

VADA Controlled drug policy

Preamble

- The handling of controlled substances is governed by the Federal Controlled Drugs and Substances Act (<https://laws-lois.justice.gc.ca/eng/acts/c-38.8/>). The list of controlled substances includes all intravenous/epidural/intrathecal opioids and some intravenous anesthetics (e.g. Benzodiazepines, Ketamine, Cocaine).
- These agents will be referred to as “**drugs**” for the purposes of this policy
- A drug handling policy is necessary to mitigate the risk of diversion, and decrease the risk of substance abuse for individual providers. It is mandatory that all anesthesiologists, anesthesia assistants, and anesthesia trainees (residents and fellows) understand the departmental policy and legislation governing drugs. It is equally important that all caregivers support each other in observing and intervening to correct inappropriate handling, whether by themselves or others.
- The death of a VADA perioperative team member in 2007 was the direct result of inappropriate drug handling. The resulting Coroner recommendations were to tighten controlled drug management systems and to bring in graduated discipline for controlled drug mismanagement. The Omnicell Anesthesia Work Station (AWS) was introduced to facilitate patient specific, anesthesiologist specific, controlled drug access at the point of care and improve safety and accountability. Witnessed wasting has been avoided to date.

Strategic framework Values: Quality of Care / Collegiality and Wellbeing

- Prevent future adverse events
- Protect patients
- Protect perioperative staff
- Protect anesthesiologists, fellows and residents
- Leading by example for trainees and colleagues

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1. Controlled agent definition
 - a. All opioid agonists
 - b. All benzodiazepines
 - c. Ketamine
 - d. Cocaine
2. Patient specific administration
 - a. **Drugs are signed out for a specific patient and either used, wasted or returned. Do not split vials between patients.**
 - i. **Exception:** remifentanyl infusion bags may be used for an entire shift (but never left unattended) and discarded at the conclusion of the shift.

3. Provider specific administration
 - a. **Drugs are signed out of AWS by a specific provider (staff, fellow, resident) for a specific patient and either used, wasted or returned.**
 - i. **Exception:** Provision of break coverage does not constitute handover of care. Controlled drugs that are in active use (either bolus syringes or infusion syringes) for a particular patient may be continued during that period.
 - b. **On handover of a case to another staff anesthesiologist, clean drugs should be returned to the AWS or wasted.**
 - i. **NEVER** hand over full vials, unused syringes or clean bags of remifentanyl (this includes between staff members or between staff members and trainees).
 - ii. **NEVER** accept any of the above from a departing team member.
 - c. **On handover of a case to another staff anesthesiologist, there are two possible paths for management of all controlled drugs that are in active use (bolus syringes and infusion syringes):**
 - i. **Path 1:** All controlled drugs are wasted and reconciled in the AWS by the departing staff member, and new bolus syringes and infusions are signed out by the receiving anesthesiologist as needed.
 - ii. **Path 2:** Controlled drug infusions or bolus syringes that are in active use MAY be continued under the following conditions:
 1. The departing team documents the total amounts of drug administered on the anesthesia record at the time of handover.
 - a. **NEVER** reconcile drugs that you have handed over to others.
 2. The receiving staff member writes their last name on the labels of all controlled drug syringes to assume responsibility for their disposal.
 3. The receiving staff member assumes responsibility for reconciling controlled drugs in the AWS (and any pharmacy reconciliation requests should be forwarded to that staff).
4. Drugs are restricted to the perioperative arena
 - a. **Draw up agents immediately prior to use (in order to avoid taking them outside the perioperative arena).**
 - i. **Exception:** provision of clinical care in non-AWS remote locations (ICU, CCU, Emergency Department, burn bath, endoscopy, MRI, bronchoscopy). Drugs to be drawn up immediately prior to case and wasted/ returned immediately after case has concluded.
5. Storage
 - a. **Draw up agents immediately prior to use.**
 - b. **If unavoidable delays occur then ensure drug is safely stored.**
 - i. It is appreciated that “safe storage” spaces are limited and differ between VGH and UBCH. Safe storage examples include: on your person if not leaving the OR area, in a locked locker in the operating room. Drugs are NOT to be stored in

personal lockers, change rooms or otherwise taken outside of the OR except for the purpose of patient care in a remote location.

6. Labelling

- a. **All controlled agent syringes or bags must be appropriately labelled using the Codonics printer labels.**

7. Wasting and Reconciliation

- a. **Unused vials must be returned to the AWS by the conclusion of the case.**
- b. **Left over drug syringes must be emptied into provided drug waste containers with alkylation agent.**
- c. **Accurate reconciliation of used and wasted drugs should be performed at the conclusion of the case.**
 - i. In case of oversight, respond to pharmacy reminder ASAP
- d. **Absolutely all drugs need to be reconciled before the end of a shift.**

8. Pharmacy surveillance

- a. **Pharmacy is obligated by law to report any loss or diversion of controlled drugs to Health Canada.**
- b. **Pharmacy is compiling regular reports of prescribing patterns and performing random reviews of practitioners to ensure AWS reconciliation coincides with anesthesia record.**
 - i. Any irregularities are brought to the attention of the Department Head/ Associate Heads or delegates.

9. Accountability

- a. **There are no exceptions from this policy.**
- b. **Staff anesthesiologists have a professional and moral responsibility to ensure appropriate drug handling by assigned trainees.**
- c. **Any unattended drugs should be turned over immediately to Department Head/ Associate Heads or delegates (slating anesthesiologist or in-charge anesthesiologist).**
- d. **Departure from the policy or concerns for patient/ provider safety should be reported to Department Head/ Associate Heads.**
- e. **Non-compliance with this policy will be documented in the physician's record and may result in disciplinary action up to and including removal of controlled drug access, or hospital privileges.**

10. Support

- a. Substance abuse is common in society, yet highly lethal amongst anesthesiologists.
- b. Support is available, internally through departmental leadership and peer support as well as externally and confidentially through the **Physician Health Program (24/7 support at 1-800-663-6729)**