I. PURPOSE
   To specify the procedure to be followed when patient care needs necessitate the prolonged hospital use of non-disposable equipment belonging to an EMS Provider.

II. POLICY
   Each NWC EMSS Provider agrees to purchase and maintain its own non-disposable equipment as specified in the System Drug and Supply List with sufficient back-up (i.e., PASG, Traction Splints, Spine Boards, etc.) to meet usual and customary needs. If it becomes necessary to leave a non-disposable item at a receiving hospital due to ongoing patient requirements, the hospital assumes responsibility for ensuring its safe and expeditious return to the Provider within the guidelines set forth below.

III. PROCEDURE
   A. All non-disposable equipment is to be properly labeled by the EMS Provider using engraving tools or indelible ink/paint indicating the owner's name and identifying ambulance number, if appropriate. Unmarked equipment is exempt from this policy.

   B. EMS personnel should check the availability of their non-disposable equipment prior to leaving the ED. If the equipment has been removed from the patient, it is the responsibility of EMS personnel to clean/disinfect (per OSHA guidelines) their equipment prior to placing it back into the ambulance.

   C. In the event that equipment has not been removed prior to EMS departure from the ED, prehospital personnel will initiate an Equipment Receipt (2-copy) to be signed by the ED nurse/tech at the receiving hospital. One copy will be given to the ED RN/tech and the other will be retained by the EMS provider. The receipt shall note the following: name of the item, date and time it was left, its general condition, and a phone number to call when it is ready for return. Equipment that is left at the hospital without a receipt initiated by prehospital personnel is exempt from this policy.

   D. It is the responsibility of the ED RN/tech to attach the hospital copy of the Equipment Receipt to the equipment when it is removed from the patient. It is the responsibility of EMS personnel to check for any of the non-disposable equipment during each ED visit. It is also the hospital's responsibility to return all equipment in the same state of repair as when it was entrusted to them.

   E. If equipment is removed after EMS departure from the ED, it is the responsibility of the receiving hospital to ensure that it is cleaned/disinfected per OSHA guidelines prior to being placed into the EMS equipment room/locker. If provider non-disposable equipment is soiled with blood/body fluids in such a way that makes cleaning/disinfecting impossible, it should be placed into a red biohazard bag labeled with the Provider Agency name. The Provider Agency is to be notified regarding a decision on the disposition of the contaminated equipment (i.e., returned or discarded). Contaminated equipment is NEVER to be placed in the EMS equipment room/locker.

   F. Hospitals shall store EMS equipment in a secured environment and are responsible for its safekeeping for a period of up to 48 hours Responsibility for the equipment returns to the EMS Provider if the item is not claimed within 48 hours after leaving it at the hospital, unless the agency has made special arrangements for storage until pick up is possible.
G. Hospitals shall release equipment only to the Provider to whom it belongs. Equally, EMS personnel are expected to adhere to the System Ethics Policy and shall not take equipment that does not belong to their employer.

H. The off-going shift is responsible for advising the next shift of any equipment not returned to the Agency during their tour of duty. Prehospital personnel shall follow internal employer policies relative to giving notice about equipment left at receiving hospitals. If it is not returned within the same tour of duty, the on-coming shift should be notified.

I. **Storage fee:** In the event a system hospital is overloaded with EMS non-disposable equipment, it is the hospital EMS Coordinator’s (EMSC) responsibility to notify the Provider EMSC or highest ranking officer/official of equipment at their facility. It is the responsibility of the Provider EMSC or highest ranking officer/official to make arrangements for timely retrieval of their equipment. Equipment that has not been picked up within 48 hours of initially being left at the hospital or within 8 hours of Provider Agency notification is subject to a storage fee of $5.00 per item per day. After 30 days, any unclaimed equipment may be discarded.

J. **Equipment transfer to another hospital:** Hospital personnel are responsible for notifying their EMSC regarding the destination of any item of non-disposable equipment that remains with a patient who is transferred to another hospital. Transfer of such equipment should be avoided whenever possible, although patient safety should be of primary concern. The sending hospital is responsible for making arrangements to retrieve the equipment from the receiving hospital within one week.

K. **Damage or loss fee:** Hospitals who lose or damage a piece of equipment during their period of responsibility are required to replace it with the same or a comparable product in similar or better condition than the original; or they may reimburse the EMS provider the fair market value of the item.

L. **Linens:** System providers are to exchange linens, i.e., sheets, blankets, pillowcases, towels, on an item used/item exchanged basis. System hospitals will not be expected to provide linen, i.e., sheets, towels, pillowcases, blankets, for ambulance bunk rooms or for the private use of the system personnel unless the nature of the call necessitates immediate showering or cleaning of uniforms upon arrival at the ED whereupon System hospitals are requested to provide EMS personnel with scrubs or other suitable attire that may be worn in the interim and shall be returned to the hospital the same or next shift day.
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<th>Quantity:</th>
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If lost within 48 hours of appropriate notice to the owner, we will replace it; and, if damaged while here and repairs are necessary, we agree to accept financial liability for said repair.

Date left: 
Time: 
Provider: 
Name of Patient: 
Vehicle No.: 
EMS Signature: 
RN signature: 
Phone No: 

Date/time called to retrieve article: 
Date returned to provider: 
Signature of receiving EMT: