

	UNIFIED FIRE AUTHORITY ORGANIZATIONAL POLICY MANUAL	
	Affiliation: EMS Division	
	Title: Controlled Substance Medications	
	Number: 500 – 080	
	Approved: 7/9/2025	By: Fire Chief Dominic Burchett
Last Reviewed: 06/01/2025	By: Div. Chief Rob Ayres	

REFERENCES:

- [UFA Policy and Procedure – Drug and Alcohol Testing/Drug Free Workplace](#)
- [NarcBox Field Guidelines](#)
- [DEA Form 41 Registrant Record of Controlled Substances Destroyed](#)
- [DEA Form 106 Report of Theft or U.S. Department of Justice Loss of Controlled Substances](#)
- [DEA Diversion Control Practitioner’s Manual](#)
- [DEA Diversion Control Division Guidance](#)

DEFINITIONS:

Accidental Loss – accidentally spilling or breaking a container

Controlled Substance - A drug or other substance, or immediate precursor, included in schedule I, II, III, IV, or V [21 USC 802\(6\); 21 CFR 1300.01\(b\)](#). Unified Fire Authority utilizes and stocks Midazolam, Morphine, Fentanyl, and Ketamine that meet this federal definition of a controlled substance.

Controlled Substance Pouch – is a hard or soft container of a small number of controlled substance medications for use in the course of administering emergency medical service.

Controlled Substance Master Safe – is the DEA registered Distributor Safe; this safe is secured within the administration offices of the EMS Division and contains the master supply of controlled substance medications for distribution to individual controlled substances safes.

Controlled Substance Expired Master Safe – is the smaller safe inside the DEA registered Distributor Safe; this safe is secured within the administration offices of the Medical Division and contains the expired or unusable medications that are awaiting destruction.

Diversion – is something besides a simple error or mistake. A diversion requires further investigation, explanation and notifications.

Apparatus Controlled Substance Safe - is the DEA registered location for storing quantities of Controlled Substance medication on UFA paramedic apparatus.

LEADERS INTENT:

To ensure UFA compliance with all rules, regulations and guidelines set forth by the DEA related to an EMS controlled substance program.

PURPOSE:

To establish a standard method for the accountability, use, and re-stocking of all controlled substance medications used by Unified Fire Authority. It will be the responsibility of the Station Officer to ensure that all assigned personnel are in compliance with this policy.

POLICY:

- 1.0 All controlled substances will be secured and tracked at all times in accordance with established DEA, Utah DOPL, and UFA Medical Director requirements.
 - 1.1 Each controlled substance pouch will remain locked in a controlled substances safe at all times unless access is specifically required for distribution, restock, or use in compliance with UFA EMS Protocols.
 - 1.2 Wildland Single Resource Paramedics and US&R members may manage pouches during approved deployments; however, medications will be returned to the appropriate storage safe as soon as reasonable when they return home.
- 2.0 Any deviation from standard practice or irregularity will be documented, the direct supervisor and the Controlled Substances Program manager will be notified via email as soon as possible.
- 3.0 All UFA employees with an identified organizational need to access controlled substances will be issued an RFID sticker that will be placed on the employee's UFA employee ID card. Employees will also be issued an access PIN number. It will be the responsibility of the individual to maintain control of the RFID sticker. These stickers will allow access to Controlled Substance Safes and will record who accessed the safe and when the safe was accessed.
 - 3.1 Controlled substances access PIN numbers will remain confidential and will never be shared. The access PIN will only be used by the individual to whom it was issued.
 - 3.2 If an employee ID card is lost or stolen, the on-call EMS Division representative will be notified immediately for deactivation of the card and NarcBox RFID sticker.
 - 3.2.1 UFA will maintain a record of all safe access events including, at a minimum, the cards used to access the safe, PIN number used, and the time of access.
- 4.0 Each paramedic unit will have a controlled substance safe installed and physically attached to the apparatus.
- 5.0 **Controlled Substance Accountability**
 - 5.1 Transfer of controlled substance pouches:
 - 5.1.1 Any time responsibility for a controlled substance pouch is transferred from one UFA paramedic to another, the transfer must be logged in the controlled substances tracking system.

5.1.1.1 Transfer of a controlled substance pouch will be made “face-to-face” whenever possible.

5.1.1.2 If a “face-to-face” pass off is not possible, an audit will be performed.

5.1.2 Any time a controlled substance pouch is opened, two authorized UFA employees must verify that the medications have not been tampered with. These same employees will provide complete and accurate documentation as described in UFA Operational Guidelines.

5.1.3 Controlled substances will only be used as described in UFA EMS protocols.

5.1.3.1 The actual amount administered will be documented in the Electronic Health Record (EHR)

5.1.4 If at any time during their shift the paramedic deems it necessary to complete an inventory audit, they may do so following the procedure outlined in [NarcBox Field Guidelines](#).

5.2 Controlled substance safes will remain closed and locked at all times unless being accessed to: (1) restock the controlled substance pouch, (2) complete an inventory audit of the controlled substance pouch, or (3) for emergency medical use in accordance with UFA EMS Protocols.

5.2.1 Each safe that contains controlled substances will be audited at regular shift change and when a paramedic staffing change occurs.

5.2.2 The controlled substance master safe will be audited at a minimum after each drug delivery, after receipt of medications from a vendor, or as determined by the Controlled Substances Program Manager.

6.0 Controlled Substance Documentation Audits and Reporting

6.1 The Controlled Substance Program Manager will ensure that reporting of medication orders, usage, and movement complies with applicable state and federal requirements including CSOS and ARCOS reporting.

6.2 The Q2 and Q4 audits each year shall constitute the DEA required bi-annual audits.

7.0 Station Controlled Substance Safe Restocking

7.1 Controlled substance safes will be restocked with medications and other necessary supplies by two designees of the EMS Division in order to ensure that adequate medications are available by operations personnel for the provision of medical care as specified in UFA EMS Protocols.

7.2 In certain circumstances, and to ensure that adequate medications are available for the provision of emergency medical care, a single EMS Division staff member may deliver a sealed medication pouch between an apparatus or station safe and

the controlled substance master safe. In these circumstances, the following procedure will be followed:

7.2.1 Two (2) approved personnel will be present to access the controlled substance master safe. Both personnel will verify the count and condition of medications present and that the pouch is properly sealed.

7.2.2 Two (2) approved personnel will be present to access the station or apparatus safe, witness the transfer of pouches, verify the count and condition of medications present and that the pouches are properly sealed.

8.0 Controlled Substance Master Safe

8.1 The UFA Controlled Substance Master safe will be secured within the EMS Division in a manner approved by the DEA.

8.1.1 The controlled substances master safe will only be accessed by individuals who have a current, signed power of attorney (POA) on file with the Controlled Substances Program Manager.

8.1.1.1 Two individuals will be present whenever the master safe is opened. At least one of these individuals will have a signed POA in place.

8.1.1.2 In rare circumstances, access to the Controlled Substance Master Safe may be accessed by one (1) person with a signed POA. In this circumstance, the second individual will be a UFA Field Battalion Chief or Operations Chief.

9.0 Wasting Controlled Substance Medications

9.1 At the completion of any controlled substance administration, if there is any amount of medication remaining, it is to be wasted in front of an authorized UFA EMS employee. The amount wasted will be documented on the Electronic Health Record (EHR) and in the controlled substance tracking system as specified in UFA Operational Guidelines.

9.1.1 Any unused medication will be wasted in accordance with DEA guidelines in a manner that is not retrievable.

9.1.2 Unused medication will not be wasted in a sink, toilet, or other plumbing fixture that could potentially contaminate the public water supply.

9.2 Expired medications will be collected and returned to the Controlled Substance Master Safe when the apparatus safes are restocked or more often as determined by the Controlled Substances Program Manager. Expired controlled substances will be placed in the EMS Division Expired Master Safe.

9.3 All expired medications will be disposed of in accordance with DEA regulations. The current DEA approved method is destruction by explosion utilizing the Unified Fire Authority Special Enforcement Division. The destruction process

will be performed either when the Expired Master Safe is full or when the Special Enforcement Division indicates an opportunity for destruction.

9.3.1 When controlled substances are destroyed, the Controlled Substance Program Manager or designee will complete and submit DEA Form 41 in accordance with DEA regulations.

10.0 Diversion

10.1 Any suspected/possible controlled substance diversion found, including but not limited to; missing or damaged tags, missing or damaged vials, or any suspicion of tampering will be immediately reported to the Station Captain, Battalion Chief, the Operations Chief, the EMS Division Chief and the Controlled Substance Program Manager. Employees should utilize the EMS Division on-call phone number to report any suspected/possible controlled substance diversion or tampering.

10.1.1 The Special Enforcement Division will be contacted to respond if circumstances warrant further investigation.

10.1.2 When a diversion is discovered, all employees currently at the station involved may be required to be drug tested in accordance with UFA Policy and Procedure – Drug and Alcohol Testing/Drug Free Workplace.

10.1.3 When a possible diversion is discovered, all UFA employees, off-going and oncoming, must remain at the station until released by the Operations Chief or Battalion Chief in consultation with those responsible for the investigation.

10.2 To ensure that UFA meets DEA requirements and recommendations for identifying and reporting suspicious use of controlled substances, the Controlled Substance Program Manager will review use that meets the following criteria:

10.2.1 Any provider or apparatus whose monthly controlled substance use is 25 percent higher than the monthly station average.

10.2.2 Any provider or apparatus that has an unusual pattern of damage or waste.

10.3 Any damaged, unusable, or broken controlled substances will be immediately reported to the Station Captain, the Battalion Chief and the Controlled Substance Program Manager.

10.3.1 In the case of theft or accidental loss, defined by the DEA as “accidentally spilling or breaking a container,” the crew will be required to complete DEA Form 106 and submit the completed form to the on-call EMS Division Representative immediately.

10.3.1.1 The Controlled Substance Program Manager will ensure that Form 106 is submitted to the DEA within 24 hours.

APPENDIX

List of UFA controlled substance medications:

[Morphine](#), 10mg/ml, 1 ml vial

[Fentanyl](#), 50mcg/ml, 2 ml vial

[Midazolam](#), 5 mg/ml, 2 ml vial

[Ketamine](#), 100 mg/ml, 5 ml vial