

Memorial EMS  
Decatur Memorial EMS  
Springfield Memorial EMS

## **EMS Supplies and Preparedness**



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Table of Contents

Required Equipment ..... 8.A.1  
Controlled Substances..... 8.B.1  
Drug Shortage ..... 8.C.1  
EMS Resupply ..... 8.D.1



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## Required Equipment

Every EMS response vehicle (and fixed location response) has specific supplies and equipment that must be readily available at all times. All medical equipment and medications must be stored in climate-controlled environments at all times.

The IDPH required equipment lists are linked below and will be updated anytime IDPH updates or changes requirements.

[Non-Transport Inspection Form](#)

[Ambulance Inspection Form](#)

The above lists have been combined with the System required supplies and equipment. They are linked below and found in the Forms section on the landing page.

[EMS Supply Requirements List](#)

[Drug Bag Refill Request Forms](#)



## Controlled Substances

The Memorial EMS System recognizes the importance of medications carried on EMS response vehicles in relationship to patient care. It is also important to understand the risks involving the potential abuse and addiction of controlled substances and to have tracking mechanisms in place.

1. All controlled substances will be kept inside each ambulance/apparatus within the drug bag (preferably) or designated cabinet. At minimum this bag should be locked with a numeric log to aid in tracking access. If staff are not present in the vehicle outside of station, the vehicle should be locked.
2. At the beginning of a shift, the on-coming Paramedic (or Intermediate at the ILS level) will verify that the controlled substance tag is secure, and the tag number is to be verified with the log. This should include the same level provider from the previous shift.
3. If, ever, the tag is **not** intact or the number is not verifiable for **any** reason, a complete inventory should be taken immediately, a supervisor shall be notified, and an incident report will be completed and forwarded to the Memorial EMS Office.
4. If at any time a provider finds a discrepancy or missing controlled substance, the unit is to be removed from service, a supervisor is to be immediately notified and a member of the Memorial EMS Office contacted. This is not to be held until the next business day.
5. Controlled substances shall be available for inspection by IDPH, Memorial EMS office, or any other authorized individual.
6. Each usage of a controlled substance must be documented on the proper “Controlled Substance Usage Log”. All of the following information is to be completed:
  - Date of administration
  - Time of administration
  - Old tag number
  - New tag number
  - PCR/ePCR number & Destination
  - Drug & dose given
  - Drug amount wasted
  - Total amount of drug
  - Paramedic signature (or intermediate signature at the ILS level)
  - Witness signature (RN or MD at the receiving hospital)
7. The controlled substances shall be inspected at least once a month. This inspection will be documented with the old and new tag number. Any discrepancies should follow the expectations
8. Any controlled substance that has not been administered must be properly disposed of. The amount wasted must be noted on the log and witnessed by a nurse or physician at the receiving hospital. Wastes must follow the required process at the receiving facility. If the medication is diluted in any way, that should also be documented. EMS providers should be aware that wastes will be tested regularly.
9. The controlled substance shift log form will be changed at the end of each month. Thus, a new log will be started on the 1<sup>st</sup> day of each month. Per DEA policy, these must be kept for at least 2 years.

## Drug Shortage

Due to the demand, expirations and other limiting factors, drug shortages are a reality of the medical world in which we function. While seeking other supply options should always be explored, there are times when shortages of desired medications cannot be alleviated, and alternatives must be used. It would be impossible to plan for all possible shortages within this protocol manual. Instead, providers must be ever aware that this issue exists and be attentive that attempts to address such shortages may be more or less obvious to providers. Therefore, providers must always be alert when pulling medications and verify the **six rights** before administering any medication. The following steps shall be followed:

1. In the event of a known or anticipated shortage the involved pharmacy will contact the EMS Office with the drug affected by the shortage and anticipated time frame of the shortage. A staff pharmacist and the EMS Medical Director will discuss the situation and develop a plan for responding to the shortage. This plan could include:
  - a. Changing the concentration of a drug that is already used by EMS. (I.e. EMS carries Morphine 4mg/4mL but instead will be given 10mg/1 mL)
  - b. Using a different concentration such that the drug will be given differently. (I.e. D10 is not available but D25 is available.)
  - c. Using an alternative drug concentration that can be reconstituted to make the unavailable drug. (i.e. Giving Epi 1:1,000 and 10 mL of Normal Saline with directions for making Epi 1:10,000)
  - d. Giving a replacement drug. (I.e. Lidocaine is not available but Amiodarone is. Amiodarone is provided with training given to all affected agencies.)
  - e. Not replacing a drug that is affected by shortage. (I.e. Narcan is affected by shortage; but no suitable replacement is available. Treatment would need to proceed to next step in protocol sequence.)
2. This plan will be communicated to all affected agencies and include any necessary training information.
3. This plan will be communicated to all affiliated hospital pharmacies.
4. Notice will be posted at the Pyxis where EMS providers obtain their medications.
5. When the shortage is over notice will be given to all affected agencies and previously posted, notices will be removed from the refill areas.

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## EMS Resupply

It is the goal of Memorial EMS to return units to response ready status as soon as possible following a response. As most areas of the EMS System function in a tiered response manner, returning non-transport units to response ready status should be included in all routine calls. The transport unit is expected to provide replacement supplies to the non-transport units for disposable items specifically utilized on the patient at hand. Transport units are expected to resupply at the destination hospital. Supplies and medications will be replaced on a 1:1 basis.

### Exceptions

- Agency specific variations of equipment are not expected to be replaced.
- Single use equipment and medication used on a patient who is not transported is the responsibility of the unit securing the refusal, treat and release, or termination of care.
- Any agency or provider found to be abusing this opportunity can expect to be provided with alternate resupply processes which include not being provided with resupply outside of their station.

### Outdates

Most of the equipment on medical units are disposable supplies, with expiration dates to ensure the safety of our patients. Expirations with a month and date are considered to be expired at the last day of the month lists. Expirations with a specific month, day, and year are considered to be expired on the date listed. Agencies are expected to have a process to ensure that expired supplies are removed from service and replaced with no interruption in response ready status.

The Memorial EMS Offices can assist with providing authorization for resupply of disposable equipment via third party vendors. The local hospital within the EMS System will typically be the location for mediation outdate replacement. A request list is available and should be submitted anytime 5-15 days before expiration.