



TITLE

CONTROLLED SUBSTANCES

SCOPE

Provincial

DOCUMENT #

HCS-277

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

February 15, 2022

SPONSOR

Provincial Medication Management Committee

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

February 15, 2025

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To ensure a standardized practice that adheres to federal legislation for the transport, storage, inventory, documentation, and **wastage of controlled substances** (including **narcotics, controlled drugs**, benzodiazepines, and other **targeted substances**) in patient care areas within **Alberta Health Services (AHS) settings**.
- To clarify the accountabilities and responsibilities of leaders, Physicians, and AHS staff who manage controlled substances in patient care areas.
 - **Students** participating in any steps in this Policy and the AHS *Controlled Substances Procedure* must be supervised by an appropriate **health care professional** as per the *Health Professions Act* (Alberta).

PRINCIPLES

AHS is committed to managing all controlled substances in a manner that ensures **patient** safety, minimizes risk of abuse and **diversion**, and permits auditing of the product from receipt through to patient administration or wastage.

The storage and labelling of all controlled substances shall adhere to the AHS *Management of High-alert Medications* Policy and Procedure, and the AHS *High-alert Medications: Narcotics* Guideline where applicable.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Exemptions

- 1.1 This Policy does not apply to the following:
- a) Emergency Medical Services (EMS) (refer to EMS documents and processes); and
 - b) Home Living, Supportive Living, and facilities operated by Contracted Long-Term Care Service Providers (refer to the AHS *Medication Management* Policy [Continuing Care]).

2. Delivery, Receipt, Transfer

- 2.1 Only health care professionals and **authorized pharmacy personnel** may deliver, receive, and transfer controlled substances within AHS settings. If the pharmacy is closed, Contracting, Procurement, and Supply Management (CPSM) staff may receive and deliver controlled substances to the unit.
- 2.2 Controlled substances transferred within the site by any health care professional or authorized pharmacy personnel must be done in a secure and safe manner (e.g., use of a locked delivery cart, use of an opaque container or sealable bag, ensuring delivery container is in the staff member's possession at all times).
- 2.3 Only a health care professional may requisition and/or pick up controlled substances from Pharmacy.
- 2.4 When controlled substances are to be transferred between patient care areas and the pharmacy is open, all requests must be referred to Pharmacy as per the AHS *Controlled Substances* Procedure.
- a) A patient care area may provide controlled substances to another patient care area within the same site. The transfer of controlled substances between patient care areas within the same site must follow the AHS *Controlled Substances* Procedure.

3. Security and Storage

- 3.1 All controlled substances shall be stored in a **secure environment** as per the *Controlled Drugs and Substances Act* (Canada). Refer to the AHS *Controlled Substances* Procedure.
- 3.2 A health care professional may have a properly labelled controlled substance that was ordered for the patient in their possession when accompanying the patient to another department/hospital/facility for tests or procedures.
- a) Appropriate employee identification is required by health care professionals in possession of controlled substances.

- 3.3 If the patient is leaving the premises for a **pass** (e.g., leave of absence) or an off-site procedure or appointment (e.g., court hearing, specialist appointment), an AHS health care professional who is authorized to perform the restricted activity of dispensing medications may dispense a properly labelled controlled substance that was ordered for the patient to:
- a) the patient, **family**, or unregulated **health care provider**, if any, accompanying the patient, as appropriate; or
 - b) a non-AHS employee with appropriate identification (e.g., RCMP Officer, Police Officer, Peace Officer) who is accompanying the patient, and is permitted to carry controlled substances in accordance with the *Controlled Drugs and Substances Act (Canada)* and regulations.
- 3.4 For **patient's own medications** that are controlled substances, refer to the AHS *Management of Patient's Own Medications* Policy and Procedure, and the AHS *Management of Patient's Own Medications* Procedure (Continuing Care).
- a) In the event that a patient who has controlled substances stored as patient's own medications dies, these controlled substances shall be destroyed as per the *Controlled Drugs and Substances Act (Canada)*. They shall not be given to the patient's family or representative as per the AHS *Management of Patient's Own Medications* Procedure and the AHS *Management of Patient's Own Medications* Procedure (Continuing Care).

4. Documentation

- 4.1 All doses of controlled substances shall be documented on the **Controlled Substances Record** or in the automated dispensing cabinet (ADC) (where applicable) and the inventory maintained as per the AHS *Records Management* Policy. The same principles apply to either a paper or electronic tracking system.
- 4.2 In accordance with the AHS *Controlled Substances* Procedure, a manual count of controlled substances shall be performed by two (2) health care professionals.
- a) Patient care areas with a controlled substances storage unit/cabinet shall perform a manual count of the controlled substances and the keys to that storage unit/cabinet at the change of each shift.
 - b) Patient care areas with ADCs, will use the accessed/touched drawer count functionality within the ADC to perform the manual count at shift change. A total count of all controlled substances will occur weekly (or more frequently as per patient care area process).
- 4.3 Controlled substances shall be immediately recorded on the Controlled Substances Record:
- a) upon receipt by the unit;

- b) upon removal from secure storage for the purpose of administration or return to the pharmacy, transfer to another patient care area, or when dispensing as per Section 3.3 above; and
 - c) during the performance of a count or wasting.
- 4.4 Discrepancies and/or incomplete records must be addressed with proper documentation, as per the *Narcotic Control Regulations (Canada)*, *Food and Drug Regulations (Canada)* and the *Benzodiazepine and Other Targeted Substances Regulations (Canada)*.
- a) All unresolved discrepancies must be reported to Health Canada by completing and submitting Health Canada's *Loss or Theft Report Form for Controlled Substances and Precursors*.

5. Wastage

- 5.1 Wastage of controlled substances shall be witnessed and documented on the Controlled Substances Record immediately by two (2) health care professionals.
- a) In those circumstances when a health care professional is working alone, a health care provider with appropriate training shall witness and document the wastage.
 - b) For wastage of controlled substances within Correctional Health, health care professionals should follow their site process.
- 5.2 Controlled substances wastage shall be disposed of in the appropriate dedicated medication waste container (refer to the *AHS Controlled Substances Procedure*).

DEFINITIONS

Alberta Health Services (AHS) settings means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Authorized pharmacy personnel means individuals providing services, or acting on behalf of Alberta Health Services, who have been granted access to pharmacy activities related to the delivery, receipt, and transfer of controlled substances. Authorized pharmacy personnel includes Pharmacists, Pharmacy Technicians, and Pharmacy Assistants.

Controlled substance means any type of drug that the federal government has categorized as having a potential for abuse or addiction and is included in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act*.

Controlled drug means a drug or preparation set out in Schedule to Part G of the *Food and Drug Regulations (FDR)*. A drug categorized federally as having higher than average potential for abuse or addiction.

Narcotic means any substance set out in the Schedule to the *Narcotic Control Regulations* (NCR) or anything that contains any substance set out in that Schedule. A substance that has a high potential to become physically and psychologically addictive or liable for abuse.

Targeted substance means a controlled substance that is included in Schedule 1 of the *Benzodiazepines and Other Targeted Substances Regulations* (BOTSR) or a product or compound that contains a controlled substance.

Controlled Substances Record means a specific record for each controlled substances storage unit/cabinet kept in the patient care area for the purpose of tracking the receipt of, administration, and distribution of controlled substances (including narcotics, controlled drugs, and targeted substances). The Controlled Substances Record is a legal document and must legally be retained as per the *AHS Records Retention Schedule*.

Diversion means the redirection of controlled substances from the legitimate distribution chain for medical use into illicit channels. Diversion may happen in various ways including:

- Administration “deviations” such as: giving less than is ordered, abuse of PRN order, substitution of actual ordered drug, give nothing at all, falsification/manipulation of forms and records.
- Theft; substitution or dilution; excessive breakage or waste.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practices within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Pass means that the patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient’s own medications means the medications that a patient has with them at presentation or admission to a health care facility, program or service, or that are brought in from an external source at a later time.

Secure environment means an area or storage unit/cabinet that is locked, away from heavy or public traffic and where only authorized AHS staff have access.

Student means those individuals enrolled in an entry-level health care discipline education program leading to initial entry-to-practice as a regulated or non-regulated health care provider.

Wastage means the drug amount that is discarded and not administered to any patient (e.g., from broken or partially used or contaminated ampoules, vials, syringes, IV bags, tablets, capsules, and adhesive patches).

REFERENCES

- Alberta Health Services Governance Documents:
 - *Controlled Substances Procedure* (#HCS-277-01)
 - *High-alert Medications: Narcotics Guideline* (#PS-46-04)
 - *Management of High-alert Medications Policy* (#PS-46)
 - *Management of High-alert Medications Procedure* (#PS-46-01)
 - *Management of Patient's Own Medications Policy* (#PS-98)
 - *Management of Patient's Own Medications Procedure* (#PS-98-01)
 - *Management of Patient's Own Medications Procedure (Continuing Care)* (#PS-98-02)
 - *Medication Management Policy (Continuing Care)* (#HCS-220)
 - *Records Management Policy* (#1133)
- Non-Alberta Health Services Documents:
 - *Benzodiazepines and Other Targeted Substances Regulations* (Canada)
 - *Controlled Drugs and Substances Act* (Canada)
 - *Food and Drug Regulations* (Canada)
 - *Loss or Theft Report Form for Controlled Substances and Precursors* (Health Canada)
 - *Narcotic Control Regulations* (Canada)

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