

Policy:	Controlled and Expired Medications	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: April 2011

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POLICY

This policy details the mechanism for accountability and compliance with the *Controlled Drugs and Substances Act*.

PROCEDURE

1.0 CONTROLLED SUBSTANCE

- 1.1. The controlled substances in the Southwest Ontario are: diazepam, midazolam, fentanyl, ketamine, morphine and hydromorphone.
- 1.2. The Regional [Medical Director](#) delegates to [Paramedics](#) through medical directives that permit administration of controlled substances to patients.
- 1.3. The [Employer](#), whose staff members hold and transport controlled substances, is required to designate an individual as a Designated Administrator. The Designated Administrator is responsible for compliance with the *Controlled Drugs and Substances Act*.
- 1.4. When the controlled substance inventory requires replenishment, the Designated Administrator will provide the prescribing [Medical Director](#) with a summary that accounts for controlled substance use since the previous prescription. The summary should identify the current inventory and account for all use, waste and disposal through supporting documentation (i.e. daily check sheets, controlled substance inventories and disposal/waste records). The prescribing [Medical Director](#) will issue a prescription for controlled substances (provided there is sufficient evidence that the *Controlled Drugs and Substances Act* requirements are satisfied), to a hospital or community pharmacy with which the [Employer](#) is affiliated.
- 1.5. [Paramedics](#) must follow the local process approved by the prescribing [Medical Director](#) to properly document daily inventory, use and waste. The approved inventory control and validation process must address the maintenance of security of controlled substances through locked storage, and the use of signatures (with witnesses) to validate each step in the chain of use. [Paramedics](#) disposing of waste (controlled substance that is expired, contaminated, damaged or any residual controlled substance remaining after administration from a multi-dose vial, or reconstituted from concentrated form) will follow the local process approved by the prescribing [Medical Director](#) and enforced by the Designated Administrator.
- 1.6. The prescribing [Medical Director](#) may request supporting documentation regarding controlled substances from the [Employer](#) when required as part of an investigation into adverse outcomes secondary to controlled substance use, deviations from medical directive or evidence of controlled substance procedural deviations. If the [Employer](#) has concerns about potential misappropriation of controlled substances they are to inform the [Medical Director](#) immediately.
- 1.7. Any missing controlled substance will be reported immediately to the prescribing [Medical Director](#) and if necessary to Health Canada (as required under the *Controlled Drugs and Substances Act*).

- 1.8. When a controlled substance vial is opened, the Ambulance Call Report (ACR) documentation must contain, in addition to standard documentation elements:
 - 1.8.1. name of the patient the medication was administered to;
 - 1.8.2. dose and route administered; and
 - 1.8.3. name and signature of the [Paramedic](#) responsible; and
 - 1.8.4. if applicable, the name of the Base Hospital Patch (BHP) Physician giving the order.

2.0 EXPIRED MEDICATION

- 2.1 Expired medications include any medications administered as per the associated medical directive (including controlled substances).
- 2.2 Medications must be checked regularly and rotated in order to ensure efficient use to prevent use of expired medications, and/or to avoid unnecessary disposal.
- 2.3 The [Employer/Paramedic](#) is responsible for ensuring that the following procedures are adhered to:
 - 2.3.1 [Paramedics](#) should follow their [Employer's](#) process to ensure medication checks, medication stock, and stock rotation comply with public safety requirements;
 - 2.3.2 Medications are not to be used past the documented expiry date unless written approval from Medical Director is received;
 - 2.3.3 Medications with only a month and year expiry date can be used until the last day of the applicable month; and
 - 2.3.4 Expired medications will be properly disposed of as per the [Employer's](#) policy.

DEFINITIONS

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

Controlled Drugs and Substances Act; Subsection 56(1) Class Exemption for Primary Care Paramedics, Advanced Care Paramedics and Critical Care Paramedics in Ontario
Narcotic Control Regulations, Subsection 8(1)
Benzodiazepines and Other Targeted Substances Regulations, Subsection 2(1)

[Advanced Life Support Patient Care Standards Version 4.9](#)

Emergency Health Services Branch Ministry of Health, February 1, 2022