



City and County of San Francisco
Mark Farrell, Mayor

Department of Public Health
Emergency Medical Services Agency

2018-03

To: EMS Providers, SF Receiving Hospitals

From: John Brown, EMS Medical Director

Date: February 16, 2018

Re: Coping with Drug Shortages in the Field

Recent statewide reports have indicated that commonly utilized medications and IV Solutions (Dopamine, Morphine, Epinephrine, Normal Saline and others) are becoming more difficult to obtain, and are, intermittently, being backordered by FDA approved vendors. CCSF Providers have begun to feel this shortage, and the EMSA has concerns about dwindling/unavailable supply. These medications are an integral part of almost every ALS Protocol in the County.

Effective immediately, CCSF Permitted Providers are to enact internal medication conservation measures approved by their Provider Medical Directors to conserve stocks of these medications and solutions according to the following hierarchy:

1. Contact other EMS providers and determine if remaining stocks can be shared between providers
2. Utilize alternate formulations of the standard medications. This can include the use of Saline Locks instead of normal saline infusions, utilization of vial formulations of medications instead of "Carpjects" and preparing dilutions of 1:1,000 epinephrine to 1:10,000 concentrations.
3. Decrease the number of doses in each vehicle below the parameters established by Equipment Policy 4001.
 - a. All efforts should be made, to avoid a "zero-level" inventory in any ambulance.
 - b. The LEMSA shall be notified if any medications are nearing a level where any ambulance will be at a "zero-level".
 - c. An Unusual Occurrence Report shall be submitted to the LEMSA for any ambulance that is operating without a required medication, due to lack of availability.
4. Triage patient need based on chief complaint and ETA at receiving facility for symptomatic medications, and
5. Utilizing the Base Hospital Physician for patient-specific protocol changes, e.g. shortening the time of resuscitation efforts for Cardiac Arrest

Individual provider medication conservation measure plans should include a training and QI component, and should be submitted to the EMS Agency for approval. This practice will continue until either the Protocols/Policies are changed due to information that medications in short supply are being discontinued, or until another System Memo reverses this directive.

Any questions regarding this update should be directed to Aram Bronston (415/487-5032, aram.bronston@sfdph.org) as Prehospital Coordinator.

CC: EMSAC Members
EMSAC Interest Group
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