



Team Name: Pharmacy and Therapeutics Team Lead: Director - Pharmacy Approved by: Regional Lead - Medical Services & Chief Medical Officer	Reference Number: CLI.6010.PL.015 Program Area: Pharmacy & Therapeutics Policy Section: General
Issue Date: January 11 2017 Review Date: Revision Date: January 25 2024	Subject: Narcotics and Controlled Drugs

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Narcotics and Controlled Drugs

PURPOSE:

To limit the availability of high-dose, high-potency narcotics and controlled drugs from patient care areas by regionalizing the Daily Controlled Medication Record (DCMR) and standardizing the process. To provide accountability for narcotic and controlled drug transactions, detect drug diversion, and deter pilferage.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients
 Executive Limitation (EL-3) Treatment of Staff

POLICY:

A regional DCMR has been developed in acute and long term care and a narcotic list individualized to each facility/unit's(s) needs. This provides a consistent approach to narcotic control and safety to reduce the risk of harm.

PROCEDURE:

Storage:

- The entire medication cart shall be locked whenever a nurse is not in direct attendance (double locked – drawer/cart) and when not in use, should be locked to the wall or inside a locked medication room when physically possible.
- Narcotic and controlled drugs shall be stored in a secure manner throughout the building. Access to all narcotic storage areas shall be kept to a minimum and restricted to authorized personnel only.

- Narcotic and controlled drugs stored in medication carts shall be in a locked drawer or stored in a locked cupboard.
- The count book shall be stored out of sight when not in use, so as not to advertise narcotics are stored within.

Administration and Documentation:

- A narcotic or controlled drug that has been prepared for administration by one nurse must **not** be handed off to another nurse for administration.
- All narcotics and controlled drugs must be documented and accounted for. This includes the dose withdrawn, dose administered and dose wasted, where applicable. Documentation on the DCMR must include the patient's name, year, date and time, dose and the nurse's signature and may include prescriber's name.
- In Acute Care, at the end of each shift two nurses must account for narcotics and controlled drugs by counting the medication in the locked narcotic cupboard/drawer and comparing the results to the DCMR.
- In Long Term Care, all narcotics and controlled drugs are counted and signed by two nurses at least once every seven days.
- It is the responsibility of nurses doing the count to verify that all doses have been properly signed off since the last count.
- All discrepancies must be resolved immediately upon discovery by the nurse. Refer to section on discrepancies.
- Nursing students must have a nurse employed by Southern Health-Santé Sud who co-signs all narcotic and controlled drugs on the DCMR. Students and their clinical instructors may not count narcotics nor control the keys to the narcotic cupboard/drawer.
- Colour of ink for the documenting on the DCMR
 - When pharmacy adds to and/or removes stock from count - Use Green/Red pen
 - Change of shift count - Use Red pen
 - Sign out for administration and/or wastage – Use Black/Blue pen
- Page number may be documented on the bottom right corner of each sheet.
- Balance columns are to be tallied at the bottom of the DCMR and brought forward to the top of each new subsequent sheet.
- Director or Manager, reviews all of the narcotic count sheets for discrepancies/accuracy/missed signatures, etc. before they are stored securely at the pharmacy for acute care and at the personal care home for long term care.

Double signature required for the following:

- Pharmacy adding to and /or removal of stock from ward (pharmacist or pharmacy assistant and pharmacy assistant or nurse),
- Adding to and/or removal of stock from pharmacy (pharmacist and/or assistant (whenever possible)),
- Shift counts including keys/swipe cards (one nurse from each shift - one nurse who is coming on duty and one nurse who is going off duty, ((whenever possible)),
- High alert medications that are identified with a High Alert Double Check sticker ([Refer to Safety Controls for High-Alert Medications, Provincial Clinical Standard](#)),

- All wastages (nurse – nurse),
- All adjusted discrepancies as noted below (nurse – nurse/manager),
- Accessing medications from another department/unit/ward (1 nurse from lending ward and 1 nurse from receiving ward),
- Balance brought forward (the 2nd signature may be a ward clerk or health care aid),
- Pharmacy After Hours dispensing to other facility or local community pharmacy (see below) and
- On the MAR, when applying and removing patches (CLI.6010.PL.015.SD.01 MAR Example Acute – Patch Application and Removal and CLI.6010.PL.015.SD.02 MAR Example LTC – Patch Application and Removal)

Narcotic/Controlled medications required for emergency transports:

- Narcotics/controlled medications required for emergency transport must be documented and accounted for on the DCMR. i.e. Used for transport
- Upon return if narcotic/controlled medications were not administered during transport the medication must be added back to stock on the DCMR and
- Upon return if any amount of narcotic/controlled medication is left over refer to section on wastage (i.e. partial dosages, opened vials).

Narcotic/Controlled medications emergency supply to other facilities or community pharmacies:

- Refers to sales
 - outside Southern Health-Santé Sud (SHSS) or
 - between SHSS acute care facilities or
 - to non-acute care SHSS facilities and programs i.e. Personal Care Home, requesting narcotic or controlled medications from an acute care facility or
 - to local community pharmacy especially for a Palliative patient from an acute care facility
- A prescription must be written by an authorized prescriber (a nurse may also write and sign an order if prescriber is not available as a verbal/phone order from a prescriber) from the requesting facility for the required narcotic or controlled substance. This prescription may be written and signed by a pharmacist if the receiving facility is a licensed pharmacy
- These types of drug transfers must only occur for emergency situations when access is not possible otherwise and dispensed in the smallest quantity required, exemptions may be considered on approval of Director - Pharmacy if no reasonable alternatives exist, exemptions shall be documented in writing and should be reviewed at minimum of annually (i.e. Regional sites to Community sites).
- After hours when pharmacy is not available:
 - Follow a written site specific procedure approved by Director - Pharmacy (reviewed annually) for pre-defined scenarios OR

If the emergency request is within SHSS

 - Nurse in charge contacts the Senior Leader On Call to discuss emergency request
 - If the Senior Leader approves the request, the nurse in charge will obtain an original paper copy prescription from receiving facility as per above for the smallest quantity

required. A triplicate prescription is NOT required. The original prescription is given to pharmacy as soon as they are available.

- Nurse in charge will obtain requested quantity from unit stock and document on DCMR
- Medication is sent in a tamper proof package (sealed) for shipping
- The Medication Transportation Form CLI.6010.PL.015.FORM.01 will be filled out and inserted in package.
- Call cab/courier or arrange for pick up
- Empty medication container can be returned by courier to pharmacy
If the emergency request is outside of SHSS (including community pharmacies for Palliative Client)
- Senior Lead on call or nurse in charge will try to contact the site's pharmacist before supplying the narcotic to the community pharmacy. Provide the smallest quantity required.

Narcotic/Controlled medications emergency outpatient supply to patient:

- The emergency medication supplied to a patient is limited to the number of doses until such time as they can have their prescription dispensed at a community pharmacy,
- Quantity dispensed is documented on DCMR from unit with all required information including double signature,
- Dispensed quantity is labeled following Emergency Department Starter Packs policy [CLI.6010.PL.018](#) and
- A prescription is provided to patient to fill at their local community pharmacy.

Narcotic/Controlled medications brought in by patient:

- Encourage all medications to be sent home once the best possible medication history is complete,
- If required due to unforeseen circumstances of drug unavailability (narcotic/controlled medication) use of patients own stock may be permitted **ONLY** if the following criteria are met:
 1. Must identify and confirm the medication prior to administration using resources. i.e. physician, CPS, pharmacy,
 2. Inform the patient regarding use of their stock and obtain verbal consent,
 3. Document in the DCMR the total amount of doses/tablets/liquid prior to use.
 4. A prescriber's order for the medication is required,
 5. Medications administration record should reflect all doses given during stay,
 6. Secure the medication(s) in a locked cupboard/drawer,
 7. Upon discharge the total amount returned to the patient must be documented in the DCMR and
 8. Amount returned should equal final count on Medication Administration Records (MAR).
- Deceased patient's medications should be sent to pharmacy for destruction.

Discrepancies:

For Discrepancies involving undocumented/missing medication(s), the following steps are to be taken:

- Determine the person(s) who had prior access to the medication and follow-up regarding medication discrepancy,
- Review patient's MAR currently on the unit/facility that maybe in question, i.e. either someone received a drug in error OR not documented on the DCMR,
- Ensure documentation on the DCMR reflects the MAR and
- If resolution for the discrepancy cannot be found:
 - Immediately report the unresolved discrepancy to the unit supervisor/CRN/delegate.
 - Complete an Occurrence Report identifying incorrect narcotic count.
 - Adjust DCMR accordingly to reflect actual count.

Wastage:

All wastage must be accounted for with a double signature. Do not dispose of any medications down the sink/toilet as their chemical components may re-enter into the water supply or soil.

- A narcotic or controlled drug that is partially administered OR prepared but not administered must be wasted immediately in an irretrievable format in the sharps container or other approved pharmaceutical waster disposal method i.e. Rx Destroyer.
 - IV and oral syringes
 - Patches folded in half
- Open vials or ampoules of narcotics or controlled drugs must not be left unattended. Unused portions must be secured and labelled for wastage until a witness is available to participate in the wastage of the medication.
- All narcotic and controlled drugs when wasted must be visually observed and signed for by another nurse, physician, or pharmacist.
- A narcotic patch that has been applied for the prescribed amount of time will have residual medication and must be wasted and accounted for with a double signature.
- Out-dated narcotic and controlled substances shall be returned to the pharmacy.

Keys/Swipe Cards:

- Keys/swipe cards to the narcotic storage site must be kept secure at all times. This is generally transferred directly from one nurse to another at shift change. Keys/swipe cards to the narcotic cupboard/cart/drawer shall never be left unattended.
- In acute care facilities/units with more than one set of narcotic keys/swipe cards must be counted and record the number of keys/swipe cards at the end of each shift on the DCMR. The count must match the number of keys/swipe cards designated for that unit. If any key/swipe card is unaccounted for please see: Lost Narcotic Keys/Swipe Cards section.
- In long term care facilities the process for handing over the keys/swipe card will be established at individual sites i.e. keys are handed over to the oncoming nurse with the shift communication tool that gets used for a 24 hours period.

- Extra narcotic keys/swipe cards not being used must remain locked in the narcotic cupboard/drawer.

Lost Narcotic keys/Swipe cards:

If narcotic cupboard keys/swipe cards are lost follow the steps in order below:

1. Immediately conduct a thorough search of the unit,
2. Notify the Supervisor/CRN/Delegate,
3. Complete an Occurrence Report,
4. Notify Maintenance to obtain duplicate keys/swipe cards if needed under the direction of # (2.) as above in consultation with pharmacy,
5. Count the narcotic and controlled medications and
6. Contact Maintenance department to replace the lock on the cupboard or re-code the swipe card under the direction of # (2.) as above.

Pharmacy role:

- Pharmacy will dispense oral narcotics and controlled medications in sealed pill packs or bottles/syringes less or equal to 100 mL size with an oral dispenser.
- Pharmacy services shall ensure standards are followed for safe, prompt, and intact delivery of narcotic and controlled substances to the facility/unit with the least amount of delay. Refer to double signature section of policy.
- Temporary narcotic/controlled medications will be hand-written in the appropriate section i.e. injectable, oral, etc. of the DCMR.
- Remove temporary narcotic/controlled medications that are no longer in use from the patient care area and return to the pharmacy.
- In acute care, completed DCMR forms shall be returned to pharmacy and will be safely stored in a secured area for five years. In long term care, the DCMR forms will be kept at the personal care home in a secured area for five years.
- Requests for changes to the DCMR will be submitted in writing (email) to the Pharmacy Manager/consultant Pharmacist.
- A master copy may be available on the intranet as a download for individual facility/unit(s) use.
- Narcotic and controlled medications shall be destroyed according to Health Canada regulations.
- A pharmacy inventory record shall be maintained for each narcotic and controlled substance. It should include drug name & strength, dosage form, invoice number, date and quantity of drug purchases, date and quantity transferred to ward, date and quantity returned to pharmacy, current inventory, and signatures.
- Physical counts of narcotic and controlled substances in the pharmacy shall be performed and documented on the pharmacy inventory record at a minimum of quarterly. The count shall be signed by the person conducting the count and, where possible, countersigned by another health care professional.

SUPPORTING DOCUMENTS:

- [CLI.6010.PL.015.FORM.01](#) Medication Transportation Form
- [CLI.6010.PL.015.SD.01](#) MAR Example Acute – Patch Application and Removal

REFERENCES:

Accreditation Canada: CCHSA Patient/Client Safety Goals and Required Organizational Practices (ROPs) 2020 Handbook.

Health Canada <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/disposal-defaire-eng.php>

The College of Pharmacy: Hospital Standards of Practice and Guidelines on Practice in Hospital Pharmacy. 2004.