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<b>POLICY:</b>	<b>500.05 RESERVED AMBULANCES</b>		
<b>APPROVAL:</b>	<b>VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;</b>		
<b>EFFECTIVE DATE: 2/16/2024</b>			<b>ORIGINAL EFFECTIVE DATE: 9/2022</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

**I. Purpose:**

To give Agencies guidance on the use, storage, and licensure of reserve ambulances in accordance with IDPH Code 515.850

**II. Policy:**

- A.** For the purposes of this policy, "reserve ambulance" means a vehicle that meets all criteria set forth in System Policy 300.22 in accordance with IDPH Administrative Code Section 515.830, except for the required inventory of medical supplies and durable medical equipment, which may be rapidly transferred from a fully functional ambulance to a reserve ambulance without the use of tools or special mechanical expertise. (Section 3.85(a)(3)(C) of the Act)
- B.** No changes to the vehicular operating systems, such as the electrical, plumbing, lighting, emergency warning or dispatch and hospital communication systems, shall be permitted.
- C.** The vehicle service provider shall complete a vehicle inventory of equipment and supplies each time a reserve vehicle is placed into service.
- D.** The vehicle service provider shall notify the EMS System within 48 hours after a reserve ambulance is placed into service. A copy of the vehicle inventory form shall be provided to the EMS System.
- E.** Any reserve ambulance placed into service for 30 days or more shall be inspected by the EMS System, and the System shall provide notification to IDPH on the IDPH prescribed form - Request to Modify/Amend Previously Approved EMS System Plan commonly referred to as a "Sys-Mod" form. EMS System Plan Modification Form
- F.** Reserve ambulances shall be identified on the Vehicle Service Provider license in accordance with Section 515.800 of the IDPH Administrative Code.

**Approval:**

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**James Kirchner**                      **Date**  
**Vice President of Professional Services**

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**Kathleen Geiger MSN, RN**                      **Date**  
**Manager of EMS & Emergency Management**