



County of Imperial EMS Agency
Policy #4005A Waiver Request
(Medication Minimum Stocking Levels)

Date: _____ Form Completed by: _____

Agency: _____

Drug (name, concentration, supplied dose, packaging): _____

Lot # and Expiration: _____

In response to an ongoing, or imminent shortage of the single and specific medication listed above, the provider agency requests the following action:

- ☐ (A) A one-time, 30 day waiver exempting the provider agency from minimum stocking standards listed in EMS Policy #4005 for the medication listed above beginning on _____(date).
- ☐ (B) 90-day window for a preapproved, one-time 30 day waiver exempting provider agency from minimum stocking standards listed in EMS Policy #4005 for the medication listed above to begin when on-hand stock of medication falls below required minimum stocking levels.
- ☐ (C) Request for substitute of medication with alternative concentration, amount, etc. (Provide specifics in notes below)

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

- The provider agency will immediately report any adverse impacts on patient care resulting from 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 the 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 the EMS Agency of educational plan deemed necessary by EMS Agency to prepare field personnel to incorporate this shortage into patient care.

Please provide any additional information that may assist the EMS Agency in making a determination

Signature: _____

Over – EMS Agency Response



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EMS AGENCY USE ONLY

Date Processed: _____

Medication Shortage Mitigation and Response Strategies Verified:

☐ Yes ☐ No

Waiver Granted:

☐ Yes ☐ No

Action Plan Granted:

☐ A ☐ B ☐ C

Action Plan B only – Preapproved period starts: _____

Expires: _____(date)

Waiver Starts: _____

Expires: _____(date)

Approved by:

Consultation with Medical Director: _____(date)

Name: _____ Signature: _____

Notes: (training requirements, alternative medication approved, etc.)