



**REGION 11  
CHICAGO EMS SYSTEM  
POLICY**

Title: Use of Controlled Substances
Section: Patient Care
Approved: EMS Medical Directors Consortium
Effective: August 1, 2018

## **USE OF CONTROLLED SUBSTANCES**

For the purpose of this policy, “controlled substances” include opioids and benzodiazepines.

### **I. RESPONSIBILITIES OF PARAMEDICS**

- A. Each ALS company must perform a daily inventory and sign and date an inventory form for the amount of controlled substances in the ambulance at the beginning of the shift.
- B. Any missing doses, expired doses, or suspected tampering should be immediately brought to the attention of the Resource Hospital EMS Coordinator and the ambulance service provider (e.g., the supervisor of the private ambulance service provider or the duty chief on call for the Chicago Fire Department).
- C. Any controlled substance use should be documented on agency-specific controlled substance form.

### **II. RESPONSIBILITIES OF ALL PARTICIPATING HOSPITALS**

- A. Each participating hospital will maintain a controlled substance log book which contains information as to which controlled substances were used. Upon completion of the run, all controlled substances used must be documented on the log sheet.
- B. Each participating hospital will accept any residual controlled substances from ambulance personnel and dispose of it according to existing hospital and Drug Enforcement Agency (DEA) policy. Upon proof of use, each participating hospital will then replace the controlled substance in the ambulance according to the Region 11 Drug, Equipment and Supply List.
- C. Missing doses or suspected tampering requires notification of the Resource Hospital EMS Coordinator.

### **III. ADDITIONAL RESPONSIBILITIES OF RESOURCE HOSPITALS**

- A. If the receiving hospital is unable to restock an ambulance, the Resource Hospital will be responsible for restocking that ambulance.
- B. Cases of breakage, leakage or expired drugs shall be handled at the Resource Hospital. Each Resource Hospital will be responsible for documentation and restock of any controlled substance
- C. Missing Doses or Suspected Tampering
  - 1. Situations involving missing doses, suspected missing doses, or suspected tampering must be handled **only** at the Resource Hospital.



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2. If a dose is unaccounted for or if it becomes apparent that the drug has been tampered with, the Resource Hospital EMS Coordinator must be notified by the ambulance service provider.
3. The Resource Hospital EMS Coordinator shall investigate the incident as per internal hospital policy (as interpreted by the EMSMD).
4. A replacement will be issued to that vehicle by the Resource Hospital.
5. An investigation and report must be instituted by the ambulance service provider and conclusions or outcomes forwarded to the Resource Hospital EMS Coordinator.