PARTICIPATING HOSPITAL RESPONSIBILITIES

I. DRUG, EQUIPMENT & SUPPLY INVENTORY

A. Each participating hospital is required to replace all drugs, supplies and exchange equipment as designated by the Region 11 EMS System Drug, Equipment and Supply List (DES). This includes the replacement of drugs and supplies for non-transported termination of resuscitation patients that would have otherwise been transported to the hospital. Failure to replace will result in an administrative fee in addition to the cost of the item.

B. All exchange items should be immediately available to the EMT-B and paramedic so as not to delay their return to service.

C. The following items must be made available to the EMT-B and paramedic for use and exchange in the event of transport of a patient with a suspected communicable disease:
   1. Cleaning detergent (low sudsing, neutral pH)
   2. Standard household bleach with provisions to prepare fresh 1:10 solutions

D. Cidex (or EPA approved equivalent)

E. Controlled Substances

Each participating hospital will accept any residual controlled substances from ambulance personnel and dispose of it according to existing hospital and Drug Enforcement Agency (DEA) policy. Upon proof of use, each participating hospital will then replace the controlled substance in the ambulance according to the Region 11 EMS System Drug, Equipment and Supply List.

II. MERCI RADIO

Every participating hospital should have a functioning MERCI radio.

III. BED AVAILABILITY

A. When transfer of care requires a bed in the emergency department, one should be made available upon arrival as not to delay the ambulance from returning to service. The EMS provider should notify the Charge Nurse or ED Supervisor when delayed greater than 15 minutes for a bed.

B. Each participating hospital is required to report their bed availability according to the Illinois Department of Public Health (IDPH) provisions.
IV. COMMUNICABLE DISEASE/SIGNIFICANT EXPOSURE

Compliance with the Illinois Hospital Licensing Act and Requirements to allow for prehospital care ambulance service providers to be notified when EMS personnel have transported a patient and have been potentially exposed to an infectious disease.

V. CONTINUOUS QUALITY IMPROVEMENT (CQI)

Participating hospitals have the responsibility to notify the Resource/Associate Hospital EMS Coordinator of any problems involving prehospital care and sharing of patient information for CQI purposes. The Request for Clarification Form may be copied and employed to facilitate this purpose.