

## Drug and Alcohol Testing in EMS Educational Programs

- Issue/Rationale: To reduce medical error and to promote patient safety, adoption of drug and alcohol screening for EMS personnel at the earliest stages of their education is warranted. These types of rules have been in place for more than ten years for "safety-sensitive employees" covered under the Federal Motor Carrier Safety Administration, the testing is readily available, and published policies regarding handling of positive results have withstood challenges.
- Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must undergo drug and alcohol screening arranged by the EMS educational program. At a minimum, this screening must include assessment for the presence of common opiates, benzodiazepines, tetrahydrocannabinol (THC), cocaine, amphetamines, phencyclidine and ethanol or their common metabolites.
- Midwest Toxicology Services is one of the largest vendors, and has 78 collection sites around the state as well as ~8 mobile collection vehicles on the road at any given time. They charge \$61 for a basic urine drug of abuse screen and \$25-35 for an alcohol breath test, with a \$1-7 collection fee if the affiliated occupation care sites are used for collection. (Nicole Buckner, 269-3013).
- Each EMS educational program will have in place a policy regarding drug and alcohol use and how the results of the drug and alcohol screening tests will be handled. A model for this can be found in the August 17, 2001 Federal Register Publication "Final Rule Controlled Substances and Alcohol Use and Testing." The TAC would design a model policy for adoption.