



Virginia Beach Department of Emergency Medical Services



EQUIPMENT, VEHICLES AND FACILITIES

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 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. Any medical equipment or devices designed for utilization in the ERS must be approved by the EMS Chief and Operational Medical Director (OMD) prior to its utilization.

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 equipment and devices.

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.

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 (if the monitor does not have this capability then a separate hand-held device is needed)
 - End-tidal CO2 equipment (if the monitor is equipped with this capability)
- 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.
- One high visibility traffic safety vest per crewmember (may be personal PPE issued to the member)

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.
- One high visibility traffic safety vest per crewmember (may be personal PPE issued to the member)

APPROVAL OF NEW MEDICAL EQUIPMENT

Requests for new equipment or devices must be submitted to the Regulation and Enforcement Division Chief. All items submitted for processing must be accompanied by the appropriate supporting documentation before consideration. The Regulation and Enforcement Division Chief will determine whether a specified item can be proposed director to the Chief and OMD or whether or not further screening is required via the EMS Medical Oversight Review Board.

Recommendations of the Medical Oversight 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 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 Board.

DAILY INVENTORY CHECKING EQUIPMENT AND SUPPLIES

All staffed 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.

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.

QUARTERLY 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.

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

EPINEPHRINE

In accordance with Virginia Department of Health Office of EMS Regulations, the carrying of any device for administering epinephrine for emergency cases of anaphylactic shock, other than those contained within the standard regional drug and IV boxes, is not permitted unless a member has a personal prescription for such device and may have to use such device on himself or herself in accordance with such prescription.

NALOXONE

Standalone Naloxone kits authorized by the Department of EMS for use with suspected opiate overdose patients may be carried on EMS vehicles. These kits will be secured and stored in the same manner as other medication kits as outlined above. Zone cars and specialty apparatus may carry these kits with approval of the EMS Chief. These kits will be secured and stored in the same manner as first responder anti-dote kits carried by Virginia Beach Police Officers.

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.

ORDERED:



03/01/2017

EMS Chief

Date