chief.

F. Special Events Inventory

1. Special Events units will have a standard operational cache of two (2) of each type of controlled substance.
2. Obtaining any controlled substances for a special event unit will be the responsibility of the Special Events Bureau.

When a Special Events unit is placed into service, the controlled substances are to be inventoried, verified by two personnel and an OIC Exchange of the CS eLog will be completed to reflect the inventory.

3. All Special Events units will be inventoried and an OIC exchange of responsibility must be completed at least once every seventy-two (72) hours.
4. The Special Events Bureau OIC will ensure that Special Events personnel complete their OIC exchange of responsibility.

G. Headquarters Master Inventories

1. The EMS Division's appointed designees shall inventory and maintain the Headquarters controlled substance master inventories utilizing the CS eLog.
2. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred to or from the Headquarters master inventories.
3. The Headquarters master inventories will be inventoried and an OIC exchange completed at least once every week.
4. The EMS OIC will ensure that the appointed designee completes their OIC exchange of responsibility.

H. USAR Inventory

1. The Special Operations Division's appointed designees shall inventory and maintain the USAR controlled substance inventory utilizing the CS eLog.
2. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred to or from the USAR inventory.
3. The USAR inventory will be inventoried and an OIC exchange completed at least once every week
4. The USAR Bureau OIC will ensure that the appointed designee completes their OIC exchange of responsibility.

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I. Haz-Mat Inventories

1. The Special Operations Division's appointed designees shall inventory and maintain the Haz-Mat controlled substance inventories utilizing the CS eLog.
2. A Unit-to-Unit transfer must be completed for each type of controlled substance transferred to or from the Haz-Mat inventories.
3. The Haz-Mat inventories will be inventoried and an OIC exchange completed at least once every week. The Haz-Mat Bureau OIC will ensure that the appointed designee completes their OIC exchange of responsibility.

J. Unit-to-Unit Transfers

1. Only complete and un-opened controlled substances may be transferred between units. Partially used medication will not be transferred between units. This transfer between units may occur without an EMS Field Supervisor present.
2. A Unit-to-Unit transfer must be initiated and completed on the sending unit's CS eLog.
3. The receiving unit's OIC will witness the transfer and confirm the correct receiving unit, medication and count transferred.
4. A witness signature will be required by the receiving unit's OIC to complete the sending unit's CS eLog.

K. Expired Medications

1. Controlled substance medications that are expired must be reported to the EMS Field Supervisor immediately upon determination.
2. The EMS Field Supervisor will collect and return the expired medications to the headquarters expired inventory. A successful Unit-to-Unit transfer will be documented for each type of expired controlled substance exchanged with the EMS Field Supervisor.

L. Damaged Medications

1. Controlled substance medications that are deemed damaged/unusable must be documented in the CS eLog immediately upon determination.

Note: Medications opened in anticipation of administering to a patient that are not used are considered damaged/unusable.

2. The unit OIC will enter the information using the "Damaged/Unusable Meds" button on the "Administer" page within the Units CS eLog.
3. Once the unit OIC has completed the Damaged/Unusable Med form, an EMS Field Supervisor will be contacted immediately.

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4. The EMS Field Supervisor will enter the information using the "Fill" button next to the completed "Damaged/Unusable Med" in the "Administer Override" page within the Units CS eLog.
5. After contacting an EMS Field Supervisor, the unit OIC along with a witness, will safely and properly dispose of the remaining medication.

M. Lost, Missing, or Stolen Medications

1. Controlled substance medications that are lost, missing or stolen must be reported to the EMS Field Supervisor and Battalion Chief/Bureau OIC immediately upon determination.
2. The EMS Field Supervisor will initiate the investigation. The Battalion Chief/Bureau OIC will be notified immediately of the discrepancy.
3. After investigating, if the discrepancy is found to be suspicious or found to be unexplained, the Battalion Chief/Bureau OIC will notify the appropriate Division Chief and the EMS Division Chief. The EMS Division Chief will notify the Medical Director.
4. Contact will be made with the proper law enforcement agency having jurisdiction by the Battalion Chief/Bureau OIC.
5. The EMS Field Supervisor will enter the information using the, "Lost, Missing, or Stolen" button in the "Administer Override" page, within the Units CS eLog.
6. The Battalion Chief/Bureau OIC will prepare the final report, with input from the EMS Field Supervisor, appropriate field personnel, and if necessary, the law enforcement agency having jurisdiction. The final report on the incident will be sent to the Assistant Chief of Operations.

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