



NARCOTIC AND CONTROLLED DRUG MANAGEMENT

LHSC Policy available on the intranet at:

[http://appserver.lhsc.on.ca/policy/search_res.php?
polid=PCC019&live=1](http://appserver.lhsc.on.ca/policy/search_res.php?polid=PCC019&live=1)

STAFF ADMINISTERING NARCOTICS:

Manage area drug inventory and keys.

Ensure accurate documentation on the approved record of each episode of drug disposition including wastage.

Report discrepancies and occurrences in a timely fashion to the Area Coordinator/Manager and Pharmacy Services.

Complete a full narcotic count of unit supply at every regularly scheduled shift change --12 hour tours. RNs - remain on duty until the count is completed.

Initiate a new Narcotic and Control Drug Disposition Record in conjunction with the regularly scheduled shift change and/or narcotic delivery. **For Inpatient units AND Emergency departments, this will mean a new record daily.**

During time a clinical area is closed and not operational for five (5) days or less, ensure area is secured and there is no access to the narcotic supply. Where the area is closed for longer than five (5) days, Pharmacy is to be notified and all narcotic and controlled substances will be signed back to pharmacy and restocked when a new patient is admitted to the unit.



PHYSICIANS ROLE IN NARCOTIC ADMINISTRATION

Ensure accurate documentation on the approved record of each episode of drug administration including wastage for doses administered by a physician.

Report discrepancies and occurrences in a timely fashion to the Area Coordinator/Manager and Pharmacy Services.

Accountable for securing and disposing of drugs issued to him/her for administration to patients



AREA COORDINATORS/ MANAGERS ROLE

Ensure secure storage and handling of these drugs in the area(s) for which they have responsibility in accordance with current policies, statutes and regulations.

Investigate and resolve issues connected to drug-related discrepancies and occurrences in conjunction with Risk Management and Pharmacy Services. Investigations must be completed in a timely fashion.

It is a requirement that lost Narcotic and Controlled drugs be reported to Health Canada by Pharmacy within ten (10) calendar days of discovery.

Ensure that the event is documented in the Adverse Event Management System (AEMS) in accordance with the Adverse Event Reporting policy.

Ensure accurate record keeping related to drug keys and narcotic disposition and administration in the area.

All keys, locks for Narcotic cupboards must be accessed through Pharmacy



KEY/LOCK MANAGEMENT

Drugs are to be secured in a locked environment requiring key access in accordance with the Health Canada policy and Guidelines for the Secure Distribution of Narcotic and Controlled Drugs in Hospitals.

Access to and accountability for drug keys is restricted to authorized Pharmacy staff, nurses who give drugs, technicians in some diagnostic areas and specific research staff. Student nurses access drugs through their preceptor or instructor. Physicians, medical students and agency nurses do not have access to the drug keys.

When the area is in operation, keys must be in the possession of authorized staff members and remain on-site. If leaving facility for breaks keys must be given to another authorized person.

Keys will be locked in a secure environment when the area is closed.

Multiple sets of keys may be used to improve the timely delivery of drugs to patients. The number of key sets must not exceed the maximum number of authorized staff on rotation.

A key count is performed and documented on the Narcotic and Controlled Drug Disposition Record with each drug count.

Keys inadvertently removed from the hospital must be returned within 4 hours of discovery, after which the locks must be changed as per documented process, printed on the back of the Narcotic and Controlled Drug Disposition Record. Locks must also be changed anytime the location of the key(s) is unknown. Units/Program will bear the cost of key/lock replacement.



WASTAGES / WITNESS

To minimize wastage, the smallest product format available is to be selected.

Wastages greater than a single dose must be witnessed. Therefore, any multiple dose drug wastage must be witnessed by a second staff member and documented by both parties on the Disposition Record at the time of the wastage - e.g. breakage of several ampules at one time or breakage of a multi-dose vial. This process applies to any practitioner administering a narcotic.

Single or partial dose wastages must be documented on the Disposition Record but do not require a witness. **Infusion cassettes, PCA, epidural and oral syringes are considered single dose units.**



ALCOHOL POLICY AT LHSC

Open bottles of alcohol may not be brought onto LHSC property by any individual.

The consumption of any type of alcoholic beverages by staff within LHSC is prohibited and will be cause for disciplinary action.

Staff at work under the influence of alcohol will be disciplined.

Visitors under the influence of alcohol who are disruptive and/or disorderly may be asked to leave LHSC property.

Alcoholic beverages may be served to patients **ONLY** on the written order of a physician. The prescribed beverages will be supplied by Pharmacy and stored and dispensed as any other medication.



WHAT'S NEW...

During the week of April 4 to April 8, 2011, the Institute of Safe Medication Practices (ISMP - <http://ismp.org/>) will be on site at both London Health Sciences Centre (LHSC) and St. Joseph's to partner with us in a review of narcotic medication practices

This review is being conducted at our request in an effort to keep our hospitals current with the best practices of narcotic medication management

Tours by the ISMP team will be similar to the patient safety walk-about conducted by leaders across our various services

ISMP will prepare a final set of recommendations, which will be shared with the clinical teams

Please welcome the ISMP reviewers and engage them as we learn together and work to enhance the safety of the narcotic management system

