The appropriate handling of Controlled Substances is of crucial importance in Anesthesia practice. There is a substantial public trust invested in caregivers who handle controlled substances that they will conduct themselves in a manner that will prevent diversion or misuse of these potentially dangerous substances. Moreover, substance abuse in Anesthesia is a very real and present danger in all Anesthesia departments. The importance of a high degree of vigilance with respect to prevention and detection of substance abuse cannot be overstated. Opioid handling policies have been created to mitigate the risks to society of diversion and to the individual caregivers of substance abuse. It is therefore mandatory for all care-givers with in Anesthesia to be familiar with the departmental policies and legislation governing opioids. It is equally important that all caregivers support each other in observing and intervening to correct inappropriate handling, whether by themselves or others. Thus this policy is in compliance with the Controlled Drugs and Substances Act and the Food and Drugs Act.

Definitions:

**Narcotics**: refers to the substances listed in the schedule of the Narcotic Control Regulations of the Controlled Drugs and Substance Act.

**Controlled Drugs**: refers to the substances listed in the schedule of the Food and Drug Regulations, Part G (Controlled Drugs).

**Discrepancy**: a variance in the count of narcotics and/or controlled drugs on hand with the count on record.

Specific expectations of all Anesthesia staff with respect to controlled substance handling include the following:

- All controlled substances must be signed out by the person who is administering the controlled substance. The only circumstance to this would be in an emergency situation when the Anesthetist cannot leave the patient to obtain their own.
- All Controlled substance signed out by that one person and all use, waste and residual returned accounted for by that person on the Narcotic Control Drug Utilization Record (NCDUR) such that all drugs initially signed out have been accounted for on this record.
- The NCDUR must be done at the end of each day and not done at any other time for accuracy and to ensure all use of the Controlled Substances are resolved at the end of the shift.
- Patient use of a Controlled Substance must also be recorded in the patient record.
- All controlled substances must be kept in a safe and secure area, this is by Federal Law. Safes are provided in each operating room and when the person who has signed the Controlled Substances i.e. Anesthetists, Residents, Anesthesia Clinical Assistants (ACA) or Ophthalmic Sedation Practitioners (OSP) out is out of the Operating room then these substances must be locked in the safe provided. Exception to this is emergency situations outside of the Operating Room itself or in circumstances where Anesthesia provides care outside of the Operating Room i.e. angio. rooms, CT scan, MRI scans etc…
- Controlled Substances are never to be shared from one colleague to another
- Controlled Substances left over and intact are to be returned to pharmacy through the secure mechanism provided by that site, i.e. Pyxis or another mechanism.
- Controlled substances left over in open vials or syringes MUST BE DISCARDED in a manner that prevents their subsequent salvage or diversion.

If a Controlled Substance(s) was found either in a syringe or a vial at the end of the OR day, OR personnel will make note of the theater it was found in. The Anesthetist, Resident, Anesthesia Clinical Assistant, or Ophthalmic Sedation Practitioner who is responsible will initially be called by the Site Leader to discuss the incident. A second infraction will lead to a formal letter in their personal file and a third infraction will lead to a suspension. The timeframe for these three incidents is one year, repeated violations beyond this will be dealt with on an individual bases.

References
- Food and Drug Regulations (C.R.C., c. 870)
- Controlled Drugs and Substances Act (1996, c. 19)
- Health Sciences Centre Narcotic, Controlled Drug and Benzodiazepine Dispensing via Pyxis Policy 80.120.703
- St. Boniface Hospital, Loss or Theft of Narcotics and Controlled Drugs Administrative Manuel V1-830

Approved By:
Anesthesia Program Committee, January 18, 2011