

POLICY #: 205 ADVANCED LIFE SUPPORT AND BASIC LIFE SUPPORT EQUIPMENT AND SUPPLY

I. PURPOSE

- A. To establish the minimum requirement of equipment and supplies to be available on ALS ambulances, BLS and ALS First Responder units including ALS Wildland Engines, and for ALS Special Use Medic in the County of San Luis Obispo.

II. POLICY

- A. Ambulances, ALS and BLS First Responder Units, ALS Wildland Engines, and ALS Special Use Medic personnel authorized to operate in the County of San Luis Obispo must, at a minimum, have the equipment and supplies available in the unit/at the event as referenced in Attachment A of this document.
- B. Any waivers to this policy must be documented and approved by completing and submitting Attachment B – Drug Shortage Mitigation and Response Strategies and then Attachment C – Waiver Request. Types of waivers included are:
 - 1. One-time, 30 day waiver exempting the provider agency from minimum stocking requirements listed in Attachment A – EMS Equipment and Supply List.
 - 2. 90 day window for a preapproved, one-time, 30 day waiver exempting provider agency from minimum stocking requirements listed in Attachment A – EMS Equipment and Supply List, when on-hand stock of medication falls below required minimum stocking levels.
 - 3. Request for substitution of medication with an alternative.


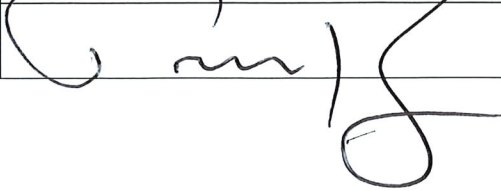
III. AUTHORITY

- California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206 and 1797.220

IV. ATTACHMENTS

- A. EMS Equipment and Supply List
- B. Drug Shortage Mitigation and Response Strategies
- C. Waiver Request

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 205 Attachment B
 Effective Date: 3/01/2023

Drug Shortage Mitigation and Response Strategies

(Must be on file prior to submission of Policy #205 Attachment C, Waiver Request)

Date:	Form completed by:
Agency:	
Drug (name, concentration, supplied dose, packaging):	
Lot # and Expiration:	
Statement of Compliance	
The provider agency understands they are solely responsible for full compliance with all local, state, and federal regulations governing purchase, distribution, storage and administration of all medications.	
The provider agency is making all attempts to meet the following ongoing mitigation steps to prevent need for emergent response to shortages in supply chain:	
<input type="checkbox"/> Identify heavily used medications and predict ordering needs based on data of historical use.	
<input type="checkbox"/> Rotate stock of medications to facilitate efficient use.	
<input type="checkbox"/> Review County EMS Policy 205 Attachment A and consider changing stocking levels.	
<input type="checkbox"/> Identify infrequently used medications and track expiration dates to predict ordering needs.	
<input type="checkbox"/> Attempt to place orders with suppliers in advance of depletion of stock (place order 90 days in advance).	
Response to Shortage in Supply Chain Checklist (address sequentially until resolved):	
<input type="checkbox"/> Place backorder with primary supplier.	
<input type="checkbox"/> Contact alternate suppliers for availability, and place backorder.	
<input type="checkbox"/> Check FDA website for shortage details and potential extended use dates: https://www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm	
<input type="checkbox"/> Contact other ALS providers in County for possibility of interagency exchange.	
<input type="checkbox"/> Fill out Policy 205 Attachment C, Waiver Request form to EMS Agency.	
Please provide details of steps taken such as: suppliers contacted, applicable dates, how shortage resolved, etc:	
Signature and Date:	

Waiver Request

(Minimum Drug Stocking Levels)

Date:	Form completed by:
Agency:	
Drug (name, concentration, supplied dose, packaging):	
Lot # and Expiration:	
In response to an ongoing, or imminent shortage of the single and specific medication listed above, the provider agency requests the following action (choose one):	
<input type="checkbox"/> A) One-time, 30 day waiver exempting the provider agency from minimum stocking requirements listed in Attachment A for the medication listed above. Requested to begin: <input type="text"/>	
<input type="checkbox"/> B) 90 day window for a preapproved, one-time, 30 day waiver exempting provider agency from minimum stocking requirements listed in Policy 205 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.	
<input type="checkbox"/> C) Request for substitution of medication with an alternative (concentration, amount, etc. provide specifics in notes below):	
Pending approval of this request the provider agency completing the request certifies an understanding, and compliance with each of the following:	
<input type="checkbox"/> The provider agency will immediately report any adverse impacts on patient care resultant of this shortage to the EMS Agency.	
<input type="checkbox"/> If a need for continuing waiver is expected beyond 30 days the provider agency will submit a new request no later than five days before this waiver's expiration.	
<input type="checkbox"/> The provider agency will notify the EMS Agency within 24 hours when medication restock becomes available and this waiver will become null and void, unless otherwise specified by EMS Agency.	
<input type="checkbox"/> Action B only - The provider agency will notify the EMS agency within 24 hours when medication stock falls below minimum stocking levels and preapproved 30 day waiver is enacted.	
<input type="checkbox"/> The provider agency will provide any evidence required by EMS Agency of educational plan deemed necessary by EMS Agency to prepare field personnel to incorporate this shortage into patient care.	
Signature and Date:	Page 2 - EMS Agency response

Waiver Request

(Minimum Drug Stocking Levels)

EMS AGENCY USE ONLY

Drug Shortage Mitigation and Response Strategies verified:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Waiver granted:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Action plan granted:	A	<input type="checkbox"/>		
	B	<input type="checkbox"/>		
	C	<input type="checkbox"/>		

Action plan B only - Pre-approved period starts: Expires:

Waiver starts: Expires:

Notes:

Medical Director Signature:

Date: