
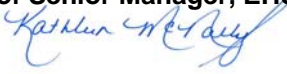


Program Document No.: 12006.00		Subject: MFR Supplies		Type: Policy	
Effective Date:	June 4, 2004	Revision Date 01:	October 12, 2004		
Approval Date:	May 14, 2004	Revision Date 02:	November 23, 2005		
Review Date:	February	Revision Date 03:	October 29, 2008		
Replaces:	None	Revision Date 04:	March 16, 2009		
Signature of Director, EHS Provincial Programs:			Signature of Senior Manager, EHS MFR Services:		
					

1.0 Purpose:

- 1.1 To ensure medical supplies are ordered, received and/or returned in a timely manner.

2.0 Procedure:

- 2.1 Each agency will establish minimum and maximum counts at each site to facilitate ordering.
- 2.2 Orders are to be completed on the “EHS MFR Approved Consumables Re-order Form.”
- 2.3 Fax the completed order form to (902) 832-8602.
- 2.4 The order is filled and sent to the agency within ten (10) business days.
- 2.5 Large items such as backboards and KEDs are exchanged on scene if time permits or if it does not deplete the ambulance’s supply.
- 2.6 To replace missing equipment or HeartStart FRx defibrillator pads used on a call, complete the “Request for Return of Missing/Damaged Equipment” form (see Program Document No. 12007.00) and send to EHS MFR Services by fax at (902) 832-8602 or mail at 239 Brownlow Avenue, Suite 300, Dartmouth, NS B3B 2B2.
- 2.7 Sponsored agencies with compatible LIFEPAK 500 defibrillator pads can exchange these pads with the ambulance on scene, if time permits.
- 2.8 LIFEPAK 500 or HeartStart FRx defibrillator pads with six (6) months remaining in their shelf-life and still in the original package may be exchanged by completing the “Request for Return of Missing/Damaged Equipment” form (see Program Document No. 12007.00) and forwarding the non-expired defibrillator pads, along with the completed form, to EHS MFR Services at 239 Brownlow Avenue, Suite 300, Dartmouth NS B3B 2B2.



EHS Registered Medical First Responders

APPROVED CONSUMABLES RE-ORDER FORM

FAX TO: (902) 832-8602

NAME OF AGENCY: _____

CONTACT PERSON: _____

TELEPHONE/CELLULAR: _____

(PLEASE PRINT)

DESCRIPTION	UOM	CURRENT INVENTORY	REQUESTED QUANTITY
Gauze Dressing, 4"x4" 8-Ply Sterile	50/Box		
Abdominal Pad, 5"x9" Sterile	20/Box		
Gloves, Small	100/Box		
Gloves, Medium	100/Box		
Gloves, Large	100/Box		
Gloves, X-large	100/Box		
Airways OPA, Pedi	Each		
Airways OPA, 0 (50mm)	Each		
Airways OPA, 1 (60mm)	Each		
Airways OPA, 2 (70mm)	Each		
Airways OPA, 3 (80mm)	Each		
Airways OPA, 4 (90mm)	Each		
Airways OPA, 5 (100mm)	Each		
Airways OPA, 6 (110mm)	Each		
V-Vac Cartridge	Each		
BVM, Adult	Each		
BVM, Pediatric	Each		
Saline, 0.9% NaCl Inj 1000ml	Each		
Collar, Adult	Each		
Collar, Pedi	Each		
Collar, Baby	Each		
Gauze, Conform, 4"x4.1" Sterile	12/Pkg		
Tape, Transpore 1"x10 yd	12/Box		
Airways NPA, 12Fr	Each		
Airways NPA, 18Fr	Each		
Airways NPA, 24Fr	Each		
Airways NPA, 32Fr	Each		
Triangular Bandage, 40"x60" w/2 pins	Each		
Non-Sterile Bulk 4"x4"	200/Pkg		
Lubricating Jelly, 3.5g	Each		
Alcohol Wipes	200/Box		
Band-aids	100/Box		
Oxygen Mask, Adult	Each		
Oxygen Mask, Pediatric	Each		
OBS Kit	Each		
Burn Kit	Each		
Corrugated Splint, XL (Red)	Each		
Corrugated Splint, L (Yellow)	Each		
Corrugated Splint, M (Blue)	Each		
Corrugated Splint, S (White)	Each		
Patient Care Report Forms	Pad		
Continuation Forms	Pad		

Signature of requester _____

Date _____

Oct09Rev

EHS MFR SERVICES USE ONLY

Date order received _____

Account # _____

Date order filled _____

Filled by _____