



Ambulance Restocking Policies

Central Shenandoah EMS Council, Inc.

Serving Emergency Services Providers in:

Policies Relating to Ambulance Restocking by Hospitals

Augusta, Bath, Highland, Rockbridge, Rockingham,
Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro

Last Reviewed: October 2016

POLICY FOR AMBULANCE RESTOCKING BY HOSPITALS

SCOPE

This policy pertains to, all participating licensed EMS agencies and all licensed EMS vehicles operated by these agencies, and all participating hospitals within the Central Shenandoah EMS Region.

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 licensed EMS agency ambulances when such exchange results from response to an emergency call.
 - a. Supplies are listed on the attached "Standard List of Restocked Items."

Because this policy applies only to the provision of care for emergency calls, and for patients requiring emergent care, it is specifically noted that no differentiation is made between participating non-for-profit and for-profit EMS agencies. This policy is strictly intended to promote and maintain standardized emergency patient care throughout the region, consistent with regional "Operational Protocols," and to provide for patient safety and appropriate control and inventory of pharmaceuticals and supplies.

It is further specifically noted that this one-for-one exchange policy applies to "Community Assist" and "Helicopter Assist" calls where an agency might expend exchangeable supplies and/or pharmaceuticals on emergency calls not resulting in patient transport by that agency. In such cases, the hospitals have agreed to

exchange in the same manner as when a patient is delivered by the agency, and the agency agrees to provide appropriate patient identifier information.

2. Ambulance personnel will utilize the Prehospital Patient Care Report (or its equivalent) in order to document the exchange of drugs. Other locally required inventory control forms are also permitted.

3. Problem solving and evaluation of the exchange system by hospital E.D. managers, local agency EMS managers and Central Shenandoah EMS Council staff will be conducted periodically. Non-compliance reports will be reviewed by EMS Council staff, and appropriate corrective action will be taken.

4. Program revisions and updates by E.D. managers, agency EMS managers, Operational Medical Directors and Central Shenandoah EMS Council will be implemented as indicated and as approved by participants.

AMBULANCE PATIENT DESTINATION POLICY

SCOPE

This policy pertains to all licensed EMS agencies providing Class B (Basic Life Support), C (Advanced Life Support) and D (Specialized Life Support) ambulance transportation.

PURPOSE

To provide for a defined, consistent policy for the destination of ambulance patients consistent with quality patient care and established regional medical protocol.

POLICY ELEMENTS

1. All ambulance patients (resulting from requests for emergency assistance that result in transport) will normally be transported to the closest appropriate hospital emergency department unless redirected by the Medical Control Physician. The closest appropriate hospital is defined as the hospital closest to the location of the patient that can provide the level of care needed by the patient. The Medical Control Physician is defined as the attending emergency department physician at the hospital contacted by radio, cellular phone, or other means by the prehospital provider attending to the patient to be transported.
2. Stable patients may be transported to the patient's destination of choice if allowed by local EMS agency policies and available resources.
3. Patients that meet certain criteria as severe trauma patients, as defined in the Central Shenandoah Regional Trauma Triage Plan, will normally be transported directly to a Level I or Level II Trauma Center unless redirected by the Medical Control Physician as defined in the trauma triage plan.

4. Individual EMS agencies are responsible for determining operational policies related to the most effective ambulance deployment and utilization patterns. This may include policies allowing transport of stable patients to hospitals of a patient's choice.

5. During an MCI, routine ambulance-to-hospital communication procedures are suspended. The transportation unit leader or designee will communicate patient information to the designated Lead Hospital. The Lead Hospital will relay information to receiving hospitals as appropriate. Patient distribution will be a decision of the transportation unit leader in concert with available hospital and transportation resources.

6. Other policies and protocols related to patient transport and ambulance-to-hospital communications are defined in the Central Shenandoah EMS Council "Operational Protocols," current edition.

STANDARD LIST OF RESTOCKED ITEMS

Item	
1.	IV solutions
2.	IV administration sets and prep supplies
3.	Angiocaths - assorted sizes
4.	AED pads
5.	Syringes
6.	Needles
7.	Non-rebreather masks
8.	Nasal cannula
9.	Disposable bag-valve-mask
10.	Endotracheal tubes - assorted sizes
11.	Oral airways - assorted sizes
12.	Nasal airways - assorted sizes
13.	EKG/Defib. electrode pads
14.	Cervical collars - assorted adult and pediatric sizes
15.	Suction supplies
16.	Linens (sheets, pillow cases, blankets)

This list does not address or suggest specific brands or manufacturers. Selection of brands and manufacturers will be the prerogative of the hospitals.