Title: Symptom Relief Medication & ALS Equipment/Supplies Quality Assurance	☒ **Policy** ☒ **Procedure** ☐ **SOP**
Category: Quality Management **Dept/Prog/Service:** Base Hospital Program	**Distribution: NW Region Ambulance Operators & Paramedics**
Approved: Program Medical Director & Program Manager **Signature**:	**Approval Date:** **Dec 2005** **Reviewed/Revised Date:** **April 2017**

Cross Reference: *Quality of Care Review- Quality of Care Information Protection Act (QCIPA) Protected (QM-80); Quality of Care Review- Not covered under QCIPA (QM-81; Mandatory Disclosure of Harm-Critical incidents (QM 70); Medication Incident Reporting Procedures (QM 500A); Administration of Controlled Substances (QM 800); Medication Incident Guidelines (QM 500)*

1. PURPOSE

Symptom relief (SR) medications and ALS equipment/supplies for the purposes of Controlled Acts and other ALS patient care must be consistent with the requirements or recommendations within the current Advanced Life Support (ALS) Patient Care Standards and Ministry of Health AND Long Term Care (MOHLTC) Equipment Standards.

2. POLICY STATEMENT

Base Hospital will provide quality assurance checks for symptom relief (SR) medications and ALS equipment/supplies that is provided for use by certified land ambulance paramedics for the purposes of performing Delegated Medical Acts and other ALS patient care.

3. PROCEDURE

Changes in Symptom Relief Medication or ALS Equipment/Supplies:

Any change in the supply or type of SR medications or ALS equipment/supplies that will or may impact Delegated Medical Acts and other ALS patient care must be brought to the attention of the Base Hospital Program Medical Director prior to implementation *(E.g. if new product or equipment)* or immediately upon recognition of the issue *(E.g. low or no supply or equipment malfunction).*

- Contact the Base Hospital **Clinical Lead** to discuss new or revised ALS medication/equipment/supplies or to report any incidents or concerns.

Symptom Relief Medication Reconciliation:

Each Ambulance Service Operator will provide Base Hospital with copies of their requisition(s) or invoice(s) for SR medications twice each year.

a) Copies of SR medication requisitions/ invoices are due on the 15th day of June and 15th day of December annually.
b) Scan and send copies by email to basehospital@tbh.net or fax paper copies to 807-683-3211.
c) If any concerns are noted the EMS Operator will be contacted.

SR medication requisition/invoice must be legible and should provide Base Hospital with the following information:

i. Pharmacy (or other sender of goods)
ii. Ambulance Service Operator (or receiver of goods)
iii. Date of the order
iv. Identity of each SR medication ordered/received (by Brand and Generic name)
v. Concentration of medication ordered/received (per dose)
vi. Quantity of each medication ordered/received

4. RELATED PRACTICES AND/OR LEGISLATIONS

i. *Ambulance Act* (Ontario) and *Ontario Regulation 257/00*
ii. *Health Canada Controlled Drugs and Substances Act* (CDSA)

5. REFERENCES

i. *EHSB MOHLTC BLS & ALS Patient Care Standards*
ii. *Superior North EMS Narcotic & Controlled Substance Policies OD-47, 48, 49, 50, 51, 52 & 53*