



NORTHUMBERLAND HILLS  
**HOSPITAL**  
**MEDICATION MANUAL**

---

CATEGORY:	DRUG DISTRIBUTION	NUMBER: I-330
ISSUED BY:	SAFE MEDICATION PRACTICES COMMITTEE	PAGE: 1 OF 10
APPROVED BY:	PHARMACY & THERAPEUTICS COMMITTEE	
DATE OF ISSUE:	AUGUST 1976	<b>REVISED: JULY 2022</b>

---

## **NARCOTICS, CONTROLLED AND TARGETED SUBSTANCES**

### **OUTLINE**

**Section A: Secured Storage**  
**Section B: Patient's Own Supply**  
**Section C: Access to Narcotics and Controlled Drugs**  
**Section D: ADC Inventory Management**  
**Section E: Waste Management**  
**Section F: Count Discrepancies in Open Drawers**  
**Section G: Reporting Dispensing Errors from Controlled Substance Dispensers**  
**Section H: Leave of Absence Supply of Narcotic, Targeted & Controlled Substances**  
**Section I: Fentanyl Patch Removal and Disposal**  
**Section J: Nurse Dispensing**  
**Appendix 1: List of Narcotics, Controlled Drugs and Targeted Substances**  
**Appendix 2: Algorithm for Managing Discrepancies**  
**Appendix 3: Health Canada Loss of Controlled Substances or Precursors Report Form**  
**Appendix 4: Opioid Medicines – Information for Patients & Families, Health Canada**

### **POLICY**

It is the policy of NHH that patient safety will be ensured through control and distribution of all narcotics, controlled & targeted substances including: shipping and receiving, secured storage, access, inventory management, documentation, administration and waste management processes which comply with Canada's Controlled Drugs and Substances Act (S.C. 1996, c. 19), Ontario College of Pharmacists and Accreditation Canada Medication Management Standards.

The organization has a system to prevent, detect and respond to diversion of controlled substances.

The organization ensures all controlled substances are secured and protected and has a process to identify and resolve discrepancies.

The organization limits the availability of controlled substances to ensure that formats with the potential to cause harmful medication incidents are not stocked in patient care areas. The organization performs random audits, including tracers, to reconcile the prescriber's order, the MAR, counting sheets and orders to ensure accurate completion and reconciliation for controlled substances.

## **RELATED POLICIES**

Storage and Use of Patient's Own Medications (MED I-150)  
Methadone Policy and Procedure (MED I-460)  
Audit of Narcotic and Controlled Drug Withdrawal (MED I-488)  
Dilution of an Injectable Narcotic or Controlled Substance (MED I-491)

## **DEFINITIONS**

Narcotic: any drug set out in the Narcotic Control Regulations under the Controlled Drugs and Substances Act (See Appendix 1)

Controlled Substance: any drug set out in the Controlled Drugs and Substances Act as well as Part I, II and III of the Schedule to Part G of the Food and Drugs Regulations (See Appendix 1)

Targeted Substance: any drug set out in the Benzodiazepines and Other Targeted Substances Regulations under the Controlled Drugs and Substances Act (See Appendix)

ADC – Automated Dispensing Cabinet (also known as Automated Dispensing Unit or ADU)

CSD – Controlled Substance Dispenser; a unit within the Omnicell ADC which dispenses only the number of doses requested. This feature eliminates the need for blind counts.

CSM – Controlled Substance Manager; an Omnicell vault system for managing narcotics, controlled and targeted drugs in Pharmacy

Count Discrepancies – when the actual count in the ADC drawer does not match the count in the ADC computer

WOW – Workstation on Wheels

eMAR – electronic Medication Administration Record

OCP Member – Ontario College of Pharmacists Member (i.e. Pharmacist or Pharmacy Technician)

PMA – Patient Medication Account

RHP- Regulated Healthcare Professional; for the purposes of this document, this will only include those who may administer or dispense narcotics, controlled drugs and targeted substances (i.e., Nurse, Physician, Pharmacist, Pharmacy Technician)

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

**A. Secured Storage:**

- a. All narcotics, controlled & targeted substances must be secured in an ADC or Pharmacy Narcotic Safe. When refrigerators store narcotics and controlled substances, they must be locked.
- b. During transport of narcotics, controlled & targeted substances the drugs must be secured at all times and must not be left unattended (e.g., in WOWs or locked Pharmacy cart)

**B. Patients' Own Supply (See also MED I-150)**

- a. Patients' own supply of narcotics, controlled and targeted substances should not be stored in Pharmacy and must be taken home with a family member.
- b. If medications cannot be sent home, record a complete list of medications on the Patient's Valuable Form (PVF, Form #710) or in the "Patient's Own Belongings" section in the "Admission Navigator" section of Epic. Count, sign and have this witnessed by another RHP. Seal in a tamper-proof bag, adhere a patient label and store in a double-locked drawer or cupboard. The key will be locked in the ADC.
- c. If the tamper-proof seal is open, the nurse and a witness must count any narcotics, controlled and targeted substances and compare with the original count on the PVF or in Epic. Place the drug in a new bag with the PVF, seal and adhere patient label. In the event of a discrepancy, follow H. Discrepancies.
- d. If a patients' own narcotic, controlled or targeted drug must be used in hospital the procedure in MED I-150 will be followed. Pharmacy will take responsibility for the patients' own supply and dispense doses daily.

**C. Access to Narcotics & Controlled Drugs (See also MED I-490)**

- a. Only RHPs authorized to administer narcotics, controlled & targeted substances will be given access to ADC and double locked narcotic cupboards.
- b. When a RHP is no longer employed at the organization or has changed roles and no longer requires access, NHH will ensure the employee's access is terminated.

**D. ADC Inventory Management**

- a. The ADC Inventory belongs to the patient care area.
- b. Any discrepancy involving narcotics, controlled & targeted substances must be resolved immediately if possible or at least before going off duty (see section G).
- c. To supply a narcotic, controlled drug or targeted substance to an ADC, the Pharmacy Technician will check out the drug with a Pharmacy CSM Technician. This constitutes a double check.
- d. The Pharmacy Technician will scan the bar code when refilling the ADC.

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

## **E. Waste Management**

All narcotic, controlled drug and targeted substance waste must be documented in the ADC. This may be done at the time of removal or immediately after administration.

- a. Remove the medication from the ADC. Print a label and place the vial/ampoule and label in the locked drawer of the WOW.
- b. When ready to prepare the medication, find another RHP to witness preparing the dose as well as the amount to be wasted.
- c. You may waste and return at any ADC which stocks the item.
- d. Access "My Partial Dose List" and select your patient.
- e. Touch *Waste Meds* button. The *Meds Requiring Waste* tab displays. Select the drug to waste.
- f. Select the reason for waste from the *List of Reasons*. Touch *OK*.
- g. Have your witness sign on, press *Enter*, then *Record Waste Now*.
- h. If the user must waste part of the dose after the entire dose was indicated at the time of removal, go to the *Patient Medication Account (PMA)*.
  - a. A PMA is a method used to track the amount of medication you have outstanding for a patient. When you issue an item for a patient, the system automatically creates a PMH in your name for the amount removed. The PMA remains open until you reconcile the outstanding amount. When the PMA is zero, the PMA closes.
  - b. Each user must reconcile their own PMAs
- i. Recording Waste of a Narcotic, Controlled or Targeted Substance (e.g., dose removed but not given)
  - a. With another RHP to witness, from the *Patient Screen*, select *Waste Meds*
  - b. From the *Meds Requiring Waste* tab, select the item that you need to waste. If you cannot find the item you need to waste, press *All Meds* to show a full list of all undocumented items by all users. If you still cannot find the item, select it from the *Stocked Meds* tab.
  - c. Once the item is selected:
    - i. Enter or modify the Administration amount, if requested. This field may be prepopulated.
    - ii. Enter the waste amount
    - iii. Enter or select a waste reason. Press *OK*.
  - d. Acknowledge the screen alerts, if prompted
  - e. Have your witness enter their user ID and password.
  - f. Press *Record Waste Now*

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

Wasted narcotics, controlled & targeted substances must be discarded immediately in the beige, self-closing sharps waste containers with the witness present. Never put drugs in the sink or toilet.

**F. Count Discrepancies in Open Drawers (See Appendix 2 for an Algorithm for Managing Discrepancies)**

Step 1: Any discrepancy involving narcotics, controlled & targeted substances must be resolved prior to the RHP going off duty. A notification of undocumented waste and discrepancies will print in the patient care area before the end of each shift.

- a. Find another RHP who is authorized to give or dispense narcotics, or controlled substances (i.e., Nurse, Physician, Midwife, Pharmacy Technician or Pharmacist). If you have a printed discrepancy receipt and the last person accessing the ADC is available, that person should be your witness.
- b. Log on to the ADC.
- c. Go to the *Inventory Menu*; press *Cycle Count*. (Note: cycle counts cannot be done for meds from the CSD).
- d. Press *Find*. Select the medication with the discrepancy. A printed discrepancy receipt will also assist in identifying where the discrepancy is and why it occurred. The most common reason for a discrepancy is that the quantity entered and the quantity removed was different.
- e. Have your witness enter their user ID.
- f. Follow the guiding light to access the item.
- g. Recount the medication. Enter the amount. Press *OK* and close the bin and drawer.
- h. If there is still a discrepancy, review the discrepancy report to see if the last transaction prior to the discrepancy matches the dose removed and given.
- i. Return to the *Main Menu*; press *Resolve Discrepancy*.
- j. Select *Resolution Reason* from the list. If the reason is not listed, you use free text.
- k. Have your witness enter their User ID and password. Press *OK*.

Step 2: If unable to resolve the discrepancy, the RHP must inform the charge nurse. The charge nurse must also check for unresolved discrepancies on the ADC before the end of each shift.

- a. The charge nurse will contact Pharmacy for assistance and repeat the steps above.
- b. If still unable to resolve the discrepancy the Omnicell system will notify Patient Care Manager via email.

Step 3: (Day 2) If unresolved, the Patient Care Manager will repeat the steps above.

Step 4: (Day 5) If unresolved, the Patient Care Manager will contact the Pharmacy Operations Manager for assistance. Reviewing the discrepancy at the server level may be helpful.

Step 5: (Day 7) If unresolved, the Patient Care Manager will complete an incident form (Awareness to Action via NHH InfoWeb)

Step 6: (Day 10)

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

- a. If the discrepancy remains unresolved for 10 days it must be reported to Health Canada by the combined efforts of the Clinical Lead Pharmacist, Director of Pharmacy and Risk Management (see Appendix4: Health Canada Loss of Controlled Substances or Precursors Report Form)
- b. The Omnicell System Administrator will address at the server level
- c. Significant discrepancies (large quantities or repeated) should be reported to the police by Risk Management.

### **G. Reporting Dispensing Errors from Controlled Substance Dispensers**

- a. When the CSD has dispensed either more or less than requested, a dispensing error has occurred.
- b. Errors must be reported to Pharmacy to be resolved.
- c. To report a dispensing error when the drawer is still open:
  - a. Select the medication on the screen.
  - b. Select *Report Dispensing Error*
  - c. Indicate the actual quantity received and the quantity entered/required.
  - d. If in excess, return the excess medication into the external return bin when prompted.
  - e. Close the drawer.
- d. To report a dispensing error when the drawer has closed:
  - a. When in the patient's medication profile, return any excess medication into the external return bin.
  - b. Call Pharmacy to indicate that a dispensing error has occurred. Give your name, unit, name of the medication, the error and the date. Pharmacy will reconcile the error at the first available opportunity.

### **H. Leave of Absence Supply of Narcotic, Controlled & Targeted Substances**

(See also MED I:030)

1. Leave of absence orders from a Physician or Nurse Practitioner are required for doses of narcotics, controlled or targeted substances to be dispensed and administered while a patient is away on a leave of absence. The order must include the name of the medication, dose, frequency and quantity. Pharmacists **do not** have the ability to queue up orders for a leave of absence.
2. The orders will appear as a Pharmacist In Basket Message for review.
3. The supply of narcotic, controlled & targeted substances must be supplied by Pharmacy in a safety vial or blister pack with the accompanying patient specific label and delivered to the appropriate unit.
4. Pharmacy will label any narcotics with a warning sticker which states "Opioids can cause dependence, addiction and overdose" and the patient will be provided with a copy of the Health Canada information sheet entitled "Opioid Medicines: Information for Patients and Families (2018/05/02). <https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-health-products/drug-products/applications-submissions/policies/warning-sticker-opioid-patient-information-handout/information-handout.pdf>5. The nurse will verify and document receiving the

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

narcotics, controlled and targeted substances on the **Delivery Signature Receipt** form (supplied by Pharmacy). Once the nurse has verified and documented this process the drugs can be given to the patient to leave the unit for their pass.

6. If a patient returns from their LOA with unused narcotic, controlled & targeted medications contact Pharmacy.

7. The Pharmacy Technician will bring the **Delivery Signature Receipt** back to the unit and the Nurse and Pharmacy Technician will record and double sign for the waste.

8. The Pharmacy Technician will return the drug with the signed **Delivery Signature Receipt** for return to the vault by the CSM Pharmacy Technician.

### **I. Fentanyl and Buprenorphine Patch Removal and Disposal**

Nurses must document fentanyl and buprenorphine patch removal in eMAR. Once the used patch is removed, the used patch should be folded and discarded to the appropriate medication disposal container. The removal and disposal of fentanyl patch must be witnessed by another nurse and documented in paper or electronic MAR.

For a newly admitted patient wearing a fentanyl patch, the removal, disposal of, and documentation of the old patch must follow the same procedure as above. If the patient's Fentanyl Return Sheet from community pharmacy is available, nurse must sign the sheet where the old patch would have been placed, and indicate that a patch is removed and disposed of properly, and have another nurse to witness and co-sign this.

### **J. Nurse Dispensing Narcotics (see MED I-499 for details)**

Whenever a nurse dispenses a narcotic or opioid, the label must include a warning sticker which states "Opioids can cause dependence, addiction and overdose". A copy of the Health Canada information sheet entitled "Opioid Medicines: Information for Patients and Families (2018/05/02)" must be provided and reviewed with the patient or caregiver. (See Appendix 2 for link)

### **References:**

1. Accreditation Canada. 2016. Retrieved Sept 2015 from <http://infoweb.nhh.local/departments/Quality/Accreditation2013/Shared%20Documents/Accreditation%202017/Accreditation%20Standards%20for%20surveys%20starting%20after%20January%202016/Medication%20Management%20Standards%202016.pdf>

2. ISMP Canada. 2007. Automated Dispensing Cabinet in the Canadian Environment. Retrieved Sept 2015 from <http://www.ismp-canada.org/download/safetyBulletins/ISMPCSB2007-03ADCs.pdf>

3. College of Nurses of Ontario. 2015. Practice Standards: Medications, revised 2015. Retrieved Sept 2015 from [http://www.cno.org/globalassets/docs/prac/41007\\_medication.pdf](http://www.cno.org/globalassets/docs/prac/41007_medication.pdf)

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.



4. Government of Canada, Department of Justice Canada. 2015. Controlled Drugs and Substances Act S.C. 1996, c.19. Retrieved Sept 2015 from <http://laws-lois.justice.gc.ca/PDF/C-38.8.pdf>
5. Government of Canada, Department of Justice Canada. 2015. Narcotic Control Regulations C.R.C., c. 1041. Retrieved Sept 2015 from [http://laws-lois.justice.gc.ca/PDF/C.R.C.,\\_c.\\_1041.pdf](http://laws-lois.justice.gc.ca/PDF/C.R.C.,_c._1041.pdf)
6. Government of Canada, Department of Justice Canada. 2015. Benzodiazepines and Other Targeted Substances Regulations SOR/2000-217. Retrieved Sept 2015 from <http://laws-lois.justice.gc.ca/PDF/SOR-2000-217.pdf>
7. University Health Network. 2002. Clinical- Narcotics and Controlled Drugs Policy and Procedure Manual revised 2014.
8. Bridgepoint Hospital Nursing Medication Manual: Automated Dispensing Cabinets – Narcotics and Discrepancies 2013.
9. Health Canada retrieved Sept 2018 from <http://www.cno.org/en/news/2018/august-2018/new-requirements-for-dispensing-opioids/>

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.



**Appendix 1: List of Narcotics, Controlled Drugs and Targeted Substances**

**Narcotics**

- Codeine and its combinations (ie. Tylenol #1, 2, 3, 4)
- Buprenorphine and its combinations
- Butalbital and its combinations
- Butorphanol
- Diphenoxylate and its combinations (ie. Lomotil®)
- Fentanyl
- Hydrocodone
- Hydromorphone
- Ketamine
- Meperidine
- Methadone
- Morphine
- Nabilone
- Opium and belladonna Supp
- Oxycodone and its combinations
- Pentazocine
- Remifentanil
- Sufentanil
- Tapentadol
- Tramadol and its combinations
- Ketamine

**Controlled Substances**

- Dextroamphetamine
- Etomidate
- Lisdexamfetamine
- Methylphenidate
- Nalbuphine
- Phenobarbital
- Phentermine
- Testosterone

**Targeted Substances**

- Alprazolam
- Bromazepam
- Chlordiazepoxide
- Clobazam
- Clonazepam
- Clorazepate
- Diazepam
- Flurazepam
- Lorazepam
- Midazolam
- Nitrazepam

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

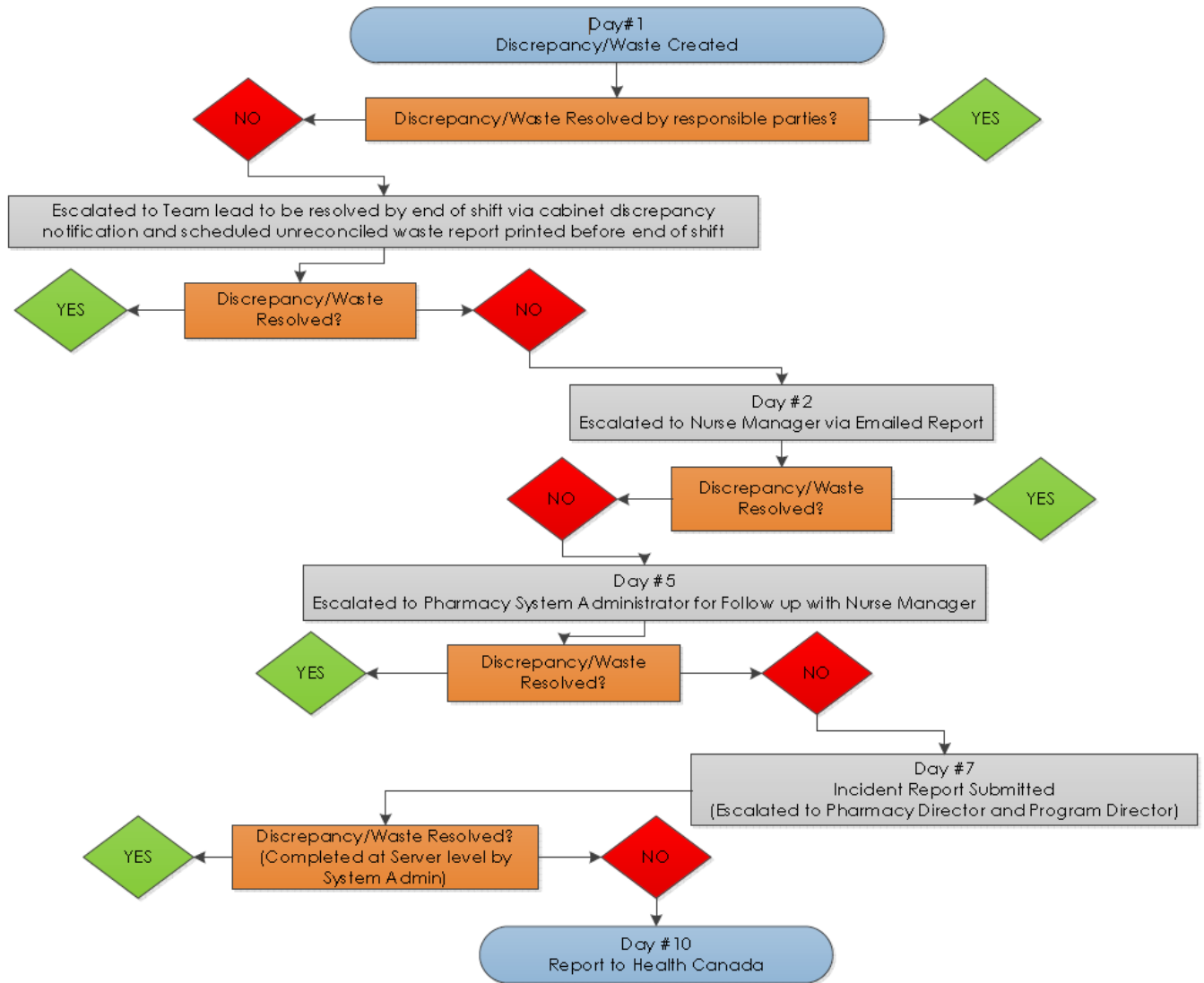
**MEDICATION MANUAL**  
NARCOTIC AND CONTROLLED SUBSTANCES

**NUMBER: I-330**  
PAGE: 10 of 12

- Oxazepam
- Temazepam
- Triazolam

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

**APPENDIX 2: Algorithm for Managing Discrepancies**



**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

**APPENDIX 3: Health Canada Loss of Controlled Substances or Precursors Report Form**

**Print from:**

[https://www.canada.ca/content/dam/hc-sc/documents/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/lt-fillable-form\\_sep%2008\\_2017-eng.pdf](https://www.canada.ca/content/dam/hc-sc/documents/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/lt-fillable-form_sep%2008_2017-eng.pdf)

**APPENDIX 4: Opioid Medicines – Information for Patients & Families, Health Canada**

**Print from:**

<https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-health-products/drug-products/applications-submissions/policies/warning-sticker-opioid-patient-information-handout/information-handout.pdf>

**REVIEWED (r), /REVISED (R):**

June, 1989 (R); January, 1990 (R); February, 2002 (r); October, 2003 (r); June, 2006 (R); October, 2006 (R); December, 2001 (R); July, 2013 (R); May, 2016 (R), January 2017 (R); November, 2018 (R) March, 2019, June 2022 (R)

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.