



Virginia Beach Department of Emergency Medical Services



CASS #203.03.01/.02/.03/.04

Index #

Regulation and Enforcement

MEDICAL EQUIPMENT AND SUPPLIES POLICY

PURPOSE: The purpose of this policy is to ensure medical equipment is sufficiently stocked and maintained to allow for delivery of quality patient care.

APPLICABILITY: This policy shall apply to all personnel and EMS response vehicles operating under the department's Virginia Department of Health EMS Agency License.

POLICY STATEMENT: It shall be the policy of the Department of Emergency Medical Services that all permitted EMS transport and non-transport vehicles shall comply with all local and state equipment requirements.

STANDARDIZATION OF MEDICAL EQUIPMENT

The standardization of medical equipment for use within the ERS provides for the reduction of patient errors and improvement of provider and system performance. The Department will maintain a list of standardized medical connections and equipments.

APPROVAL OF MEDICAL EQUIPMENT

Any specific use or durable medical equipment designed for utilization in the ERS must be reviewed and recommended by the Virginia Beach Department of Emergency Medical Services Medical Review Board. Final approval must be granted by the EMS Chief and Operational Medical Director prior to its utilization.

The request for review of medical equipment must be submitted to the EMS Medical Review Board through the Regulation and Enforcement Division.

The Regulation and Enforcement Division is responsible for determining whether a specified item is required to be processed through the EMS Medical Review Board review process.

All items submitted for processing must be accompanied by the appropriate supporting documentation before consideration.

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Recommendations of the Medical Review Board are submitted to the Operational Medical Director. He may accept the recommendation in which case the recommendation is then forwarded to the EMS Chief. The OMD may also reject, modify or return the recommendation to the Medical Review Board.

Accepted recommendations are then sent to the EMS Chief. The Chief may accept the recommendation in which case the recommendation is then approved and returned to the Regulation and Enforcement Division for processing. The Chief may also reject, modify or return the recommendation to the EMS Medical Review Board.

MINIMUM EQUIPMENT AND SUPPLIES

All EMS equipment carried on an EMS vehicle must be approved by the Department. All providers must be properly trained in utilization of the EMS equipment carried based upon their level of certification.

The Department will maintain a list of approved EMS equipment.

Routinely used, disposable supplies are not intended to be regulated directly by this policy but must still meet any applicable local, state or federal requirements.

Virginia Office of EMS Requirements:

All permitted vehicles will be in compliance with Virginia Emergency Medical Services Regulations 12 VAC 5-31.

Local Additional Equipment Requirements:

The Operational Medical Director and the Chief of EMS require the following additional equipment on all permitted EMS vehicles which must meet departmental standards and be approved for use:

Transport Units

- One (1) adult nasal gastric tube
- One (1) glucometer and associated testing supplies
- Two (2) CPAP administration kits
- Two (2) side-stream capnography capable nasal cannulas
- King Airways (at least one each of sizes 3, 4 and 5)
- EZ-IO with Adult and Pediatric needles
- One (1) Lifepak-15 EKG Monitor with:
 - Auxiliary power cord for monitor/defibrillator
 - Pulse-oximetry equipment

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- Automatic Blood Pressure equipment
- End-tidal CO2 equipment
- Two (2) roles of 12-lead EKG paper
- Two (2) portable radios capable of communicating both from vehicle to dispatch center and vehicle to medical control
- Two (2) approved tourniquets
- One (1) power inverter
- One electronic medical record (EMR) device (laptop/tablet) with charging cord and USB cable for LP-15 connectivity.

Nontransport Units

- One (1) glucometer and associated testing supplies
- One (1) portable radios capable of communicating both from vehicle to dispatch center and vehicle to medical control
- One (1) approved tourniquets
- One electronic medical record (EMR) device (laptop/tablet) with charging cord and USB cable for LP-15 connectivity.

DAILY INVENTORY CHECKING EQUIPMENT AND SUPPLIES

All vehicles will be inventoried at the beginning of each shift. This check will include proper function of durable medical equipment, adequate supplies, expiration dates, stretchers and proper function of warning lights. Standard check-off lists for both transport and non-transport vehicles are provided in Attachment A and Attachment B.

Vehicles that are infrequently staffed should be checked off on a routine basis. The department will assign responsible officers to ensure this occurs.

All check-off lists will be signed by the vehicle attendant-in-charge (AIC) and forwarded to the appropriate supervisor.

Supervisors will conduct periodic vehicle inspections to ensure proper inventories are being maintained.

Monthly ALS Inventory

All drug, RSI and IV box serial numbers will be reported to the Department of EMS on the 3rd Wednesday of each month.

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All glucometers and monitor-defibrillators will receive detailed monthly checks. Verification of the checks may be forwarded at the same time as the drug and IV box inventory.

Regional ALS Report

The Department will participate in the quarterly ALS inventory program as outlined in the Tidewater EMS Regional Protocol Manual.

MEDICATION STORAGE AND SECURITY

All medications needles, intravenous (IV) administration sets and syringes shall be stored in standard regional IV and drug boxes.

All IV and drug boxes will be stored in locked compartments or brackets when not in use. Compartment design must be approved by the Department and the Virginia Department of Health Office of EMS. A standard lock shall be used for all rescue squad, Department of EMS, and Fire Department operated vehicles. A key will be available to the vehicle AIC. When the vehicle is not housed in a station, the IV and drug boxes are to be removed and stored in a locked secure area.

Medications and medication kits shall be maintained within their expiration date at all times. Expired kits will be exchanged at a hospital pharmacy.

Medication kits will be protected from temperature extremes. This can be accomplished via the following steps:

- Boxes will be housed in climate-controlled portions of EMS vehicles (i.e. the patient module of an ambulance).
- During periods when outside temperature is <55 degrees or >85 degrees, all ALS vehicles shall be parked inside a station or have their IV and drug boxes removed. Crews attending classes at the Fire and EMS Training Center shall bring the boxes into their assigned classroom until ready to return to service. Accountability of the unsecured boxes brought inside must be maintained by the attendant-in-charge of the vehicle.
- For extended incidents where vehicles must remain outside without climate control capability, the EMS supervisor will ensure IV and drug boxes are removed and stored in a secure climate-controlled location.
- Reminders regarding temperature control monitoring shall be published to all members at least twice annually.

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- Any box that has suffered from prolonged exposure to extreme temperatures shall be removed from service and returned to the closest hospital pharmacy

OUT OF SERVICE VEHICLES

If a unit must be taken out of service for repair or maintenance, all medication kits and ALS equipment shall be secured by the attendant-in-charge at a secure location in an EMS or Fire station. The EMS Division Chief for Regulation and Enforcement is to be notified of the location of said medication kits and ALS equipment.

If a vehicle must be removed from service for greater than 30 days, medication kits must be turned in to the EMS Division Chief for Regulation and Enforcement.

MEDICATION DIVERSION

If any member or supervisor notes or suspects a diversion (i.e. loss or theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency vehicle or facility a report should promptly be made to the EMS Field Supervisor and Division Chief for Regulation and Enforcement. The Department shall comply with Virginia Office of EMS medication diversion notification requirements.

COMPLIANCE MONITORING

The EMS Regulation and Enforcement Division shall monitor EMS response vehicles and facilities for compliance to all elements of this Policy.

This policy shall become effective upon the approval of the Chief of Emergency Medical Services.

APPROVED:

 2/6/2014

EMS Chief

Date

Originated
7/6/2008

Revised
2/6/2014