



## Appendix F: Policy for Ambulance Restocking by Hospitals

**SCOPE:** This policy pertains to all participating, licensed EMS agencies and all licensed BLS and ALS vehicles operated by those agencies, and all participating hospitals within the Tidewater EMS Region. This policy is referenced by the *Ambulance Restocking Agreement - Hospital* and the *Ambulance Restocking Agreement - EMS Agency*.

**PURPOSE:** To provide a means of maintaining essential emergency medical supplies on regional EMS ambulances through a one-for-one exchange system with area hospital emergency departments and hospital pharmacies.

### POLICY ELEMENTS:

1. Hospitals will exchange, on a one-for-one basis, certain supplies and pharmaceuticals used by participating EMS agencies on patients transported to the hospital.
  - a. Supplies are designated on the *Tidewater Regional Ambulance Supply List* (Attached to the end of this policy). Hospitals will exchange designated supplies with all non-profit EMS agency ambulances on a one-for-one (one item used, one replacement item provided) basis.
  - b. Pharmaceuticals and related supplies are designated on the *Tidewater IV Box Inventory* and the *Tidewater Drug Box Inventory*, consistent with the *Tidewater Regional Medical Protocols*, current edition. Hospitals will exchange designated intravenous supplies and pharmaceuticals with all EMS agency ambulances on a one-for-one basis utilizing a box-for-box exchange (used open box exchanged for sealed, prepared box). For-profit agencies are intentionally included in this exchange to promote and maintain standardized emergency patient care throughout the region consistent with *Tidewater Regional Medical Protocols* and to provide for patient safety and the appropriate control and inventory of pharmaceuticals and related supplies. Specific policies related to the IV and drug box exchange process, including inventory and documentation, are contained in the *Tidewater "Regional Medical Protocols,"* current edition.
  - c. Additionally, it is specifically noted that this one-for-one exchange policy also applies where an EMS agency might expend exchangeable supplies and/or pharmaceuticals on emergency calls not resulting in patient delivery to the exchanging hospital under the following circumstances:
    - i. The patient directs the EMS agency to transport him or her to a specific exchanging hospital, but the patient is not delivered to any hospital or other receiving facility;
    - ii. The EMS agency intends to transport a patient to a specific exchanging hospital, but the patient is not delivered to any hospital or receiving facility;
    - iii. The patient is transported to a hospital or other receiving facility, but that receiving facility does not have the supplies and/or pharmaceuticals to be exchanged due to a shortage, and that the receiving facility has provided an attestation to that effect to the agency;
    - iv. The patient is transported by means other than the original EMS agency that has expended supplies and/or pharmaceuticals (e.g. helicopter transport after initial treatment by ground EMS agency crew); or
    - v. The patient is not transported after the EMS agency has expended supplies and/or pharmaceuticals (e.g., termination of resuscitation or patient refusal for transport).
2. Ambulance personnel will utilize the *Regional Emergency Department Supply Replacement Form* or a substitute form provided by a hospital or agency to document and facilitate the exchange of supplies (not including drugs and IV supplies). Ambulance personnel will utilize the *Prehospital Patient Care Report* (PPCR, or its equivalent) to document the exchange of drugs and IV supplies. Other locally required inventory control forms are also permitted. As required by the Centers for Medicare and Medicaid Services and Virginia EMS Regulations all records related to the exchange and restocking will be maintained for five (5) years.
3. Problem solving and evaluation of the exchange system by hospital E.D. managers, local agency EMS managers and Tidewater EMS staff will be conducted periodically. Non-compliance reports will be reviewed by EMS Council staff and reported, as appropriate, to the Virginia Office of EMS.
4. Program revisions and updates by E.D. managers, agency EMS managers, Operational Medical Directors and Tidewater EMS Council committee structure will be implemented as indicated and as approved by participants. The Council will provide written notice of any such changes to all participating EMS agencies and participating hospitals



### Tidewater Regional Ambulance Supply List

#### Airway

- Adult and pediatric nasal cannula
- Adult and pediatric non-rebreather masks
- Endotracheal tubes, various sizes
- Endotracheal tube stylet
- Adult and Pediatric Disposable bag-valve-mask
- Flexible suction catheters, 14 French
- Suction tubing
- i-gel various sizes
- Rigid suction catheter
- Adult End Tidal CO2 detector (inline for intubated patients and nasal cannula for non-intubated patients)
- Disposable Emesis Bag

#### Cardiac Monitoring/pacing

- EKG electrodes, adult and pediatric
- Defib/Pacer pads

#### Immobilization

- Cervical collars (Adjustable)

#### Linens

- Sheets
- Pillowcases
- Blankets
- Towels

#### Bandaging

- Non-sterile 4X4 packs
- Roller bandage (Kling-type) 4" and 6"

#### EZ-IO Needles

- (Pink) Pediatric Needle Set for Patients 3 to 39 kg
- (Blue) Adult Needle Set for Patients > 40 kg
- (Yellow) Large Adult Needle Set

This list does not suggest specific brands or manufacturers. Selection of brands and manufacturers will be the prerogative of the hospitals. Pharmaceuticals and related supplies are listed on the Tidewater *Drug Box Inventory* and *IV Box Inventory* lists, consistent with the Tidewater *Regional Medical Protocols*, current edition.