

Memorandum of Agreement

The hospital pharmacy of the University of Vermont Health Network- Elizabethtown Community Hospital (ECH), located at 75 Park Street in Elizabethtown, NY, desires to enter into an agreement with:

here to referred to as the “agency”, located at:

for the purpose of providing controlled substance, pursuant to 10NYCRR section 80.136 (Rules and Regulations on Controlled Substances) and the conditions set forth in this agreement.

The agency is an Advanced Life Support Agency, approved by the New York State Department of Health (NYSDOH), the Regional Emergency Medical Advisory Committee (REMAC), and the Bureau of Controlled Substances, to possess and use certain controlled substances. The ALS Agency shall possess a valid class 3c institutional dispenser limited license from the Department of Health.

CONDITIONS

- 1 As an Institutional Dispenser, Class 3, the ECH Pharmacy shall act as the SUPPLIER for the agency, and will provide controlled substances either at no cost, or a cost not to exceed the retail value of the drugs.
- 2 Controlled substance inventory per mobile unit shall consist of up to but not to exceeding: Midazolam injection 5mg/mL up to 20mg; Morphine injection 10mg/mL up to 40mg (substitutions of concentrations may vary based on availability).
- 3 Each unit, if so approved by the Department of Health, may also carry an inventory of up to but not exceeding: Fentanyl injection 50mcg/mL (may only carry 2mL vials) up to 400mcg; Ketamine injection 50mg/mL up to 1000mg (substitutions of concentrations may vary based on availability).
- 4 The agency agrees to comply with all applicable rules and policies required by NYSDOH, ECH Pharmacy and the Medical Director of the EMS Agency.
- 5 The agency shall have their protocols concerning the storage and use of the controlled substances approved by REMAC.
- 6 After receiving their initial inventory, the agency shall obtain additional controlled substances only after presentation to ECH Pharmacy of a correctly executed “EMS Providers Controlled Substance Tracking Form.” This must be done by an EMT-CC or higher that has been authorized to handle controlled substances. This form shall be used in both ECH’s and the agency’s QA/QI process.
- 7 The ECH Pharmacy has been provided with a current list of all EMT-CCs from said agency that have been authorized to handle controlled substances. Each EMT-CC

or higher is familiar with the rules and regulations of the DOH Part 80, their squads “Controlled Substances Operational Plan” and ECH’s Pharmacy’s Policy for EMS Squad procurement of Controlled Substances. The Pharmacy shall be provided with the name and phone number of the current CEO and the “Agent” of the agency.

- 8 The ECH Pharmacy has been provided with a copy of the Agency’s Operational & Quality Assurance Plan for the handling of controlled substances.
- 9 If a loss, theft or diversion of a controlled substance is reported or discovered, it must be reported to the ECH Pharmacy as soon as possible.
- 10 Failure to abide by any of the rules and regulations set forth in Part 80 of NYSDOH or the policies and procedures of ECH Pharmacy may result in the immediate termination of this agreement as well as possible legal action.
- 11 _____ is the Medical Director and this agreement is good for duration of licensure.

Elizabethtown Hospital, President

Agency Officer

Elizabethtown Hospital, Pharmacy Supervisor

Agency Controlled Substances Agent

Date

Date

References:

New York Codes, Rules, and Regulations, Title 10, Volume A-1a, Part 80: Rules and Regulations on Controlled Substances.

New York Codes, Rules, and Regulations, Title 10, Volume A-1a, Part 800.5: Requirements for and advanced life support system.

New York State Bureau of Emergency Medical Services and Trauma Systems, 2017, March 13, Policy No. 17-03, Ketamine for Prehospital EMS Services.

New York State Bureau of Emergency Medical Services and Trauma Systems, 2017, March 31, Policy No. 17-04, Fentanyl for Prehospital EMS Services.

Advanced Life Support Roster

The following individuals may obtain, administer, and/or witness waste controlled substances:

Name	EMT Certification	EMT #
_____	_____	_____
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I certify that I have validated this list as of this date.

_____ Name	_____ Signature	_____ Date
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