

(a)
Infection Control Policy

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

1.0 Purpose:

To outline procedures to minimize employee exposure to potentially infectious blood, bodily fluids and airborne pathogens.

2.0 Scope:

All field staff will use Universal Precautions when contact with blood or bodily fluids are expected. Respiratory protection will be utilized when exposure airborne pathogens is expected.

3.0 Requirements:

All employees are expected to adhere to this policy. There may be times when an employee is unable to comply with this policy due to field conditions; however this should be an extremely rare occurrence. Employees should be acutely aware that failure to follow appropriate precautions could have potentially life threatening results for the employee.

4.0 Policy:

Hand washing with soap and water is recommended before and after contact with any patient or potentially contaminated object. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.

Universal precautions will be utilized in the care of all patients. Universal precautions include, but are not limited to, the following:

- GLOVES must be worn during all patient contact. Gloves must be changed when they are torn and after contact with each patient.
- GOWNS or plastic aprons are indicated if blood splattering is likely. While the employees' uniform may provide limited protection, it is not considered to be personal protective equipment. If splattering of blood is expected impervious garments should be donned.
- MASK AND PROTECTIVE GOGGLES must be worn if splattering is likely to occur. This equipment is available on all ambulances. Eyeglasses are acceptable protection if side shields are attached.

Used needles must not be bent, broken, or unnecessarily handled. They should be discarded intact immediately after use into a needle disposal box. If recapping is absolutely necessary, hemostats or a one-handed technique should be used.

Stretchers must be wiped down after each patient use with an approved disinfectant (i.e., rubbing alcohol, bleach solution).

The floor of the ambulance must be cleaned daily as part of the routine cleaning process. If the floor becomes contaminated with blood, oral secretions, vomitus, fecal or wound drainage the following steps must be followed:

1. Spills must be cleaned as soon as possible with a Clorox (bleach)/water solutions (four parts water to one part Clorox) to eliminate a chance of spreading contamination to the rest of the ambulance.
2. The solution must be applied and allowed to contact the spill for several minutes. Only freshly made solution should be used.
3. Apply disposable gloves and clean the treated spill.

The following steps must be followed to contain and dispose of Biohazardous waste:

1. All waste classified as infectious waste will be placed in a red plastic bag and closed with tape or a "twist-tie" wire enclosure.
2. The closed bag will be placed in appropriately marked containers in the soiled utility room or an area specifically designated for infectious waste as appropriate to the hospital or receiving facility.
3. "Infectious waste" bags will not be placed in any trash chute or regular garbage cans. Any sharps that have been contaminated by blood or potentially infectious material must be disposed of in an approved container available in each ambulance. Full boxes must be disposed of at the receiving facility
4. Contaminated linen must be disposed of at the receiving facility.
5. If uniforms are contaminated, they must be washed at the base or at the hospital at least once before being taken home to wash.
6. Following safe transfer of a patient with suspected or known communicable disease that can be transmitted by air, the ambulance must be aired for several minutes. Opening the side and rear doors provides the optimum means of ventilating the ambulance. Usually, the time it takes to unload and prepare the ambulance for its next mission is sufficient for the fulfilling of this criterion. If the patient has an unfamiliar disease and it is not clear how to decontaminate the ambulance/aircraft, contact the supervisor on duty.
7. Use of surgical masks is indicated for patients if they are suspected of having a disease transmitted via airborne vectors (e.g., TB). If such patients are intubated, then surgical masks must be worn by all crewmembers on the call, and a biofilter placed on the ETT.
8. The following steps must be taken when cleaning non-disposable equipment (i.e., blades, Magill forceps, and lighted stylettes). Gloves must be worn by personnel while cleaning equipment.
 - a. Clean the equipment of gross contamination with soap/water or alcohol.
 - b. Soak in high level disinfectant (Cidex, Matricide or Sporiciden) for ten (10) minutes.
 - c. Rinse with hot water.
 - d. Allow to dry before storing.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the patient care compartment of any ambulance. For purposes of this policy, the crew cab is not considered to be a patient care compartment.

If potentially infectious materials such as blood penetrates a garment(s) the garment(s) shall be removed immediately or as soon as feasible. The supervisor must be contacted immediately and notified that the unit is out of service for decontamination of personnel, equipment, or clothing. NOTE: Uniforms soiled with blood or bodily fluids may *not* be taken home for laundering. They are to be laundered at the base or the receiving hospital. Chlorine bleach is not to be mixed with other products, especially those containing ammonia, as chlorine gas could be produced.

Signature of Principal Official

Printed Name of Principal Official

Date

(b)
Management of Personnel Part (1) Of (4)
Latex Allergies Policy

All ambulance personnel of: _____

Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

1.0 Purpose:

To identify all patients and staff that may have or have reported previous sensitivity or allergic reaction to latex so that alternative latex-free equipment can be utilized by the EMS crew.

2.0 Scope:

All crewmembers are responsible to strictly adhere to this policy when encountering patients.

3.0 Requirements:

If the patient indicates a sensitivity or allergy to latex, the crew chief must relay this information to the next caregiver and chart this on the patient care report under the "allergies" section.

If the patient or employee experiences an allergic reaction while being treated with latex containing items, immediately remove the latex items and refer to the appropriate clinical protocol dealing with an allergic reaction or anaphylaxis.

The crew chief is responsible to assure that all gloves, equipment, medications, fluids, and other supplies used on and around the patient are latex free.

Employees who indicate or develop a sensitivity or allergy to latex must identify the sensitivity or allergy to the service manager to allow the service to take necessary precautions to eliminate their exposure to latex.

If equipment, medications, or fluids containing latex must be used, i.e., BP cuffs, stethoscope, etc., a barrier must be placed between the item and the patient or caregiver. This includes the use of a .22 micron filter for administering or drawing medications/fluids if necessary. Draw the medication into a syringe without a filter, then apply the filter when administering the medication to the patient through a clean needle.

4.0 Policy:

The crew chief on each call is responsible to ask the patient while taking a history if the patient is allergic to latex, or sensitive to latex. Patients who exhibit latex allergy symptoms from eating nuts or fruits may be predisposed to latex allergy; minimize contact with latex.

If the patient responds "yes" to allergy or sensitivity the crew chief is responsible to communicate this information to the next caregiver during report and on the patient care report.

Any patient that is unable to answer questions, does not have a medic alert bracelet or tag, or indicates that they are unsure of a latex sensitivity or allergy, shall be treated under normal treatment protocols.

If at any time during the care of the patient, a patient begins to exhibit signs and/or symptoms of a latex sensitivity or allergy, the patient care shall be altered to assume a latex allergy and the procedure outlined in section 3.0 shall be implemented.

Signature of Principal Official

Printed Name of Principal Official

Date

(b)
Sexual Harassment Policy Part 2 of 4

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

The definition of sexual harassment within this service is as follows:

1. Unwelcome sexual advances.
2. Requests for sexual acts or favors.
3. Insulting or degrading sexual remarks.
4. Threats, demands, or suggestions that a member/employee's work is contingent upon toleration of or acquiescence to sexual advance.
5. Retaliation against employees for complaining about behaviors.
6. Any other unwelcome statements or actions based on sex that are sufficiently severe or pervasive so as to interfere with an individual's work performance or create an intimidating, hostile or offensive working environment.

Any employee who believes that they have been the recipient of or witnessed sexual harassment in the workplace should immediately report such activities to their supervisor or other officer.

Each case will be promptly and thoroughly investigated in the strictest confidence. Any member/employee who is found to have committed sexual harassment in any form will be disciplined in accordance with disciplinary action processes. This could include suspension or termination from this organization.

Signature of Principal Official

Printed Name of Principal Official

Date

(b)
Immunization Plan Part 3 of 4

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

All employees will be offered Hepatitis (B) immunization as soon as possible after becoming an active employee of this service, and before the employee engages in activities with potential exposure to blood and body fluids.

Any member/employee that wishes not to receive this immunization must sign a release form stating that they have been asked and that they have declined to receive this vaccination for Hepatitis (B).

If member/employee decides later to receive this vaccination he/she may do so at no cost to them as described above.

Signature of Principal Official

Printed Name of Principal Official

Date

(b)
Crew Work Rest Cycles Part 4 of 4

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

Ambulance crewmembers at this service are not permitted to work longer than 24 hours without at least an 8 hour rest period.

This rest period is required even if the member/employee worked the previous 24 hours for another employer.

All members/employees must notify their immediate supervisor for this service as soon as possible when they know they will be working 24 hours without an 8 hour rest period.

It will be the responsibility of this supervisor to secure a replacement for this employee.

If employee fails to notify his supervisor that he/she has not had at least an 8 hour rest period after working 24 hours disciplinary actions will be taken.

Signature of Principal Official

Printed Name of Principal Official

Date

(c)
Substance Abuse in the Work Place

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

The following definition will be used to define substance abuse:

Using a drug, medication or substance not prescribed by a physician that will alter the mind or physical motion/ability of the user.

Substance abuse by a member/employee of this organization will not be tolerated in any form on or off the premises of this organization. This organization must demonstrate a positive and professional image in our community.

The following prohibited substances include but are not limited to the following:

1. Alcohol
2. Amphetamines
3. Barbiturates
4. Cocaine/Crack
5. Heroin
6. Marijuana

No member/employee may respond on an ambulance call while taking any prescribed medication that may impair their ability to perform all of their required functions.

Any member/employee violating any of the above will face disciplinary action up to and including dismissal.

Signature of Principal Official

Printed Name of Principal Official

Date

(d)
Placement & Operation of Ambulances

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

At least one ambulance belonging to or leased by this service will be stationed/placed at the locations as described on page 2 section 17 and 18 of our licensure application.

This service will apply for and secure an amendment to our license prior to making any change of a permanent nature as to relocating the station. We will also comply with §1005.15 before closing a station that is listed on our licensure application.

All responses that will be made with the required crew necessary to meet or exceed licensure requirements at the level of care this service is licensed for and the patient requires.

An ambulance crew for each station will be either on station or on call 24 hours a day 7 days a week.

If a vehicle or crew from any station is not available the next closest ambulance service to the patient will be responded.

No non-emergency transports will be conducted utilizing the only available vehicle at any particular station.

Signature of Principal Official

Printed Name of Principal Official

Date

(e)
Patient Management

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

Shall agree to the following scene policies and procedures:

Control of all aspects of patient care at an emergency scene shall be the responsibility of the individual with the highest level of EMS certification.

Signature of Principal Official

Printed Name of Principal Official

Date

(f)

Use of Visual and Audible Warning Systems (Red Lights and Sirens)

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

will comply with Title 28, Pa Code §1005.10(g) relating to "Use of lights and other warning devices" which states:

"Ambulances may not use emergency lights or audible warning devices unless they do so in accordance with standards imposed by 75 Pa. C.S (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents or is in good faith perceived to present a combination of circumstances resulting in a need for immediate medical intervention. When transporting the patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment. "

Additionally, all personnel will comply with policies, procedures, and/or protocols promulgated by the Southern Alleghenies EMS Council and approved by the Pennsylvania Department of Health, Emergency Medical Services Office relating to the use of visual and audible warning systems.

Signature of Principal Official

Printed Name of Principal Official

Date

(g)
Weapons and Explosives Policy

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

Shall not wear on their person, nor carry aboard any ambulance, any firearms, weapons, explosives or chemical irritants. This policy does not apply to law enforcement personnel who are serving in an authorized law enforcement capacity.

Signature of Principal Official

Printed Name of Principal Official

Date

(h)
Completion of EMS Patient Care Report

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

Are required to complete a patient care report on forms provided by the Department of Health for each ambulance call on which patient assessment, patient care or refusal of care or to be assessed occur.

One patient care report will be completed for each person assessed, treated or from which a refusal is received.

A report describing the chief complaints, with vital signs treatment rendered and other pertinent information will be provided to the facility to which the patient is transported.

The patient care report will be provided to the receiving medical facility and/or medical command facility as soon as possible, no later than 24 hours after completion of the call.

The pre-hospital care practitioner that had primary responsibility for patient care from this service will complete the patient care report.

The pre-hospital care provider that had primary responsibility for providing patient care from this ambulance service shall be responsible for providing the facility with a report as described above.

The pre-hospital care provider for with the highest level of certification shall accompany the patient to the facility in the patient compartment.

Signature of Principal Official

Printed Name of Principal Official

Date

(i)
Documentation Requirements

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This organization will submit the following required documentation as requested in Pennsylvania Code 28. Health & Safety as listed below.

- Roster of active personnel with
 1. Certification number
 2. Level of certification
 3. Full date of expiration

- List of all members that are EVOC trained with
 4. Name of course taken
 5. Date class was completed

- Written staffing plan for all vehicles

- Availability schedule for BLS services

- Provide documentation of all owners, partners, officers, directors, board members or other individuals that may be responsible or involved in making operation and or policy decisions for this ambulance service.

- All owners, partners, officers, directors, board members or other individuals that may from time to time be responsible for making operation and or policy decisions for this ambulance service have been asked if they have a criminal history as defined in §1005.10 subsection (d)(3) and (4)(vii) and (k) of the Regulations to Act 45.

- All employees have been asked if they have a criminal history as defined in §1005.10 subsection (d)(3) and (4)(vii) and (k) of the Regulations to Act 45.

- This ambulance service will supply the Regional EMS Office with monthly reports for each call it was unavailable to respond to during the previous month. This will included but not be limited to the following.
 1. Insufficient Staffing
 2. Ambulance in garage for maintenance
 3. Crew unable to get to station due to weather
 4. Communications radio/monitors not working

This notification will be mailed to the Regional office by the 10th of each month for the previous month. If no calls were missed we will also notify the Region/DOH by the 10th of the month that no calls were missed for the previous month.

- This ambulance service will provide the Regional EMS Office/DOH with copy of any management agreements it has with any organization to manage or to be managed by some other entity.

These agreements will include all of the following but are not limited to the following:

1. Service Management Agreements
2. Billing Agreements
3. Bookkeeping Agreements
4. Other Administrative functions

- Documentation of medical command authorization decision

**The following documentation will be provided
at the time of the physical inspection:
For ALS services only**

- Medical command status of all personnel
- Drug reconciliation's by vehicle for the last three years

Signature of Principal Official

Printed Name of Principal Official

Date

(j)
Ambulance Standards

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

All ambulance vehicles will meet 75 Pa, C.S. § § 4571 and 4572 (relating to visual and audible signals on emergency vehicles.; and visual signals on authorized vehicles) and 67 Pa Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa C.S. § § 4571 and 4572. These specifications will be for design types, floor plans, and general configuration and exterior markings.

An ALS squad unit vehicle is not subject to the Federal KKK standards; however this service will require it to meet the standards in 75 Pa, C.S. § § 4571 and 4572. It will also have as required a minimum of six star of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.

All drivers for this service must meet the following qualifications:

1. Be at least 18 years of age.
2. Have a valid driver's license.
3. Must observe all traffic laws.
4. Must not be addicted to, or under the influence of alcohol or drugs.
5. Must be free from any physical or mental defects or disease that may impair the person's ability to drive an ambulance.
6. Must have successfully completed an emergency vehicle operator's course of instruction approved by the Department of Health.
7. Must not have been convicted within the last 4 years of driving under the influence of alcohol or drugs, or within the past 2 years, been convicted of reckless driving. Such a person shall not be considered to be a responsible person until the designated time has elapsed and the individual, after conviction or suspension of license, repeats an emergency vehicle operator's course of instruction approved by the Department.

Signature of Principal Official

Printed Name of Principal Official

Date

(k)
Equipment & Supply Requirements

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

All required equipment and supplies will be carried and readily available on all vehicles and all equipment will be in working order.

All vehicles shall carry medical equipment and supplies as required by the Pennsylvania Department of Health.

Signature of Principal Official

Printed Name of Principal Official

Date

(I)
Personnel Requirements
Staffing

All ambulance personnel of: _____

Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

All BLS ambulances at this service are required to be staffed by at least (1) one EMT and (1) one Emergency Responder with EVOC training (ambulance attendant).

All ALS emergency MICU vehicles at this service are required to be staffed by at least (1) one Paramedic and (1) one Emergency Medical Technician with EVOC training.

All ALS squad vehicles from this service will be staffed with at least (1) one Paramedic with EVOC training or will have a driver for the vehicle that has EVOC training.

Minimum DOH ALS staffing standards will be met by this service 24 hours-a-day, 7 days a week.

The type of vehicle responding to a particular incident will be based on the licensure level of the service and dispatch designation. A BLS or ALS ambulance may respond to calls dispatched as requiring BLS level care. An ALS ambulance will respond to calls for ALS level care.

Signature of Principal Official

Printed Name of Principal Official

Date

(m)
Communicating With PSAPs

All ambulance personnel of: _____

Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsibility to communicate unavailability:

This ambulance service shall apprise the PSAP as to when it will not be in operation:

- a. Due to inadequate staffing
- b. When its resources are committed in such matter that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency services.

Responsibility to communicate delayed response:

This ambulance service shall apprise the PSAP as to when it will have a delayed response.

- a. As soon as practical after receiving a dispatch call, if we are not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication.

Responsibility to communicate with PSAP generally:

This ambulance service shall provide its PSAP with information, and otherwise communicate with its PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

Response to dispatch by PSAP :

This ambulance service shall respond to a call for assistance as communicated by the PSAP, provided it is able to respond as requested.

Signature of Principal Official

Printed Name of Principal Official

Date

(n)
Accident, Injury and Fatality Reporting

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This ambulance service shall report to the Regional EMS Council:

1. All ambulance vehicle accidents that are required to be reported under 75 Pa. C.S.
2. All accidents or injuries to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a facility.
 - a. The report shall be made within 24 hours after the accident or injury
 - b. The report of a fatality involving an ambulance or other on the job fatality shall be made within 8 hours after the fatality.
3. Any equipment failure that potentially could have resulted in injury to a patient or practitioner.
4. Any unexpected injury to a patient or bystander that occurs as a result of EMS activities.

Signature of Principal Official

Printed Name of Principal Official

Date

(o)
Medical Command Notification

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This ambulance service shall ensure that all ALS practitioners have a Medical Command Authorization Application (MCAA) completed and approved by the service medical director prior to functioning as an ALS practitioner with this service.

An application will be completed on each ALS practitioner on an annual basis. Copies of these applications will be maintained on file and available for inspection by representatives of the Department or the Regional EMS Council.

This ambulance service shall identify, to the Regional EMS Council the pre-hospital personnel affiliated with the service with medical command authorization.

This service shall also notify the Regional EMS Council when a pre-hospital practitioner resigns or loses medical command authorization for this ALS ambulance service.

Signature of Principal Official

Printed Name of Principal Official

Date

(p)
Monitoring Compliance

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This ambulance service shall file a written report with the Department through the Regional EMS Council if it determines that a pre-hospital practitioner who is a member of the ambulance service, or who has recently left the ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under §1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the pre-hospital practitioner is functioning for the ambulance service.

Signature of Principal Official

Printed Name of Principal Official

Date

(q)

Dissemination and Protection of Patients Information

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

All ambulance service personnel of this ambulance service who collect have access to, or knowledge of, confidential information collected under §1001.41 (relating to data and information requirements for ambulance services) by virtue of that person's participation in the Statewide EMS system, may not provide the EMS patient care report, or disclose the confidential information contained in the report or a report or record thereof except as follows:

1. To another person who by virtue of that person's office as an employee of the Department is entitled to obtain the information.
2. To another person or agency under contract with or licensed by the Department and subject to strict supervision by the Department to insure that the use of the data is limited to specific research, planning, quality improvement and complaint investigation purposes and the appropriate measures are taken to protect patient confidentiality.
3. To the patient who is the subject of the information released to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as the patient's duly appointed attorney-in-fact.
4. Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.
5. For the purpose of quality improvement activities, with strict attention to patient confidentiality.
6. For the purpose of data entry/retrieval and billing, with strict attention to patient confidentiality.
7. Under §1001.41 (relating to data and information requirements for ambulance services) and to other health care providers to whom a patient's medical record may be released under law.

Signature of Principal Official

Printed Name of Principal Official

Date

(r)
**Participation in Statewide & Regional
Quality Improvement Programs**

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This ambulance service and each individual that is affiliated with this ambulance service that is certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs.

These individuals and this entity shall provide the information, data, reports and access to records as required by the Department and Regional EMS Council to monitor the delivery of EMS.

Signature of Principal Official

Printed Name of Principal Official

Date

(s)
Drug Use, Control and Security

All ambulance personnel of: _____
Name

AFFILIATE#: _____

Address: _____

City: _____ State: _____ Zip: _____

This ambulance service will stock only drugs as approved by the Department of Health and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which the ambulance is stationed.

Medications not specifically included in the regional transfer and treatment protocols may be carried after securing approval from the regional EMS Council in accordance with established procedures.

Drugs will only be replaced by either a hospital pharmacy or a participating and supervising physician, if not otherwise prohibited by law.

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, or 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.

1. An EMT paramedic is restricted to administer drugs permitted by the regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.
2. A health professional may administer drugs in addition to those permitted by the 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 a medical command physician.
3. The ambulance service will adequately monitor and direct the use, control and security of all drugs provided to the ambulance service. This includes, but is not limited to:
 - a. Ensuring proper labeling and preventing adulteration or mislabeling of drugs and ensuring drugs are not used beyond their expiration dates.
 - b. Storing drugs as required by The Controlled Substance, Drug, Device & Cosmetic Act (35 P.S. §§ 780-101-780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.

- c. The EMT paramedic will include in the EMS patient care report information as to the administration of drugs by name, drug identification, date and time administration, manner of administration, dosage, name of medical command physician who gave the order to administer the drug and name of person administering the drug.
- d. Service will maintain records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.
- e. Service will provide 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. Service will ensure 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 Drug Device & Cosmetics and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.
- g. Service will dispose of drugs as required by the Controlled Substance, Drug Device & Cosmetic Act.
- h. Service will make arrangements 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 Controlled Substance, Drug Device & Cosmetic Act.

Signature of Principal Official

Printed Name of Principal Official

Date