

**HEMS  
SYSTEM**  
PRE-HOSPITAL EQUIPMENT RESPONSIBILITY

Date: April 2013

Section: 8-12

***Pre-Hospital Equipment Responsibility***

The provision of pre-hospital care involves the use of equipment to stabilize a patient's injuries. Sometimes the patient cannot be removed from the stabilizing equipment at the hospital until necessary evaluation, treatment, and/or transfer to another facility is completed.

**Purpose:**

The purpose of this protocol is to establish a system-wide chain of custody for pre-hospital care equipment.

**Ambulance Responsibility:**

- All equipment that may be left with a patient at the hospital will be clearly marked with the service's name and telephone number.
- Do not expect equipment designed for single patient use to be returned. It will be disposed. The exception are items (ex: C-collars) that can be cleaned for reuse per manufacture guidelines and requested to be returned.
- If it is necessary to leave equipment at a hospital, complete the appropriate section of the Equipment Log and have it signed by designated hospital personnel. The same information should be listed on the run form for internal service use. Run form documentation does not mean that the hospital accepts responsibility for the equipment.
- When notified by the hospital that equipment is ready for pick-up, do so within 48 hours.
- Complete the appropriate sections of the Equipment Log at the hospital to show equipment has been picked up.
- DO NOT use another service's equipment unless it is a circumstance that cannot be avoided, such as a transfer in which the patient is already packaged for transport. Call and inform the service of where the patient and equipment was transported.
- If one service ends up with another service's equipment, notify that service promptly and make arrangements to return the equipment.
- Documentation of a service utilizing another service's equipment without a valid reason will be referred to the Medical Control Authority for follow-up. Confrontation between crews over this issue is prohibited.

**Hospital Responsibility (Routine Transports)**

- A designated hospital representative will review and sign the Equipment Log entry of the crew acknowledging receipt of equipment (specific items).

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- Either disinfect or cover contaminated equipment appropriately before placing it in the storage area.
- Keep equipment secured.
- Call/notify service “once” that equipment is ready to be picked up within 48 hours. Complete the appropriate sections of the Equipment Log.
- Complete the Equipment Log when equipment is picked up.
- The hospital is not responsible for disposable or one –use only items, equipment left over 48 hours, equipment improperly labeled, or equipment not logged in appropriately (See Item #2 under Ambulance Responsibility for exception).
- Any problems should be communicated between the Service Chief, (or Director) and the ED Nurse Manager.

**Hospital Responsibility (Transfers to Other Facilities)**

- If possible, use hospital equipment to stabilize the patient for transfer.
- If it is necessary to use ambulance company equipment, document this on the Equipment Log, and notify the service promptly as to patient and equipment destination.
- List equipment on appropriate documents being delivered with patient to the receiving facility.
- The receiving hospital will follow steps listed under routine transports (HEMS Hospitals only).
- Further service inquiries about equipment are to be directed to the receiving facility and not the transferring facility.

**Standard Equipment Exchange Protocol**

**LINEN**

- Flat sheets, pillow case, and bath blanket
- One-for-one exchange for transports to ED only (does not include transfers)
- EMS Agencies will develop an internal protocol to monitor service compliance
- Emergency Departments will immediately contact the EMS Agency Chief/CEO with any documented abuses.

EMS crews will dispose linens in appropriate containers within the ED

IV/Saline Lock (Medical Control Hospitals Only) per IV Ancillary Supply Exchange protocol and pharmacy memo of understanding.

MEDICATION BOXES (Medical Control Hospitals Only) per Southeast Michigan Pharmacy protocol and pharmacy memo of understanding.

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**NASAL CANNULA AND NON RE-BREATHING MASK**

- One-for-one exchange only
- EMS Agencies will develop an internal protocol to monitor service compliance
- Emergency Departments will immediately contact the EMS Agency Chief/CEO with any documented abuses

**SHARPS AND CONTAMINATED WASTE**

- EMS Services are responsible for registering as generators of contaminated waste
- EMS Services are responsible for contracting for disposal of sharps
- Only under the following conditions will hospitals accept sharps:
  - aa. A basic unit with sharps from OB Kit (in an appropriate container)
  - bb. Single patient sharps in the small single-use sharps container by ALS and LALS units
  - cc. EMS crews will write the service's name and their unit number on the single-use sharps container before turning it in at the hospital
- ED will accept single patient items for disposal used during treatment (linen, dressings, etc.)
- EMS crews, unsure of where to dispose of contaminated items will request direction from the ED Nursing Supervisor

**NOTES**

- The ED and services will refer to the equipment responsibility protocol for equipment exchange issues
- C-collars need to be marked per protocol for return