



# Ventura County EMS Agency Equipment/Medication Waiver Request

Date:

Form completed by:

Agency:

Equipment/Medication (name, concentration, supplied dose, packaging):

Lot # and Expiration:

In response to an ongoing, or imminent shortage of the single and specific medication/equipment listed above, the provider agency requests the following **Action Plan** (choose one):

- A) One-time, 30-day waiver exempting the provider agency from minimum stocking standards listed in Policy 504 for the medication listed above requested to begin   
*Explain specific issue and mitigation attempt in comment section below:*
- B) 90-day window for a preapproved, one-time, 30-day waiver exempting provider agency from minimum stocking standards listed in Policy 504 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.  
*Explain specific issue and mitigation attempt in comment below:*
- C) Request for substitution of medication with alternative (concentration & amount)  
*Explain specifics and mitigation attempts in comment section below:*

Pending approval of this request, the requesting provider agency certifies an understanding, and compliance with each of the following:

The provider agency will immediately report any adverse impacts on patient care resultant of this shortage to the EMS Agency.

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.

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.

**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.

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.

Submit to EMSA by email [EMSAgency@ventura.org](mailto:EMSAgency@ventura.org) or fax to 805-981-5300

Comments:



# Ventura County EMS Agency

## Equipment/Medication

### Waiver Request

#### EMS AGENCY USE ONLY

Requesting Agency

Date received:

Date Processed:

Equipment/Medication Shortage Mitigation and Response Strategies verified: Yes  No

Waiver granted: Yes  No

If yes, Action Plan granted: A  B  C

Waiver start date:

Expires:

Action plan B only - Preapproved period starts:

Expires:

#### *Approved by*

Medical Director:

|        |       |  |
|--------|-------|--|
| Print: |       |  |
| Sign:  | Date: |  |

EMS Administration:

|        |       |  |
|--------|-------|--|
| Print: |       |  |
| Sign:  | Date: |  |

Comments: