

STANDARD OPERATING GUIDELINES

**DELTA-CARDIFF
VOLUNTEER
FIRE COMPANY**

S.O.G. E57-44 Revision: 0

SUBJECT: Drug Use, Control and Security

DIVISION: Ambulance

INITIAL DATE: 25 June 2003

EFFECTIVE DATE: 23 February 2004

PURPOSE: To ensure that all medications are used and carried appropriately.

APPLICABLE TO: All EMS Personnel

AUTHORITY: DCVFC Ambulance Committee

RELATED SOG'S: Medic 56/57 Controlled Substance Policy

1. Only drugs approved by the Department of Health (DOH) as published in the Pennsylvania Bulletin shall be stocked. All drugs shall be carried in conformance with the transfer and medical treatment protocols applicable in the South Central EMS Region.
2. Additional drugs may be stocked by as authorized by the ALS service medical director if the ALS ambulance service uses health professionals, and additional drugs may be carried as follows:
 - A. Drugs which the applicable regional transfer and medical treatment protocols prescribe for the treatment of an ALS patient may be brought on a BLS ambulance by an EMT-paramedic or health professional when rendezvousing with a BLS ambulance to treat an ALS patient on behalf of an ALS ambulance service.
 - B. Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a health professional provided the health professional has received approval to do so by the ALS service medical director of the ambulance service and has been ordered to administer the drug by the medical command physician.
 - C. Drugs other than those authorized by the applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or brought on board a BLS ambulance by a registered nurse, physician assistant, or physician when the following

standards are met:

- a. The ambulance is engaged in an interfacility transport.
 - b. The physician, registered nurse, or physician assistant has special training required for the continuation of treatment provided to the patient at the facility, and the use of drugs not maintained on the ambulance is or may be required to continue that treatment.
 - c. The physician, registered nurse, or physician assistant does not substitute for required staff.
3. Drugs shall be procured and replaced from a hospital, pharmacy or from a participating and supervising physician, if not otherwise prohibited by law.
 4. Administration of drugs by pre-hospital personnel, other than those approved for use by a BLS ambulance service, shall be restricted to EMT-paramedics and health professionals who have been authorized to administer the drugs by the ALS service medical director, when under orders of a medical command physician or under standing orders in the EMS region's transfer and medical treatment protocols; except all pre-hospital personnel other than a first responder and an ambulance attendant may administer to a patient, or assist the patient to administer, drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.
 - A. An EMT-paramedic is restricted to administering drugs permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.
 - B. A health professional may administer drugs in addition to those permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols, provided the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by the medical command physician.
 5. The EMS Division shall adequately monitor and direct the use, control and security of drugs provided for use. This includes, but is not limited to:
 - A. Ensuring proper labeling and preventing adulteration or misbranding of drugs, and ensuring drugs are not used beyond their expiration dates.
 - B. Storing drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101--780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.
 - C. Including in the EMS patient care report information as to the administration of drugs by patient name, drug identification, date and time of administration, manner of

administration, dosage, name of the medical command physician who gave the order to administer the drug, and name of person administering the drug.

- D. Maintaining records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.
- E. Providing the pharmacy, physician or hospital that is requested to replace a drug, with a written record of the use and administration, or loss or other disposition of the drug, which identifies the patient and includes any other information required by law.
- F. Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local or State police and the Department's Drugs, Devices and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.
- G. Disposing of drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act.
- H. Arranging for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of this section.

Approved: /s/ Anthony Hall

Title: Vice President