

Updated 4/7/2026

**Purpose:**

Establish a standard for accountability and minimum requirement for drug inventory, documentation of usage and replacement of prescription medications and controlled substances. This is done in accordance with Federal DEA Rules and State of Wisconsin Regulations. The purpose of these regulations is to deter opportunity for and recognize episodes of diversion

**Definitions:**

**Stationhouse: An enclosed structure within a State where the emergency medical services agency is registered, which may house EMS vehicles at its premises, and which is actively and primarily being used by that emergency medical services agency**

**Actively in use: when an EMS vehicle used by an agency may store controlled substances. This definition would include instances when an EMS vehicle is responding to an emergency, is transporting patients, or is on call.**

**On Call: EMS vehicle and its personnel are ready and available to respond, but may not be responding to an emergency at that precise moment.**

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**Background:**

The Controlled Substance Act of 1970 categorized drugs according to their potential for abuse. The greater the potential, the more severe the limitations are on their prescription and accountability. The guidelines for EMS agencies was updated under the Protecting Patient Access to Emergency Medications Act of 2017, and amended in 2026, to include changes to the registration, security, recordkeeping, inventory, and administering requirements for EMS agencies.

CATEGORY	INTERPRETATION
CI	<b>High Potential for Abuse:</b> No medical value
CII	<b>High Potential for Abuse:</b> Use may lead to severe physical or psychological dependence
CIII	<b>Potential for abuse less than CI or CII:</b> Use may lead to low or moderation physical dependence or high psychological dependence
CIV	<b>Low Potential for abuse relative to CIII:</b> Use may lead to limited physical or psychological dependence
CV	<b>Low Potential for abuse relative to CIV:</b> Use may lead to limited physical or psychological dependence, less than CIV

Controlled Substance utilized at FitchRona EMS:

CII – Fentanyl

CIII - Ketamine

CIV –Lorazepam, Midazolam

All practitioners that dispense controlled substances are required to register with the DEA. For the purposes of Emergency Medical Services, the medical director shall be the registrant and the paramedics are acting as his/her agent in administering controlled substances to patients. The medical director will be treating the EMS agency for which he/she provides oversight as his/her practice. As such, he/she is allowed to maintain an inventory of controlled substances for the administration to patient in the usual course of business once registered with the DEA.

**Procurement:**

***Non-Controlled Substances and Class III and IV Controlled Substances:***

All non-controlled medications and Class III and IV controlled substances will be obtained through usual supply ordering practices. A written prescription/authorization must be filed with the supplying agency prior to ordering.

***Controlled Substances (CII):***

For controlled substances (C II), Fitch-Rona EMS has been assigned a DEA number under the license of our medical director. Procurement of Class II medications will be obtained through submission of a DEA Form 222 signed by the medical director. The purchaser's copy must be kept on file and stored in sequential order of use. A written prescription/authorization must be filed with the supplying agency prior to ordering. The medications will be only ordered and received by the Chief of EMS, or his/her designee on an as needed basis for normal operations.

For Category II controlled substances, two signatures are required when ~~updating-receiving~~ the inventory ~~log~~ in the vault with the new stock to verify the same number of packages were stocked at the stationhouses, as was received from the supplier. All controlled substances must be checked into the main stationhouse prior to distribution to the other stationhouses

**Administration:*****Non-controlled substances:***

All non-controlled medications will be administered to patients based on pre-approved protocols. Medications will be given either as standing protocol or through permission by medical control on a case-by-case basis.

***Controlled Substances:***

All DEA-controlled substances will be administered to patients based on pre-approved protocols. Medications will be given either as standing protocol or through permission by medical control on a case-by-case basis.

Entries into the OperativeIQ supply tracking system should be made in accordance with current approved Standard Operating Procedures.

Entries into the ePCR should have the following information should be included:

1. Medication Used
2. Amount used
3. Amount wasted
4. Patient name
5. Patient address
6. Date given
7. Time given
8. Name of the person administering

In cases where the patient’s name and/or address is unable to be obtained, the crew should document as much information as possible at the time of service and notify a Deputy Chief. He, or she will follow up with the receiving facility to obtain the required information

There is an additional signature page in the PCR for the use of Controlled Substances. This requires the initials of two paramedics. This signature, or initial, verifies to the best of the witnessing paramedics knowledge, that the medication was removed from storage, administered as noted in the run report, and wasted or disposed of in a manner that the medication cannot be reclaimed.

**Storage**

Designated Stationhouses for the FitchRona EMS District are as follows:

Main Stationhouses

Verona Fire and EMS Station – 101 Lincoln St, Verona, WI 53563

Other Stationhouse

Fitchburg Fire Station #2 – 2931 Marketplace Dr, Fitchburg, WI 53719

Fitchburg Fire Station #3 – 2950 South Syene Rd, Fitchburg, WI 53713

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***Non-controlled Medications:***

In the EMS Station: All extra medications will be kept in a locked storage area and will be inventoried weekly by the supply person/designee. On the first of the month, or the first working day after, all medications in the supply room shall be checked for expiration.

In the Ambulance: Non-controlled medications will be kept in the ALS kit on the ambulance and inventoried at the beginning of every shift by the arriving on-duty crew. This inventory may occur more frequently depending on crew changes. On the first of the month, all medications in the ambulance shall be checked for expiration.

***Controlled Medications:***

Title 21 CFR Section 1301.71 (a) requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. Practitioners who store stocks of Schedule II-IV controlled substances must store them in a securely locked, substantially constructed cabinet.

In the EMS Station: Controlled medications (with the exception of Lorazepam) are stored in a Knox MedVault® Drug Locker. These vaults are kept in the EMS supply rooms with limited key card access. Access to the vault itself is limited to employees with individual PIN number access. Medication shall be left in the manufacturer tamper proof package, as applicable. Due to the requirement for refrigeration to extend its shelf life, Lorazepam (CIV) is stored in a small refrigerator in the secured supply room.

Inventory of the station vault is tracked in the ~~OperativeIQ~~Operative narcotic tracking module. Stocking, issue, transferring, and auditing of the safe is done in accordance with current Standard Operating Procedures. Each vault should have an audit completed no less than once every four weeks.

In the Ambulance: Controlled medications (with the exception of Lorazepam) are stored in a Knox MedVault® Drug Locker. Inside the vault, the medications are kept in sealed, tagged box. These tags have a unique number that number will be recorded in the ~~Narcotic Use Logbook~~narcotics management system at the beginning of each shift by the arriving on-duty crew along with a verification of the number of medication inside the container. Medication shall be left in the manufacturer tamper proof package, as applicable. Due to the requirement for refrigeration to extend its shelf life, Lorazepam (CIV) is stored in the small refrigerator on the ambulance, but the quantity shall be verified and recorded in the ~~Narcotic Use Logbook~~narcotic management system describe above.

At no time should the Controlled Substances (with the exception of Lorazepam) be left unsecured in the ambulance, or carried by the provider, when not actively engaged in responding to, or providing patient care. Controlled substances will not be stored in ~~ambulances~~ambulances, not in service.

Emergency medical services vehicles storing controlled substances must be locked when parked outside of a stationhouse, or when it is actively in use, but unattended during non-emergency stops.

An emergency medical services vehicle storing controlled substances does not need to be locked only if it is parked within an enclosed stationhouse, it is at the scene of an emergency, or emergency services personnel are in attendance. Personnel are considered to be in attendance when personnel are physically present and able to monitor the vehicle; such as when the vehicle is traveling to or from the scene of an emergency, or it is at public displays or educational events.

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Any discrepancies shall be reported immediately to the designated Officer-In-Charge.

### **Disposal**

If expired medication is removed from the ambulance, it should be restocked using the appropriate restocking operating procedure. If the medication is removed from the supply room, it should be given to Deputy Chief of Operations, or his, or her designee for accountability in the supply system.

### ***Non-controlled Medications:***

Unused, or expired non-controlled medications will be placed in an approved sharps container~~a supply room and clearly labeled as expired. Filled sharps containers are disposed of in accordance with current sharp disposal standard operating procedures. The chief or his/her designee with dispose of expired medication per the current operating procedures.~~

### ***Controlled Medications***

Controlled substances that remain after administration of a smaller dose has been administered to a patient will be disposed of in the hospital emergency room.

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The Patient Care Report has a section where the initials of both paramedics involved in the patient care shall initial verifying administration and waste of the controlled substance. An Emergency room RN, NP, PA, or MD, may also witness the waste of any remaining medication. Students and Interns MAY NOT serve as a witness.

Expired controlled substances will be turned into the Chief or a Deputy Chief for disposal, if available, or left in the storeroom drug locker and a Deputy Chief notified. These medications will be disposed of in accordance with 21 CFR 1317. This includes filling out a Form DEA-41, which can be found online. ([https://www.deadiversion.usdoj.gov/21cfr\\_reports/surrend/41\\_form.pdf](https://www.deadiversion.usdoj.gov/21cfr_reports/surrend/41_form.pdf))

The controlled substance drug codes are listed below:

<i>Substance</i>	<i>Code</i>
<i>Fentanyl</i>	9801
<i>Ketamine</i>	7285
<i>Midazolam (Versed)</i>	2884
<i>Lorazepam (Ativan)</i>	3885

The destruction must be witnessed by two FitchRona employees. Students or interns MAY NOT serve as a witness.

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#### **Recordkeeping**

Per Federal DEA regulations, all records shall be kept for two years, however Wisconsin regulations require that these records be kept for a minimum of five years.

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Any suspected loss, diversion, or theft of a controlled substance must be reported with one business day of the discovery to the DEA using the DEA Form 106, which is an automated reporting. ([https://www.deadiversion.usdoj.gov/21cfr\\_reports/theft/index.html](https://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html)). Additional questions should be routed to the DEA call center at 1-800-882-9539