



San Joaquin County EMS Agency

Request for Waiver of Requirements for EMS Policy No. 4101 EMS Response Vehicle Medications and Equipment

Date: _____ Form completed by: _____

EMS Service Provider: _____

Medication (name, concentration, how supplied): _____

Lot # and Expiration: _____

In response to an ongoing, or imminent shortage of the single and specific medication listed above I hereby request (choose one):

- A) One-time, 30 day waiver exempting the EMS service provider from minimum stocking standards listed in SJCEMSA Policy No. 4101 for the medication listed above requested to begin:
- B) 90 day window for a preapproved, one-time, 30 day waiver exempting EMS service provider from minimum stocking standards listed in SJCEMSA Policy No. 4101 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.
- C) Request for substitution of medication with alternative (concentration, amount, etc. provide specifics in notes below).

By submitting this request, the EMS Service Provider agrees to adhere to all of the following:

EMS Service Provider shall be able to provide written documentation of all measures taken to mitigate the need for the temporary modification of requirements in SJCEMSA Policy No. 4101.

EMS Service Provider shall immediately report as a Sentinel Event any potential adverse impacts on patients resulting from the medication shortage or waiver.

EMS Service Provider shall submit a new request if continued mitigation is desired beyond the expiration date.

EMS Service Provider shall notify SJCEMSA within 24 hours when medication restock becomes available rendering any waiver from EMS Policy void.

Action B only - EMS Service Provider will notify the SJCEMSA within 24 hours when medication stock falls below minimum par levels and the preapproved 30 day waiver is enacted.

If options A or B are selected, EMS Service Provider shall have a plan to notify all pertinent personnel prior to submission of this form and prior to this waiver taking effect.

If option C is selected, EMS Service Provider shall have an employee education plan in place prior to submission of this form, and shall complete employee education prior to waiver taking effect.

Signature: _____

Submit Form 4101B to SJCEMSA by email to emsdutyofficer@sjgov.org

SJCEMSA
Form 4101B