2017

New Hampshire Bureau of Emergency Medical Services

EMS Diversion Best Practice Guide

Approved Version 01/19/2017

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EMS Diversion

The New Hampshire EMS Drug Diversion Taskforce was established as a sub-committee under the New Hampshire EMS Medical Control Board at their January 2014 meeting. The Taskforce purpose is to identify issues and make recommendations to the NH EMS Medical Control Board on the subject of EMS Drug Diversion. The need for such a Taskforce was recognized as a result of actual EMS & Hospital Drug Diversion cases within New Hampshire.

Drug diversion is the intentional act of transferring (diverting) a licit drug for a non-licit purpose. It is considered theft and falls under Law Enforcement jurisdiction. The Taskforce, recognizing the severe ramifications of both tangible and non-tangible consequences once this occurs to an EMS Agency, has developed and put forth these best practice recommendations as a resource for EMS Agencies to build from as part of the Agency's effort to reduce the likelihood and mitigate the ramifications should a diversion occur.

The volunteer Taskforce comprises representation from the Medical Control Board, NH Bureau of EMS, NH Association of Fire Chiefs, NH Professional Fire Fighters Association, NH Board of Pharmacy, NH Hospital Pharmacy Group, NH Public Health – Infection Control, NH State Police, American Medical Response, Concord Fire Department, Life Line Ambulance, and Milford Ambulance. The meetings are open to the public and dates are available through the NH Bureau of EMS.

These best practices, in consistency with the NH Best Practice Guidelines, are designed so that the EMS Agency may modify and adopt them to fit their department needs. The concepts, practices, and recommendations should be considered carefully and viewed as minimum steps to assist in mitigating risk and supporting and encouraging a workplace environment where personnel can seek assistance before there is a diversion.

Best Practice SOGs

SOG # **DRAFT**	Date: TBD
Topic: Controlled Medication	Effective:
Subject: Controlled Medication Accountability	Revision Date:
Authorizing Signature:	

PURPOSE: To insure a high level of accountability for the Controlled Medications that are stored on all Department Ambulance and/or Response units.

SCOPE: Applies to all Department Paramedics.

DEFINITIONS:

- Controlled Medications – Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15**. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

- Unit Controlled Drug Coordinator – UCDC, Department representative (Paramedic) responsible to oversee and coordinate the accountability of controlled medications while in the possession of the Department. The Agency Head (or designee) is the current UCDC.

PROCEDURE:

1. All Controlled Medications shall be kept in the Ambulance units in a secured (locked) drawer or designated safe / refrigerator, separate from all other emergency medications.

2. Controlled drug kits when not stored on a vehicle shall be stored in a secure area with security measures similar to above, and not accessible to personnel not designated as 'authorized' by the UCDC.

3. Controlled Medication kits shall be accessible to NH EMS-licensed Paramedic personnel only.

4. The Department UCDC shall be responsible for conducting formal training sessions for Department Paramedics authorized to have possession of kits.

5. The Department UCDC shall maintain a record of all training sessions involving the possession of Controlled Medication kits. Records shall include: date, time, location, and legal names of participants.

6. Access codes for Controlled Medication safes shall be issued by the UCDC only.

7. The kits that contain the controlled medications will be kept sealed throughout the shift with a numbered locking seal/lock. The numbered locking seal must be logged and signed on the approved Pharmacy Form.

8. There shall be daily inventories performed by the Paramedic assigned to the ambulance; an AM inventory at the start of the shift and an Exit inventory completed at the end of the shift, and the narcotic safes and refrigerator units located at his/her assigned station. The inventories shall be logged in the Ambulance Controlled Medication Accountability electronic auditing system (vendor specific). Paramedics shall inventory the medications by typing in their ID+PIN, open the safe/cabinet, confirm a locked/tagged medication kit is there and complete, and then closing the safe/cabinet.

    - There shall be a new inventory any time during the shift that there is a reassignment of a Paramedic to the ambulance. This will be performed by the on-coming Paramedic.

Exchanging Controlled Drug Kits:

1. Controlled Medication Kits shall be exchanged (one for one) at the pharmacy at the service's Medical Resource Hospital ONLY. A MRH control sheet will be issued for the new kit and signed (see Sample Form). Note: Service Paramedics will be asked to present a valid photo ID to the Pharmacist in order to confirm the

Paramedic is authorized to exchange / receive controlled medications. The Service's UCDC shall ensure that a list of authorized providers is maintained with the MRH Pharmacy.

2. If medication from this kit is used or the kit's numbered tag has been broken 'after hours'-when the service's Medical Resource Hospital pharmacy is closed. Paramedics shall document appropriately on the supplied medication form and exchange the kit when the pharmacy re-opens. NOTE: The accountability of the opened kit can be transferred to other Paramedics. Paramedics must then perform an inventory of the medication and document the exchange between Paramedics on the supplied pharmacy form, and re-seal the kit.

3. If the kit is utilized for single patient use, complete the control record supplied and return opened kit and completed form to the service's Medical Resource Hospital Pharmacy for a new sealed kit.

4. If a kit is utilized on more than one patient, complete the control form and return to the service's Medical Resource Hospital Pharmacy for kit exchange. At that time the kit shall be inventoried by the pharmacist.

5. Exchange of outdated (intact) drug kits shall be returned to the service's Medical Resource Hospital Pharmacy for exchange at least ten (10) days prior to the expiration date posted on the outside case of the kit.

Loss or Tampering Report Procedure:

1. See SOG # _____ (Suspected Control Medication Tampering – Loss – Diversion).

Any questions on this Guideline should be directed to the Service Chief.

SOG # **DRAFT**	Date: TBD
Topic: Controlled Medication	Effective:
Subject: Witnessing Waste of Prehospital Controlled Substances	Revision Date:
Authorizing Signature:	

PURPOSE: To provide direction to Department Paramedics on the proper wasting procedures for Paramedics who have utilized controlled substances for a patient transported to the hospital.

SCOPE: Applies to all Department Paramedics.

DEFINITIONS:

Licensed Medical Provider – A provider that is licensed in the state they are practicing while in contact with affected patient(s) (i.e. EMT, AEMT, Paramedic, NP, MD, etc)

PROCEDURE:

1. Confirm the medication being witnessed by inspecting the vial/container and the syringe with the controlled substance / medication in it.
2. Confirm the volume to be wasted is consistent with the medication and its concentration.
    a. Example: Fentanyl is prepared in a 100mcg/2mL vial. The Paramedic administered 75mcg to a patient; the wasting volume would be 0.5mL or 25mcg.
3. The medication must be drawn up into a syringe if still in a vial. The **Licensed Medical Provider** will not witness a waste unless the medication is drawn into a syringe that allows appropriate viewing of the actual volume.
4. Witnessing a waste requires a **Licensed Medical Provider** to actually witness the waste occurring.
5. Once the medication is confirmed by both the Service's Paramedic and the **Licensed Medical Provider**, the Service's Paramedic shall appropriately waste in a non-retrievable manner;
    a. Commercial wasting container or sink with running water, or into a toilet bowl is acceptable.
    b. Placing medication still in a syringe into a sharps container or trash receptacle is NOT an appropriate waste.

6. Signatures on the service's Medical Resource Hospital pre-hospital "proof of use" form on the appropriate line will denote that the **Licensed Medical Provider** confirmed the volume being wasted and witnessed was an appropriate waste.

Any questions on this Guideline should be directed to the Service/ Agency Head or Chief.

SOG # **DRAFT**	Date: TBD
Topic: Controlled Medication	Effective:
Subject: Suspected Controlled Medication Tampering – Loss - Diversion	Revision Date:
Authorizing Signature:	

PURPOSE: To provide direction to Department members on the proper reporting procedures whenever there is a possibility of Controlled Medication tampering, loss, or diversion has occurred.

SCOPE: Applies to all Department members.

DEFINITIONS:

Controlled Medication - Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15**. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

Drug Diversion - Drug diversion is the illegal distribution or abuse of prescription drugs or their use for unintended purposes.

Unit Controlled Drug Coordinator (UCDC) – The Designated Unit / Department Paramedic shall be the UCDC and is responsible to oversee and coordinate the accountability of all controlled medications in possession of the unit / department.

REFERENCES:

NH RSA Chapter 318-B: Controlled Drug Act – Section 318-B:25 (Authority for Inspection).

NH Rule: Part Saf-C 5920 – Possession Procedures for Controlled Drugs.

Title 21 Code of Federal Regulations CFR 1301.71 – Security Requirements: (a) All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances.

PROCEDURE:

1. Controlled Medication Security:

a. It is the desire of the Drug Enforcement Agency (DEA), NH Bureau of EMS, and NH Board of Pharmacy to secure and account for all Controlled Medication in such a way as to prevent theft or inadvertent release of Controlled Medications to unauthorized persons, reduce liability of the department and individual Authorized EMS Providers in the event of theft or other criminal diversion, comply with federal regulations regarding Controlled Medication, assure control over the use, inventory, security and access to Controlled Medications, and maintain adequate inventory of Controlled Medications at all levels to meet operational needs.

b. Personnel will be vigilant when handling Controlled Medications to prevent theft, loss, or diversion. Theft, loss, and diversion of Controlled Medications are extremely serious offenses and subject to discipline, up to and including termination.

2. Vehicle / Apparatus Security:

a. Authorized Apparatus. The following apparatus, when equipped with a functioning safe are authorized to carry Controlled Medications:

i. Ambulances equipped with ALS equipment (IV start supplies, medication kit, and EKG monitor).

ii. Continuously staffed supervisor or first-response apparatus.

iii. Other apparatus on which, by agreement of the Unit UCDC and the Medical Director, the availability of Controlled Medications will benefit the community.

iv. Controlled Medications that are unable to be secured in a safe may be transported on the person of an Authorized EMS Provider only for a response or to move the Controlled Medications directly to a functioning safe.

v. Doors of any apparatus carrying Controlled Medications must be locked when the apparatus is left unmanned, except in a locked station, at the hospital, or at the scene of an emergency.

vi. All apparatus carrying Controlled Medications must be housed in a heated, secure facility between responses. If an apparatus / vehicle carrying Controlled Medications need to be stored outside of a heated, secure facility temporarily, the Controlled Medications will be transferred to another authorized apparatus / vehicle or a secured location identified by the UCDC.

vii. No Controlled Medications will be left on an apparatus / vehicles while in extended maintenance or otherwise out of service and housed away from a station for a long period of time (more than 1 day).

3. Controlled Medication Inspection / Inventory:

a. Duty / Shift Inventories of Apparatus / Vehicles:

i. Continuously staffed apparatus / vehicles: In units where a continuous staffing scheme is in operation, an inventory will be made when control of Controlled Substances is passed from one Authorized EMS Provider to another. This inventory will be documented on the authorized form / accountability system and labeled accordingly (if possible). The Authorized EMS Provider taking control of the Controlled Medications will sign-in as Controller of the medications and that all appear Controlled Medication to be as listed.

ii. Intermittently staffed apparatus / vehicles: In stations that are intermittently staffed, or where staffing does not always include an Authorized EMS Provider, the following requirements will apply:

1. Change of shift from Authorized EMS Provider to EMS Provider: Perform & Document an inventory as in 3.a.i (above).

2. Beginning or end of shift with one Authorized EMS Provider and one Authorized Witness: document an inventory with the Authorized EMS Provider signing-in as taking control of the medications and the Authorized Witness signing as Witness (if possible).

3. Beginning or end of shift with one Authorized EMS Provider and no Authorized Witnesses: document an inventory and document “No Witness Available” in the comment area of form, or access the electronic accountability system by using the Provider issued access code.

b. UCDC Audit / Inspections:

i. Routine audit / inspections, by the Unit’s UCDC, of Controlled Medications and all related inventory documentation (including electronic audits) shall be completed monthly.

ii. The Unit’s UCDC may perform random audit / inspections at any time.

c. Additional Audit / Inspections:

i. An audit / inspection of Controlled Medications may be requested at any time by the Unit’s Medical Resource Hospital’s Medical Director or Pharmacy Director (or designee).

ii. Drug Enforcement Agency (DEA) Inspectors / Investigators (with proper credentials) may request access to Controlled Medications in order to complete inspections. All members are to cooperate with DEA inspection requests after verifying the identity of the DEA Investigator.

1. The Unit's UCDC shall be notified as soon as possible that a DEA inspection is occurring.

4. Controlled Medication Theft, Loss, Tampering, Diversion or Accidental Destruction:

a. Any discrepancy in inventory, theft, loss, tampering, diversion, accidental destruction or damage of Controlled Medications **SHALL** be reported immediately (verbally) to the Duty Officer, Supervisor, Chief of the service, and to the UCDC.

b. The Chief of the service, UCDC, or designee shall notify the police department if any of the Controlled Medications are found to be missing or if there is evidence of tampering or diversion.

c. After verbal notification, the persons reporting the discrepancy shall complete an EMS Agency Drug Diversion Report Form (available on NH Bureau of EMS website) and a written statement. A copy of the form and statement shall be submitted to the Unit's UCDC within 8 hours (of the initial discovery).

d. The Unit's UCDC shall verbally notify (immediately upon receipt of the above verbal report) the Unit's Medical Resource Hospital (MRH) Pharmacy and Medical Director of such theft, loss, tampering, diversion, accidental destruction or damage of Controlled Medications.

e. The Unit's UCDC shall file a written report to the MRH Pharmacy and Medical Director – including a copy of the discovering member's completed EMS Agency Drug Diversion Report Form and statement, and any immediate findings / photos of the UCDC Audit – within 24 hours of the initial verbal notification.

Any questions on this Guideline should be directed to the Service Chief.

SOG # **DRAFT**	Date: TBD
Topic: Controlled Medication	Effective:
Subject: UCDC Reporting / Checks / Auditing	Revision Date:
Authorizing Signature:	

PURPOSE: To provide direction to the Department's Unit Controlled Drug Coordinator (UCDC) on the proper reporting / periodic checks / auditing procedures.

SCOPE: Applies to the Department UCDC.

PROCEDURE:

Inventorying of Controlled Substances:

a) Every Department / Agency UCDC shall maintain complete and accurate accounting of all controlled substances, from the time they are received until they are administered, disposed of or returned.

b) UCDCs shall inventory all controlled medications under his/her control each week.

c) Inventories and proof-of-use records shall be kept at the premises where the licensed agency is based, and shall be readily available for inspection for a minimum of two (2) years.

d) Each weekly inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken, and shall be maintained in written, typewritten, or printed form at the registered location for at least two (2) years from the date that the inventory was conducted.

e) Each inventory shall contain the following information:
   i. Date and Time of Inventory;
   ii. Location of the Controlled Medication Kit (i.e. "Ambulance 1");
   iii. Seal / Tag Number(s);
   iv. Confirm if Seal / Tag Number(s) correspond with the Provider Medication Inventory Sheet;
   v. UCDC signature confirming all Controlled Medication Kit(s) are accounted for and have appropriate Seal / Tag number(s).

f) Controlled substances shall be deemed to be “on hand” if they are in the possession of or under the control of the licensee agency.

g) A separate inventory shall be made for each registered location.

h) Initial inventory date – Every UCDC required to keep records shall take an inventory of all stocks of controlled medications on hand on the date he/she first engages in the control of controlled substances. In the event a person commences operation as UCDC with no controlled medications on hand, he/she shall record this fact as the initial inventory.

Internal (Agency-level) Auditing:

a) The UCDC shall conduct frequent (as designated) audits of authorized providers that use Controlled Medications to evaluate and assess the agency’s compliance with applicable Medical Resource Hospital, state and federal requirements.
b) The audits shall include individual patient care reports (PCR) to also include established reports in the Elite (electronic PCR system).
c) ELITE PCR audits should include:
    a. Monitoring administration of controlled medications;
    b. Proper documentation completed (i.e. narrative, medications, procedures, controlled substance administered / wasted, signatures);
    c. Frequency of controlled medications administered by authorized providers.
d) UCDCs shall complete monthly on-site controlled medication audits to evaluate the care / storage, paperwork, and provider inventory documentation (see attached audit checklist).
e) If applicable, complete monthly audits of lock access attempts on safe electronic lock(s).
f) Any audit records shall be kept at the premises where the licensed agency is based, and shall be readily available for inspection for a minimum of two (2) years.
g) Audits shall be documented providing details of inspection results, including corrective action recommendations.

Any questions on this Guideline should be directed to the Service Chief.

CONTROLLED MEDICATION ON-SITE AUDIT CHECKLIST

DEPARTMENT / AGENCY: _____

DATE: _____ **TIME:** _____

UNIT #: _____ **STATION:** _____

REVIEWED BY: _____, **UCDC**

RATING	A	NA	NI
CARE and STORAGE			
✓ Medications properly secured.			
✓ Area is clean.			
✓ Refrigerated medications in designated area (box).			
✓ Medication expiration dates current.			
✓ Medications in properly labeled containers.			
✓ Tag / Seal Numbers(s):			
✓ No evidence of tampering.			
✓			
PAPERWORK			
✓ Authorized provider signature(s).			
✓ Proof-of-Use Form numbers match current Tag/Seal(s).			
✓			
PROVIDER INVENTORY DOCUMENTATION			
✓ All documentation in ink.			
✓ Signature to match all initials on medication log.			
✓ Controlled medication kit tag / seal(s) are documented appropriately.			
✓			
Areas of concern:			
Follow up plan:			
Comments:			

*** A = Acceptable *NA = Not Applicable *NI = Needs Improvement**

NH EMS Rules for UCDCs

PART Saf-C 5920 POSSESSION PROCEDURES FOR CONTROLLED DRUGS

Saf-C 5920.01 Agreement.

(a) The procurement, storage and security of controlled prescription drugs shall be regulated in accordance with 21 CFR 1300.

(b) The procurement, storage and security of non-controlled prescription drugs shall be defined by the unit's MRH, in accordance with the NH patient care protocols, dated 2009.

(c) Prior to obtaining possession of controlled drugs, each unit shall enter into a formal written agreement with its designated MRH.

(d) A separate agreement between the unit and the designated local MRH shall be required for each unit and each of its applicable satellite locations based in this state.

(e) The agreement shall identify and describe the policies and procedures that implement the provisions of Saf-C 5920.03 through Saf-C 5920.07 for the procurement, security and accountability of controlled drugs and be routed as follows:

(1) The signed agreement shall be forwarded to the commissioner for approval and signature;

(2) The commissioner shall then forward the agreement to the Drug Enforcement Agency (DEA) Special Agent in Charge (SAC) for written approval;

(3) The original approved agreement signed by the commissioner and the DEA, SAC shall be maintained, on file, in the pharmacy of the MRH; and

(4) Copies of the approved agreement shall be kept on file at the unit and with the commissioner.

(f) Any revisions, with the exception of a change in identity of the UCDC or the MRH pharmacist, to the existing agreement shall necessitate a new agreement, which shall be approved by the commissioner and the SAC.

(g) Units shall conduct controlled drug activity pursuant to the provisions of 21 CFR 1304.03, as an extension of the MRH, DEA registration.

(h) The signed, approved agreements shall be available for inspection, upon demand, by any person or agency charged with the responsibility of enforcing RSA 318 or RSA 318-B.

(i) The commissioner shall maintain a current listing of all units with signed agreements and provide copies to the pharmacy board either upon demand or as changes occur.

(j) The agreement shall identify the following:

(1) The legal name of the unit;

(2) The street address of the unit;

(3) The mailing address of the unit;

(4) The business telephone number of the unit;

(5) The FAX number of the unit, if available;

(6) The E- mail address of the unit, if available;

(7) The legal name of the head of unit;

(8) The identity of the UCDC and the person's provider license number;

(9) The identity of the MRH;

(10) The mailing address of the MRH;

(11) The US Drug Enforcement registration number of the MRH; and

(12) The identity of the MRH pharmacist.

(k) The identity and quantities of controlled drugs contained in each drug kit and the total number of drug kit(s) for each unit shall be included in the agreement.

(l) Any changes in the identity of the UCDC or MRH pharmacist shall require written notice to all parties in the agreement and the commissioner within 5 days after making the change.

Saf-C 5920.02 Procurement.

(a) The drug kit(s) shall be obtained or exchanged only at the MRH specified in the agreement.

(b) The initial distribution of the drug kit(s) shall be by the pharmacy of the MRH directly to the UCDC, who shall be responsible for placement of the drug kit(s) at the appropriate, predesignated stations.

(c) At the time of distribution to the UCDC, the pharmacy shall review the MRH policies and procedures for possession and replacement of the drug kit(s).

(d) Only those controlled drugs, as approved by the pharmacy board and the EMS MCB in accordance with RSA 153-A:5, III(f) shall be included in the drug kit(s).

(e) The pharmacist shall report any changes in type and/or quantities of controlled drugs or changes in drug kits in writing to the commissioner. The commissioner shall provide the UCDC with a copy of the correspondence.

Saf-C 5920.03 MRH Responsibilities.

(a) The MRH shall develop policies and procedures to address the supply and distribution of controlled drugs to agreement units pursuant to Saf-C 5920.01 (h) through (j).

(b) The policies and procedures shall specifically address, but not be limited to, such issues as:

(1) Initial stocking;

(2) Returns;

(3) Drug kit replacement;

(4) Recordkeeping requirements;

(5) Drug losses;

(6) Security of the drug kits; and

(7) Reports.

(c) At the time of the initial distribution of the drug kit(s) to the UCDC, the pharmacy shall review these policies and procedures with the UCDC and document the following:

(1) The UCDC name;

(2) The unit;

(3) The date, time and place of meeting; and

(4) The topics covered.

(d) Controlled drugs shall only be supplied in drug kits that meet the following requirements:

(1) The quantity of controlled drugs contained in the drug kits and the contents of the proof of use sheet shall be determined jointly by the pharmacy and the medical director;

(2) The pharmacy shall document the contents of each drug kit;

(3) All controlled drugs kits shall be prepared and sealed by the pharmacy; and

(4) Each drug kit shall contain the following information on the outside of the container:

a. The name of the MRH;

b. The expiration date of the drug kit; and

c. The specific identification number of the drug kit.

(e) Replacement drug kit(s) shall be obtained directly from the pharmacy.

(f) A specified number of replacement drug kit(s) may be stored in the MRH's emergency department for purposes of restocking during times that the pharmacy might be closed.

(g) Drug kits located in the emergency department shall be stored in a locked location, separate from all other drug supplies of the emergency department.

(h) These replacement drug kits shall be accessed by the emergency department supervisor only.

(i) The sealed replacement drug kits shall be included as part of the emergency department shift change narcotic count as established by the MRH.

(j) The pharmacy shall provide the emergency department with a list of those persons, designated by the unit's UCDC, as authorized to engage in drug kit replacement.

(k) The pharmacy shall develop a system of documentation, for the emergency department, to record drug kit replacement activities.

(l) Documentation in (k) above shall include:

(1) The date and time of shift counts for sealed drug kits;

(2) The number of sealed drug kits on hand; and

(3) The name of the person doing the count and the name of the witness.

(m) Utilized drug kits shall be accepted and documented in the emergency department, by the shift supervisor.

(n) Utilized drug kits shall be stored in a locked area, separate from the emergency department's own inventory.

(o) A separate medications inventory sheet, for documenting utilized drug kit contents, shall be developed by the pharmacy.

(p) Upon receipt of the utilized drug kit, the contents shall be documented on the proof of use sheet by the person relinquishing the kit and the nurse supervisor or pharmacist receiving the kit.

(q) The medications inventory proof of use sheet shall be documented at each shift inventory until such time as the utilized drug kit is returned to the pharmacy.

(r) Utilized drug kits and inventory documents shall be forwarded to the pharmacy pursuant to facility procedures.

Saf-C 5920.04 Unit Responsibilities.

(a) The UCDC shall place the drug kits into service at the unit and its applicable satellite locations only after conducting a training session which explains the requirements set forth in Saf-C 5920.03(a) to the unit personnel authorized to have possession of controlled substances.

(b) The UCDC shall maintain a record of the date, time and participants of the procedures review.

(c) Records of training sessions described in (a) above shall be available for inspection by authorized persons pursuant to RSA 318:8 and 318-B:25.

(d) Resupply of expended controlled drugs shall be obtained only at the specific MRH named in the unit's agreement.

(e) Drug kits shall be maintained in secure locations as designated by the UCDC and identified in the agreement.

(f) Drug kits shall only be accessible to those persons authorized under RSA 318:42, X and 318-B:10, V.

(g) When stored on a vehicle, the drug kit shall be stored in a secured compartment, separate from the non-controlled substance medication container.

(h) When the drug kit is not stored on a vehicle, storage shall be:

(1) In a secured area that is not accessible to unauthorized personnel;

(2) Separate from non-controlled substance medication containers; and

(3) In compliance with security measures required in the agreement.

(i) Key or access codes for the drug kits shall be distributed by the UCDC, to those persons authorized under RSA 318:42, X and 318-B:10, V.

(j) The UCDC shall communicate to the MRH pharmacy, a list of all personnel authorized to possess and replace drug kits.

(k) The list identified in (j) above shall be immediately updated as changes occur.

(l) The UCDC shall be the person designated to communicate with the unit owner and MRH pharmacy, on all matters related to controlled drugs.

Saf-C 5920.05 Loss/Tampering Reporting Procedure.

(a) Units shall report any loss or tampering of or potential damage to the drug kits or its contents during inspection procedures or calls for service as follows:

(1) Immediately upon conclusion of the inspection and upon noting any discrepancy in the security or contents of a controlled drug kit, orally reporting the discrepancy to the UCDC; and

(2) After oral notification, the persons conducting the inspection shall file a written statement to the UCDC within 8 hours.

(b) The UCDC shall have the following responsibilities covering loss or tampering of controlled drugs:

(1) The UCDC shall verbally notify the MRH pharmacy of such loss or tampering immediately upon receipt of the verbal report; and

(2) The UCDC shall file a written report to the pharmacy, including a copy of the discovering unit's report and the specific identity of the drug kit involved, if known, within 24 hours of verbal notification.

(c) The hospital pharmacy shall notify the following agencies of the reported incident pursuant to Ph 703.04 and 21 CFR 1301.76(b) within 15 days:

(1) The pharmacy board;

(2) US DEA via DEA form 106; and

(3) Copies of the notices referenced in (1) and (2) above to the commissioner.

Saf-C 5920.06 Outdated Controlled Drug Kit Exchange.

(a) All intact drug kits in possession of the unit shall be returned to the pharmacy within 5 days of the expiration date.

(b) All intact drug kits shall be exchanged on a one-for-one basis.

(c) Documentation of drug kit exchange shall be maintained in the pharmacy pursuant to Ph 704.11 with a copy provided to the UCDC for the unit's records.

Saf-C 5920.07 Violations.

(a) A denial, suspension or revocation of a license as a result of any violation of this section shall be in accordance with RSA 153-A:13, Saf-C 5903.11, Saf-C 5903.12 and RSA 541-A:30.

(b) Administrative fines shall be assessed for any violation under this section in accordance with Saf-C 5907.

(c) The schedule of fines as set forth in Saf-C 5907.02 shall be utilized in addition to any fines imposed by the board of pharmacy pursuant to Ph 710.01 and 710.02.

PART Saf-C 5921 RESPONSIBILITIES BETWEEN MRH AND UNIT

Saf-C 5921.01 Collaboration between Medical Director and Head of Unit.

(a) The head of unit and medical director shall collaborate with one another in regards to the following:

(1) Education;

(2) Advice;

(3) Critiques;

(4) Medications;

(5) Treatment modalities and performance improvement.

Saf-C 5921.02 Responsibilities.

(a) Responsibilities between the unit and the unit's MRH shall be in a written agreement.

(b) The written agreement set forth in (a) above shall include, at minimum:

(1) The name and mailing address of the MRH;

(2) The name and mailing address of the unit;

(3) Provisions for sharing of patient demographic data;

(4) Provisions for medical control as defined in RSA 153-A:2, XV;

(5) The name of the medications approved for use under the NH patient care protocols, dated 2009;

(6) Provisions for the supply and control of medications;

(7) Provisions set forth in Saf-C 5921.01(a); and

(8) Provisions set forth in Saf-C 5902.09(d).

(c) A copy of each responsibility between the unit and the unit's MRH set forth in (a) above shall be signed by both parties.

(d) Licensed units providing care shall have an agreement with their designated MRH, which shall include:

(1) Printed or typed name of the medical director for the MRH that is responsible for emergency medical services unit agreement;

(2) Printed or typed name of the medical director's designee, if appropriate;

(3) Printed or typed name of the head of unit; and

(4) The form shall be signed and dated by both parties listed above.

(e) EMT-intermediate and EMT-paramedic level medical control shall only be in effect while the unit has intermediate and/or paramedic provider(s) affiliated or through written ALS mutual aid agreements. The unit shall notify the division and the MRH within 10 days when it no longer has EMT-intermediate or EMT- paramedic provider(s) affiliated with it.

(f) The MRH shall maintain a current file of agreements, which includes the following:

(1) The name, address and contact information of the MRH; and

(2) An alphabetical list of unit agreements.

(g) The complete list of agreements shall be kept current and copies shall be submitted to the division by the MRH.

(h) The MRH shall be responsible to notify the division within 10 days of any changes of the following:

(1) Any change in the EMS medical director;

(2) Any change in the primary hospital EMS contact;

(3) Any change in the hospital trauma program contact;

(4) The addition or deletion of any hospital personnel who have access to TEMSIS; or

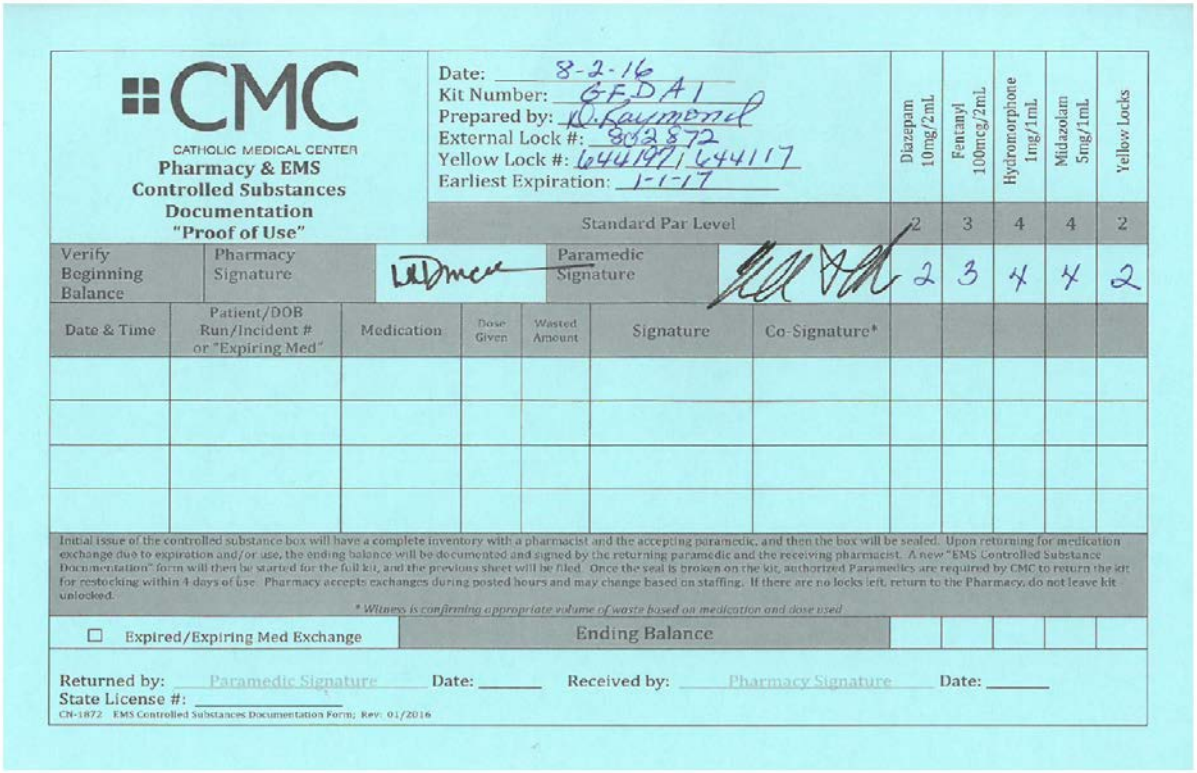
(5) Any potential or actual breach of EMSIR data that may compromise the security of confidential patient information.

Best Practice Controlled Medication Forms

- Sample Controlled Medication Inventory Form

Date & Time	Daily Check, Use or Restock	Current Lock Number	Department Incident Number	Medication Used	Earliest Expiration Date	New Lock Numbers	NH Provider License Number	Signature

Sample Controlled Medication Proof-of-Use Form



CMC
CATHOLIC MEDICAL CENTER
Pharmacy & EMS Controlled Substances Documentation "Proof of Use"

Date: 8-2-16
Kit Number: GEDA1
Prepared by: K. Raymond
External Lock #: 862872
Yellow Lock #: 644197 / 644117
Earliest Expiration: 1-1-17

	Diazepam 10mg/2mL	Fentanyl 100mcg/2mL	Hydromorphone 1mg/1mL	Midazolam 5mg/1mL	Yellow Locks
Standard Par Level	2	3	4	4	2
Verify Beginning Balance — Pharmacy Signature: [signature] — Paramedic Signature: [signature]	2	3	4	4	2

Date & Time	Patient/DOB Run/Incident # or "Expiring Med"	Medication	Dose Given	Wasted Amount	Signature	Co-Signature*

Initial issue of the controlled substance box will have a complete inventory with a pharmacist and the accepting paramedic, and then the box will be sealed. Upon returning for medication exchange due to expiration and/or use, the ending balance will be documented and signed by the returning paramedic and the receiving pharmacist. A new "EMS Controlled Substance Documentation" form will then be started for the full kit, and the previous sheet will be filed. Once the seal is broken on the kit, authorized Paramedics are required by CMC to return the kit for restocking within 4 days of use. Pharmacy accepts exchanges during posted hours and may change based on staffing. If there are no locks left, return to the Pharmacy, do not leave kit unlocked.

* Witness is confirming appropriate volume of waste based on medication and dose used

☐ Expired/Expiring Med Exchange — Ending Balance

Returned by: Paramedic Signature Date: _____ Received by: Pharmacy Signature Date: _____
State License #: _____

CN-1872 EMS Controlled Substances Documentation Form; Rev: 01/2016

New Hampshire Department of Safety

Division of Fire Standards and Training
& Emergency Medical Services

Mailing Address: NHFSTEMS · 33 Hazen Drive · Concord, NH 03305
Physical Address: 98 Smokey Bear Boulevard · Concord, NH 03301

EMS Agency Drug Diversion Report Form

Date of Report: | Date Incident Occurred or Discovered:

Name of Person Completing this Report:

EMAIL | PHONE (W) | PHONE (C)

STREET ADDRESS | CITY | STATE | ZIP

Name of EMS Agency Involved: | Agency Number:

Signature of Person Completing Report: | Date:

Meds missing from: Supply Storage Area ☐ Vehicle ☐ | Sign of Physical Damage: YES ☐ NO ☐

Meds in Locked Cabinet of Box: YES ☐ NO ☐

Date Discovered: | Time Discovered: | Last Date Meds were checked:

Address the Diversion Occurred:

STREET ADDRESS | CITY | STATE | ZIP

Name of Person that Discovered the Diversion:

PHONE (W) | PHONE (C)

STREET ADDRESS | CITY | STATE | ZIP

Has Local Law Enforcement been Contacted? YES ☐ NO ☐ | Name of Law Enforcement Agency:

Please see Page 2 (back of this form) to list the meds and volume of each involved in this diversion.

Person making the discovery of the Med Diversion must file a written statement with specific details about what they found and observed at that time and attach that statement to this report. These documents must be forwarded by the Agency's UCDC to MRH Pharmacy.

Statement Attached: YES ☐ NO ☐

Date Report received by OEMS: | Received By:

Investigation Required: **YES** ☐ **NO** ☐ | Person Assigned:

EMS Agency Drug Diversion Report Form

	Trade Name	Name of Controlled Substance Involved	Dosage Strength / Form	NDC	Quantity
SAMPLE:					
	Robitussin AC	***Codeine Phosphate***	***2mg/mL liquid***	***00121-0775-16***	***12 pints***
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Loss/Tampering Reporting Procedure (Saf-C5920-05)

Loss, tampering or discrepancy discovered

↓

Provider IMMEDIATELY reports discrepancy to UCDC verbally

↓

Provider files a written statement to UCDC within 8 HOURS

↓

UCDC IMMEDIATELY reports discrepancy to MRH pharmacy verbally

↓

UCDC files a written report to MRH pharmacy, including provider's written statement, within 24 HOURS

↓

EMS Agency notifies The Bureau of Infectious Disease with 72 HOURS

NH Bureau of EMS: 603-223-4200
NH Bureau of Infectious Disease: 800-852-3345 Option #3
NH EMS Diversion Best Practice Guide:
https://www/nh/gov/safety/divisions/fstems/ems/BestPractices.html

I certify that the foregoing information is correct to the best of my knowledge and belief.

SIGNATURE	TITLE	DATE

Best Practice Controlled Medication In-Vehicle Safes

In recognition that there are many in-vehicle safes available in the market available, it is best practice that the safes have the following desired features:

- Tamper resistant construction – ideally in a separate steel lockbox / cabinet / safe.
- The lockbox / cabinet / safe should be secured / bolted to the interior of the vehicle.
- The lockbox / cabinet / safe should be secured with a locking mechanism that can only be accessible by authorized personnel and the UCDC.
- The locking mechanism should be at a minimum key-lock or preferably a combination lock - utilizing individual access codes. Many electronic combination lock systems are auditable and have features that indicate unauthorized attempts to open the lock (including wireless programming and auditing).

Examples of In-vehicle Controlled Medication Safes:

CompX – Elock

MedixSafe

Knox – MedVault

V-Line

EMS – Responder Support Services

FACILIITY NAME	LOCATIONS	CONTACT #	IN PATIENT	OUT-PATIENT	Family/Sig. Other Program	Detox Available	SPECILITIES	ACCEPT INSURANCE
Brattleboro Retreat	VT	1-802-258-3700	YES	YES		YES	Uniformed Services, Trauma, PTSD, CISM, Co-Occcuring	YES
Caron Treatment Centers	PA, TX, & FLA	1-800-678-2332	YES		YES	YES	Substance Abuse & Addiction Interaction Disorder	Out of Network Possible
Dave Poles	MA	1-617-981-1186	NO	YES	NO	NO	Addictions, Men's issues	YES
Marworth Treatment Center	PA	1-800-442-7722	YES		YES	YES	Uniformed Services, Trauma, PTSD, Co-Occuring	YES
Mclean Hospital	MA & ME	1-617-855-3141	YES	YES	YES	YES	Law Enforcement & 1st Responders, Trauma, Depression	YES
Sovereign Health Group	AZ, CA, FLA	1-866-597-3983	YES				Trauma, PTSD, Women's issues	YES
Spectrum Health Systems	MA, ME	1-800-366-7732	YES in MA	YES in MA & ME		YES	Suboxone, Vivitrol, Methadone, Drug free housing	YES
Thomas Peltz	MA & NH	1-978-927-6763	NO	YES	NO	NO	Co-occuring, Addiction, Mental Health	YES
American Addiction Centers	NV, TX, FL, CA, MS, RI, NJ	1-888-731-3473	YES	YES	YES	YES	Uniformed Services, Addiction, PTSD	YES

Note: This list is NOT all-inclusive. Updates to this list of support services may be obtained from the NH Bureau of EMS web site.

UCDC Training Program

Content Pending

Future NHOODLE Program

EMS Provider Training Program

Content Pending

Future NHOODLE Program