Central DuPage Emergency Medical Services System

Drug/Equipment Replacement System

INTRODUCTION AND APPROVAL: 03/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: _____	EMSS COORDINATOR: _____
REVISION & APPROVAL: 07/95, 12/97, 08/08	

Purpose:

This policy will define the process for the restocking of supplies of the EMS providers inside and outside of the CDEMSS.

Policy and/or Procedure:

I. Equipment Replacement (Non-Pharmaceutical)

A. Transport of Patient

1. The medic fills out the restocking form located in the medic room for the items used for patient care during their ambulance run. They should be providing the date and patient's name.
2. The medic should write the number of items used next to each supply they need.
3. Once completed, the medic should deliver the sheet to the Health Unit Coordinator (HUC). At that moment, the medic should note the time of day on the sheet and write it in the space provided.
4. The HUC will then fill the order, also noting the time she completed this task.
5. The form must be signed by both the medic and HUC which will insure the times are accurate. (so we may monitor the times to make sure they are not too long)
6. Once the stock is re-supplied, the HUC will keep the form and add a patient label. The form will be scanned into the portal with the ambulance Patient Care Report.
7. The HUC will fill the order and the completed form is to be given to the ER/EMS office.

B. Refusal

1. The medic will fill out the restocking form, but this time he or she will check off the REFUSAL box. A patient care report or the incident number of the run must accompany the sheet. (This will not generate a charge to the patient or the department, but the information must be kept in accordance to federal regulation regarding the Safe Harbor Act)
2. The provider name must be written (in black ink) in the space labeled “Patient Label”.
3. The HUC will fill the order and the completed form is to be given to the EMS Office.

C. Expired/Damaged Equipment

1. The medic will fill out the restocking form with a date and signature and will check the Expired/Damaged Stock box.
2. The Pre-hospital personnel must present the HUC with the items wishing to be exchanged or the Restock Only procedure will be followed and the ambulance provider will be billed for any items exchanged.
3. The HUC will fill the order and the completed form is to be given to the EMS office.

D. Restock Only

1. The medic will fill out the restocking form with a date and signature and will check the Restock Only box.
2. This will generate a charge to the department and the information must be kept in accordance to federal regulation regarding the Safe Harbor Act.
3. The provider name must be written (in black ink) in the space labeled “Patient Label”.
4. The HUC will fill the order and the completed form is to be given to the EMS Office.
5. An invoice will be sent to the EMS Provider on a monthly basis**.**

II. Pharmaceutical Replacement

A. Transport of Patient

1. Central DuPage Hospital Emergency Department will replace all medications used by an EMS Provider during the course of an ALS run. All medications will be exchanged on a one for one basis.
2. No additional supplies will be dispensed at this time without the cost being deferred to the EMS provider.
3. An Emergency Department RN must do the replacement from the ED Pyxis for medications.
4. The medic fills out the restocking form located in the medic room for the items used for patient care during their ambulance run. They should be providing the date and patient's name.
5. The medic should write the number of items used next to each supply they need.
6. Once completed, the medic should deliver the sheet to the Emergency Department RN. At that moment, the medic should note the time of day on the sheet and write it in the space provided.
7. The RN will then fill the order, also noting the time she completed this task.
8. The form must be signed by both the medic and RN which will insure the times are accurate. (so we may monitor the times to make sure they are not too long)
9. Once the stock is re-supplied, the RN will give the form to the HUC and add a patient label. The form will be scanned into the portal with the ambulance Patient Care Report.
10. The HUC will fill the order and the completed form is to be given to the EMS office.

B. Refusals

1. The medic will fill out the restocking form, but this time he or she will check off the REFUSAL box. A patient care report or the incident number of the run must accompany the sheet. (This will not generate a charge to the patient or the department, but the information must be kept in accordance to federal regulation regarding the Safe Harbor Act)
2. The provider name must be written (in black ink) in the space labeled "Patient Label".
3. The RN will then fill the order, also noting the time she completed this task.

4. The form must be signed by both the medic and RN which will insure the times are accurate. (so we may monitor the times to make sure they are not too long)
5. Once the stock is re-supplied, the RN will give the form to the HUC and add a patient label. The form will be scanned into the portal with the ambulance Patient Care Report.
6. The HUC will fill the order and the completed form is to be given to the EMS office.

C. Expired/Damaged Drugs

1. If the damaged drug is a narcotic, the paramedics must complete a “Narcotic Loss Notification” form and return it to the EMS Office.
2. The medic will fill out the restocking form with a date and signature and will check the Expired/Damaged Stock box.
3. The Pre-hospital personnel <u>must</u> present the Pharmacy with the items wishing to be <u>exchanged</u> or the Restock Only procedure will be followed and the ambulance provider will be billed for any items exchanged.
4. The Pharmacist will fill the order and the completed form is to be given to the ER/EMS office.

D. Restock Only

1. The medic will fill out the restocking form with a date and signature and will check the Restock Only box.
2. This will generate a charge to the department and the information must be kept in accordance to federal regulation regarding the Safe Harbor Act.
3. The provider name must be written (in black ink) in the space labeled “Patient Label”.
4. The Pharmacy will fill the order and the completed form is to be given to the ER/EMS Office.
5. An invoice will be sent to the EMS Provider on a monthly basis.