

Southern Tier Regional Advanced Life Support Operations, Policies and Procedures

RENEWAL PACKET



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Southern Tier Regional Advanced Life Support Operations, Policies and Procedures

Purpose:

To provide a mechanism for the authorization of ALS services within the Southern Tier Region and enable the Southern Tier Regional Emergency Medical Services Council (Council) and the Southern Tier Regional Emergency Medical Advisory Committee (STREMAC) to ensure that ALS is provided effectively within the regional system and is of the highest quality possible.

1. ALS Permits

1.1 Purpose: The purposes of the ALS permit process are as follows:

- a. To provide for formal authorization of the appropriate STREMAC approved, NYS Department of Health (Policy #95-1) defined, EMS Medical Director for the operation of an ALS service under the requirements for physician supervision of ALS services as specified by the Public Health Law, Articles 30 and 30A.
- b. To provide a means of coordinating provider service accountability to the STREMAC and the ALS service's medical director.
- c. To ensure a common standard of care among all ALS provider services in the Southern Tier Region.

1.2 Description: Permits may be issued for the operation of an ALS service of the following levels:

- a. Paramedic/Critical Care - service delivering care at the level of an EMT-CC or EMT-P as described in the New York Public Health Code.
- b. Intermediate - service delivering care at the level of an EMT-I as described in the New York Public Health Code.

1.3 Issuing Agency: Permits are issued jointly by the Council and the STREMAC.

1.4 Requirements for permits: No agency may operate at an ALS level without a valid Council and STREMAC issued ALS permit and STREMAC approved Service Medical Director. The Service's Medical Director must meet the requirements of the STREMAC Service Medical Director's Job Description (STREMAC approved 5/10/94) and complete the Letter of Intent for Service Medical Directors (STREMAC approved 5/10/94). The service's CEO must also complete the Letter of Intent for Service Medical Directors (STREMAC approved 5/10/94).

2. Application Procedure and Probationary Permit

- 2.1 Issuance of a Probationary Permit: Probationary Permits are issued to agencies providing evidence that they can meet the requirements listed under Part 5, ALS Service Requirements, and have met the requirements for permits, under 1.4 above.
- 2.15 A Probationary permit may be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.
- 2.2 Application Eligibility: Any certified service approved to provide Emergency Medical Response under the New York State Public Health Law, may apply for an ALS permit at any level. New services not previously in operation at any level of care must complete the Certificate of Need process as specified by New York State Public Health Law.
- 2.3 Application Submission: An agency may apply for an ALS permit by submitting a completed ALS permit application to the Council. This application should be complete and contain the attached materials:
- a. Level of care desired
 - b. Area to be serviced by the ALS agency
 - c. Anticipated startup date
 - d. Current list of technicians and their certification information for the level of care desired
 - e. Description of the agency's ability to meet the requirements described in Part 5, ALS Service Requirements
 - f. Receiving institutions' CEO letter of approval of the service's operation
 - g. **Provide One of the following:**
 - (1) Copy of the New York State Ambulance Service Certificate obtained through a Certificate of Need Process of the Southern Tier Regional EMS Council
 - OR**
 - (2) Copy of the New York State Ambulance Certificate issued prior to January 1, 1976 (consistent with the description in Article 30, Section 3009.1)
 - OR**
 - (3) New York State Ambulance Service Certificate with the following documentation:
 - (a) Documented absence, reduced availability or an inadequate level of care {as evidenced by an inability of current ambulance service(s) to meet STREMAC determined standards of patients care - including but not limited to response times, adherence to patient care

protocols and items 5.1 - 5.9 of this document} in the geographic area identified in the certificate of operation.

- (b) Document the impact of the new ambulance service on the existing EMS system.
- (c) Provide letters of support attesting to items 2.3,g, 3a,b of this document from the following:
 - (i) All existing EMS agencies operating in or contiguous with the geographic area identified in the operating certificate
 - (ii) County EMS organizations contiguous with county in which the geographic area of the operating certificate is located
 - (iii) CEOs of municipalities in which the geographic area of the certificate of operation is located AND contiguous with
 - (iv) Regional Council and Regional Medical Director in which the service operates or may operate in if the service exists in or serves areas outside of the counties of Steuben, Schuyler or Chemung.

2.4 Review of Application: The Council (Systems Committee) will review the application for completeness. The completed application will be forwarded to the STREMAC. The STREMAC will review the application and assess the agency's ability to meet the requirements specified in Part 5, ALS Service Requirements. A recommendation will be made to the Council for approval of the permit. Any decision of the STREMAC may be appealed to the SEMAC.

2.5 Approval: Final approval of the permit will be made by the Council. No permit may be issued without STREMAC approval. A probationary permit will be issued upon approval of both the STREMAC and the Council, except as outlined in 4.2.

2.6 Initial term: A probationary permit is issued for a period of one year; at the end of the one year period, the STREMAC will review the agency's adherence to the requirements in Section 5. The STREMAC will then make recommendation to the Council concerning whether or not to issue a standard permit (see Section 3).

2.7 Entry into effect: All ALS services operating within the Southern Tier EMS Region must have a valid probationary or standard ALS permit by June 1, 1998.

2.8 A Probationary Permit may be extended for a period of ninety days from its expiration date by either an affirmative vote of the STREMAC or by written notification by the Regional Medical Director.

3. Standard Permit and Issuance of Term:
 - 3.1 Issuance of Standard Permit: Agencies having satisfactorily completed the one year probationary period as described in Part 2 will be issued a Standard Permit. Renewal of standard permits for agencies will occur according to a schedule determined by the STREMAC.
 - 3.2 Term: The standard permit will expire 24 months after it was initially issued.
 - 3.3 A Standard Permit may be extended for a period of ninety days from its expiration date by either an affirmative vote of the STREMAC or by written notification by the Regional Medical Director.
 - 3.4 Renewal: Each agency's permit will be considered for review and renewal by the STREMAC and the Council upon resubmission of an updated letter of intent (Section 2.3), no later than four months prior to the permit's expiration date.
4. Revocation of Permit:
 - 4.1 Grounds for revocation: Any agency may have its permit for a specific level of care revoked for failure to meet the requirements of Part 3.3 or Part 5, by the STREMAC, the Council, or the Regional Medical Director. A Probationary permit may then be issued to a service for a term with or without stipulations as dictated by a majority vote of the STREMAC.
 - 4.2 Service Medical Director's authority to revoke: In accordance with New York State Law, the Service Medical Director may at any time withdraw his authorization to provide supervision from any service for any reason with or without concurrent approval of the Council or the STREMAC. The ALS permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.
 - 4.3 In the event of the unexpected departure of the Service Medical Director, all ALS standing orders are suspended, and any ALS care must be provided with on-line Medical Control, only for a period not to exceed 72 hours. Seventy-two hours after the unexpected departure of the Service Medical Director, the ALS permit shall be revoked until the service obtains a new Service Medical Director and provides a new completed Medical Director Letter of Intent (STREMAC approved 5/10/94) to the Regional Medical Director. Once received, the permit may be reissued by the Regional Medical Director as a probationary permit only.

5. ALS Service Requirements: For permit issuance and retention, each ALS service must meet the following requirements:
 - 5.01 Delivery of ALS patient care in accordance with all current requirements outlined in the New York State Public Health Code and Regulations, including but not limited to Articles 30 and 30A, Parts 80 and 800, and Regional and State EMS Protocols.
 - 5.02 Active participation in Council and STREMAC through representation to each of these organizations.
 - 5.03 Adherence to and enforcement of all applicable patient care protocols established by the STREMAC.
 - 5.04 Active participation in a service and regional QI program as evidenced by a letter from its Area QI Coordinator attesting to the service's representation at not less than 75% of its Area QI committee's meetings and submission of required reports to its Area QI Coordinator. (STREMS Form # 906)
 - 5.05 Adherence to the standards for technicians' continuing educational requirements established by the Service Medical Director and/or the STREMAC as evidenced by a letter (STREMS Form # 906) signed by both the Service's Medical Director and the Regional Medical Director.
 - 5.06 Completion of other records as required by the Service or Regional Medical Director.
 - 5.07 Provide documentation from service's insurance carrier acknowledging intent to provide ALS.
 - 5.08 Provide documentation of appropriate and proper equipment (Appendix A), adequately maintained as evidenced by a letter (STREMS Form # 906) signed by both the Service's Chief Executive Officer and the Service's Medical Director.
 - 5.09 If the service is non-transporting, provide documentation of all potential transporting agencies' support and willingness to transport patients treated by the service.
 - 5.10 Provide a copy of the service's DEA License.

6. If the service is providing ALS as EMT-I, policies and procedures, as well as letters of agreement, must be in place to ensure appropriate interface with ALS agencies providing EMT-CC or EMT-P where available.
- 6.1 ALS Service must be provided 24 hours per day, 365 days per year. If an agency is unable to provide care 24 hours per day, 365 days per year, attach an agreement from another agency, agreeing to provide the care when the agency is unable to. Should the agreement change either in form or content, a copy must be forwarded to the Regional Medical Director not less than 10 days prior to the effective date of the change(s). If the 24 hour coverage is not provided according to the requirements of 6.1 of this document, the ALS permit is revoked, ALS service is suspended and the service must reapply for a new probationary permit.
- 6.2 Current, complete permit application.

DECLARATIONS

Page(s)/Section(s)	Revision Date	STREMAC Approval	Council Approval
<u>ALL</u>	<u>--</u>	<u>11/11/97</u>	<u>11/20/97</u>
<u>2.3.g</u>	<u>3/10/98</u>	<u>3/19/98</u>	<u>3/10/98</u>
<u>2.15, 4.1</u>	<u>10/02</u>	<u>10/08/02</u>	<u>11/13/02</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>



STREMS

ALS Permit Renewal

ALS RENEWAL APPLICATION

- Name of Agency _____
Address _____

- Phone _____ Fax _____
- Agency CEO Name _____ Phone _____
- Address _____
- Signature _____ Date _____
- Current level of care provided: EMT-I EMT-CC/P
- Agency's current NYS Certification (attach copy)
- Agency's current DEA License (attach copy)
- Completed STREMS Form # 906
- Agency Profile
 - Total Number of Providers _____
 - Total Number of Members Certified at
 - CFR only _____ EMT only _____ EMT-I only _____
 - CFR-D only _____ EMT-D only _____ EMT-CC/P only _____
- List any changes in receiving institutions from previous application.
- Attached Service Medical Director's signed Letter of Agreement

STREMS

ALS Permit Renewal



Part 1: To be completed by Service's Area QI Coordinator

_____ has accomplished the following:
Name of Agency

1. In the previous 24 months, has had representation at 75% or more Area QI Committee meetings
2. In the previous 24 months, has submitted all necessary reports as requested.

Area QI Coordinator name (please print) _____

Signature _____ *Date* _____

Part 2: To be completed by Service's Medical Director

_____ has accomplished the following:
Name of Agency

1. All providers adhere to and meet educational criteria as required by myself as the service's Medical Director.
2. The service carries and utilizes all appropriate and proper equipment, adequately maintained.

Service Medical Director (please print) _____ *Signature* _____

Date _____

Part 3: To be completed by service's chief Executive Officer

_____ has, for the previous 24 months, and will continue to, carry and utilize appropriate and proper equipment, adequately maintained.
Name of Agency

Service CEO Name (please print) _____ *Signature* _____

Date _____

LETTER OF INTENT FOR SERVICE MEDICAL DIRECTORS

I, _____ [print], M.D./D.O., have agreed to serve as the Service Medical Director of the _____ [agency name] EMS agency [hereinafter referred to as "the agency"] within the Southern Tier Regional EMS system. This establishes that my medical license will be the license through which off-line medical care provided by the agency will be rendered in conformity with the providers' New York State certification.

In doing so, I acknowledge my understanding with the Southern Tier Regional EMS Council's and the Southern Tier Regional Emergency Medical Advisory Committee's EMS protocols and policies and will require the agency personnel to adhere to these protocols and policies for the out of hospital care of patients.

I will expect prehospital care reports (PCRs) to be readily available to me and that these will be detailed, accurate records of the care provided by the agency's personnel.

I will serve as a medical resource for continuing education and will actively participate in the Southern Tier Regional EMS system's Quality Improvement program. I have read and accept the Job description of the Southern Tier Regional EMS system's Service Medical Director, and meet its requirements and accept its duties and responsibilities.

As Service Medical Director, I understand that I am a non-voting member of the STREMAC and may attend any STREMAC and Council meeting. I am am not interested in receiving STREMAC mailings of meeting minutes and agendas.

Service Medical Director

EMS Agency Representative

Signed _____

Signed _____

Address:

Address:

Date _____

Date _____

SERVICE MEDICAL DIRECTOR JOB DESCRIPTION

Requirements:

1. Licensed to practice medicine in New York State.
2. Completed a Basic and Advanced Cardiac Life Support course.
3. Commitment to prehospital emergency care and to Southern Tier Regional emergency Medical Services system.

Duties and Responsibilities:

1. Is considered a non-voting members of the Southern Tier Regional Emergency Medical Advisory Committee.
2. Advise the prehospital agencies on medical aspects of out of hospital care.
3. Participate in the regional Quality Improvement program.
4. Assist in the development and implementation of EMS treatment protocols.
5. Participate in provider training and evaluation.
6. Accept the responsibility for the care provided by EMS providers within the service.
7. Understand that providers rendering care in an off-line medical control situation, do so as an extension of the Service Medical Director's license to practice medicine.

ADVANCED LIFE SUPPORT
MINIMUM ACCEPTABLE EQUIPMENT LIST

<u>ITEM</u>	<u>NUMBER</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>	<u>FLYCAR</u>
AIRWAY AND RESPIRATORY CARE SUPPLIES:					
<u>ET TUBES</u>					
5.0MM	2	X	X	X	X
6.0MM	2	X	X	X	X
7.0MM	2	X	X	X	X
8.0MM	2	X	X	X	X
9.0MM	2	X	X	X	X
ADULT STYLETTE	1	X	X	X	X
LARYNGOSCOPE HANDLE	1	X	X	X	X
EXTRA BATTERIES	1 SET	X	X	X	X
OR					
EXTRA CHARGED HANDLE	1	X	X	X	X
<u>BLADES</u>					
2 MILLER/MAC	1	X	X	X	X
3 MILLER/MAC	1	X	X	X	X
4 MILLER/MAC	1	X	X	X	X
ADULT MAGILL FORCEPS	1	X	X	X	X
10 CC SYRINGE	1	X	X	X	X
HAND HELD NEBULIZER	2		X	X	X
TRANS-TRACHEAL JET INSUFFLATOR	1			X	X
I.V. AND MEDICATION ADMINISTRATION SUPPLIES:					
<u>I.V.CATHETERS:</u>					
14 G	4	X	X	X	X
16 G	4	X	X	X	X
18 G	5	X	X	X	X
20 G	5	X	X	X	X
22 G	2	X	X	X	X
24 G	2	X	X	X	X
BLOOD GLUCOSE MONITORING SYSTEM	1	X	X	X	X
BLOOD DRAW KITS	2	X	X	X	X

<u>ITEM</u>	<u>NUMBER</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>	<u>FLYCAR</u>
FLUIDS AND ADMINISTRATION SETS:					
D5W (SIZE OF CHOICE)	3	X	X	X	X
500 CC NORMAL SALINE	4	X	X	X	X
1000 CC NORMAL SALINE	4	X	X	X	X
60 GTT SETS	4	X	X	X	X
10 OR 20 GTT SETS	4	X	X	X	X
OR					
DIAL-A-DRIPS	8	X	X	X	X
DISPOSABLE TOURNIQUETS	6	X	X	X	X
ALCOHOL PREP PADS	12	X	X	X	X
TRANSPARENT OCCLUSIVE I.V. DRESSINGS	6	X	X	X	X
1" TAPE	2	X	X	X	X
<u>HYPODERMIC NEEDLES</u>					
I.V. 16-22 G	4		X	X	X
S.Q. 23-25 G	4		X	X	X
I.M. 20-24 G	4		X	X	X
<u>SYRINGES:</u>					
3 CC	2		X	X	X
5 CC	2		X	X	X
10 CC	4		X	X	X
1 CC TUBERCULIN	2		X	X	X
SHARPS CONTAINER (MOUNTED)	1	X	X	X	X
SHARPS CONTAINER (PORTABLE)	1	X	X	X	X
CARDIAC CARE:					
AUTOMATED EXTERNAL DEFIBRILLATOR	1	X			
DEFIBRILLATOR/MONITOR WITH SNYNCHRONIZED CARDIOVERSION	1		X		
DEFIBRILLATOR/MONITOR WITH SYNCHRONIZED CARDIOVERSION AND EXTERNAL CARDIAC PACING	1			X	X
SPARE BATTERY	1	X	X	X	X
SPARE ECG PAPER	3		X	X	X
DEFIB GEL OR PADS	1	X	X	X	X
MONITORING ELECTRODES	9 MIN.		X	X	X
PATIENT CABLE	1	X	X	X	X
SPARE PATIENT CABLE	1	X	X	X	X
PACER PADS	1			X	X

ADVANCED LIFE SUPPORT MEDICATIONS
PER STREMS SCHEDULE OF MEDICATIONS

<u>MEDICATION:</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>	<u>FLYCAR</u>
ACTIVATED CHARCOAL/CHARCOAL PREMIX WITH/WITHOUT SORBITOL, ORAL USE ONLY	X	X	X	X
ALBUTEROL, SVN ONLY		X	X	X
ADENOSINE		X	X	X
ATROPINE		X	X	X
BRETYLIUM		X	X	X
CALCIUM CHLORIDE		X	X	X
DEXTROSE 50%		X	X	X
DIAZEPAM		X	X	X
DIPHENHYDRAMINE		X	X	X
EPINEPHRINE 1:1000		X	X	X
EPINEPHRINE 1:10000		X	X	X
GLUCAGON		X	X	X
GLUCOSE, ORAL USE ONLY	X	X	X	X
SYRUP OF IPECAC, ORAL USE ONLY	X	X	X	X
FUROSEMIDE		X	X	X
LIDOCAINE BOLUS		X	X	X
MAGNESIUM SULFATE		X	X	X
MORPHINE SULFATE		X	X	X
SODIUM BICARBONATE		X	X	X
NALOXONE		X	X	X
NITROGLYCERIN		X	X	X
PROCAINAMIDE		X	X	X
THIAMINE		X	X	X
NEOSYNEPHRINE, NASAL USE ONLY			X	X
<u>DOPAMINE DRIP KIT:</u>				
DOPAMINE HCL PREMIX 1600 mcg/ml		X	X	X
60 GTT SET		X	X	X
PIGGYBACK NEEDLE		X	X	X
<u>LIDOCAINE DRIP KIT:</u>				
LIDOCAINE DRIP PREMIX 4mg/cc		X	X	X
60 GTT SET		X	X	X
PIGGYBACK NEEDLE		X	X	X

AMOUNT OF MEDICATION CARRIED SHOULD BE THE AMOUNT NECESSARY TO COMPLETE ALL ADMINISTRATION OF MEDICATIONS AS OUTLINED IN THE STREMS PROTOCOLS, FACTORING IN YOUR LONGEST TRANSPORT TIME TO THE CLOSEST APPROPRIATE MEDICAL FACILITY.

BASIC LIFE SUPPORT EQUIPMENT (ADULT)
 MINIMUM ACCEPTABLE SUPPLIES
 AS PER SECTION 800.24, PART 800 (AMBULANCE)
 STATE EMERGENCY MEDICAL SERVICES CODE

<u>ITEM</u>	<u>NUMBER</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>
AIRWAY, VENTILATION O2 & SUCTION EQUIPMENT				
ADULT B/V/M WITH CLEAR, PADDED FACE MASK & O2 ENRICHMENT	1	X	X	X
OROPHARYNGEAL AIRWAYS (DIFFERENT SIZES)	4	X	X	X
PORTABLE O2 TANK "D" SIZE WITH REGULATOR MIN 1000 PSI	1	X	X	X
SPARE "D" CYLINDER MIN 1000 PSI	1	X	X	X
NON REBREATHING MASK	4	X	X	X
NASAL CANNULA	4	X	X	X
PORTABLE SUCTION UNIT PRODUCING OVER 300 MM HG VACUUM	1	X	X	X
YANKAUER SUCTION CATHETER	2	X	X	X
IMMOBILIZATION EQUIPMENT				
FULL SIZE (AT LEAST 72"X16") BACKBOARD	1	X	X	X
STRAPS	4	X	X	X
HALF LENGTH SPINAL IMMOBILIZATION DEVICE WITH STRAPS	1	X	X	X
TRACTION SPLINT FOR LOWER EXTREMITY	1	X	X	X
<u>PADDED BOARD SPLINTS, SIZE:</u>				
4.5 FEET BY 3 INCHES	2	X	X	X
3 FEET BY 3 INCHES	2	X	X	X
15 INCHES BY 3 INCHES	2	X	X	X
<u>RIGID C-COLLARS</u>				
LARGE	1	X	X	X
MEDIUM	1	X	X	X
SMALL	1	X	X	X
X-SHORT	1	X	X	X
HEAD IMMOBILIZER	1	X	X	X
<u>BANDAGING & DRESSING SUPPLIES</u>				
4 X 4	24	X	X	X
ADHESIVE TAPE (ROLLS) 2 OR MORE SIZES	3 EACH	X	X	X
CONFORMING GAUZE BANDAGES 2 OR MORE SIZES	10 ROLLS	X	X	X
10" X 30" DRESSING	2	X	X	X
MINIMUM 5" X 9" DRESSING	10	X	X	X

BANDAGE SHEARS	1	X	X	X
STERILE, BED-SIZE BURN SHEETS	2	X	X	X
TRIANGULAR BANDAGES	6	X	X	X
1 LITER STERILE NORMAL SALINE, WITHIN EXPIRATION DATE	1	X	X	X
PLASTIC WRAP OR ALUMINUM FOIL	1	X	X	X
EMERGENCY CHILDBIRTH KIT	1	X	X	X
CONTAINING:				
DISPOSABLE GLOVES				
SCISSORS OR SCALPEL				
UMBILICAL CLAMPS OR TAPE				
BULB SYRINGE				
DRAPES				
1 INDIVIDUALLY WRAPPED SANITARY NAPKIN				
MISCELLANEOUS AND SPECIAL EQUIPMENT:				
LINEN AND PILLOW ON COT	1	X	X	X
SPARE PILLOW	1	X	X	X
SPARE SHEETS	2	X	X	X
SPARE PILLOW CASES	2	X	X	X
SPARE BLANKETS	2	X	X	X
CLOTH TOWELS	4	X	X	X
FACIAL TISSUES	1 BOX	X	X	X
EMESIS CONTAINERS	2	X	X	X
ADULT BP CUFF	1	X	X	X
STETHOSCOPE	1	X	X	X
CARRYING CASE FOR ESSENTIAL EQUIPMENT AND SUPPLIES	1	X	X	X
COLD PACKS	4	X	X	X
URINAL	1	X	X	X
BED PAN	1	X	X	X
MASK AND GOGGLES OR EQUIVALENT	2	X	X	X
DISPOSABLE RUBBER OR PLASTIC GLOVES	2 PAIR	X	X	X
LIQUID GLUCOSE OR EQUIVALENT	1	X	X	X
SANITARY NAPKINS INDIVIDUALLY WRAPPED	6	X	X	X
PENLIGHT OR FLASHLIGHT	1	X	X	X

BASIC LIFE SUPPORT EQUIPMENT (ADULT)
 MINIMUM ACCEPTABLE SUPPLIES
 AS PER SECTION 800.26, PART 800 (EMERGENCY AMBULANCE SERVICE VEHICLE)
 STATE EMERGENCY MEDICAL SERVICES CODE

<u>ITEM</u>	<u>NUMBER</u>
<u>EMERGENCY CARE EQUIPMENT:</u>	
4 X 4	12
ADHESIVE TAPE, ASSORTED SIZES	3 ROLLS
CONFORMING GAUZE BANDAGES, ASSORTED SIZES	6 ROLLS
10" X 30' DRESSING	2
5" X 9" MIN DRESSING	6
BANDAGE SHEARS	1
TRIANGULAR BANDAGES	6
STERILE NORMAL SALINE ONE HALF LITER MIN WITHIN EXPIRATION DATE	1
AIR OCCLUSIVE DRESSING	1
LIQUID GLUCOSE OR EQUIVALENT	1
DISPOSABLE STERILE BURN SHEET	1
STERILE OB KIT	1
ADULT BP CUFF	1
STETHOSCOPE	1
<u>RIGID C-COLLARS</u>	
X-SHORT	1
SHORT	1
MEDIUM	1
LARGE	1
CARRYING CASE FOR ESSENTIAL SUPPLIES	1
PORTABLE O2 SIZE "D" WITH REGULATOR, MIN 1000 PSI	1
ADULT BVM WITH CLEAR, PADDED FACE MASK AND O2 ENRICHMENT	1
OROPHARYNGEAL AIRWAYS, DIFFERENT SIZES	4
NON-REBREATHER MASKS	2
NASAL CANNULA	2
PORTABLE SUCTION UNIT CAPABLE OF 300 MM HG	1
YANKAUER SUCTION CATHETERS	2
PEN LIGHT OR FLASHLIGHT	1
SHORT BACKBOARD WITH AT LEAST 2'2"X9' LONG STRAPS	1
BLANKET	1

PEDIATRIC ADVANCED LIFE SUPPORT
MINIMUM ACCEPTABLE EQUIPMENT LIST

<u>ITEM</u>	<u>NUMBER</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>	<u>FLYCAR</u>
AIRWAY MANAGEMENT					
<u>ENDOTRACHEAL TUBES:</u>					
2.5 MM	3	X	X	X	X
3.0 MM	3	X	X	X	X
3.5 MM	3	X	X	X	X
LARYNGOSCOPE HANDLE	1	X	X	X	X
EXTRA BATTERIES	1 SET	X	X	X	X
OR					
EXTRA CHARGED HANDLE	1	X	X	X	X
<u>BLADES:</u>					
0 MILLER	1	X	X	X	X
1 MILLER	1	X	X	X	X
1 MAC	1	X	X	X	X
PEDS MAGILL FORCEPS	1	X	X	X	X
PEDS STYLETTE	1	X	X	X	X
MECONIUM ASPIRATOR	1	X	X	X	X
<u>ORAL AIRWAYS:</u>					
40 MM	1	X	X	X	X
50 MM	1	X	X	X	X
60 MM	1	X	X	X	X
<u>I.V. AND MEDICATION ADMINISTRATION:</u>					
IO NEEDLE	1			X	X
60 GTT SET	1			X	X
DEXTROSE 25%	2		X	X	X

PEDIATRIC BASIC LIFE SUPPORT EQUIPMENT
 MINIMUM ACCEPTABLE EQUIPMENT LIST
 AS PER SECTIONS 800.24 & 800.26, PART 800
 STATE EMERGENCY MEDICAL SERVICES CODE

<u>ITEM</u>	<u>NUMBER</u>	<u>EMT-I</u>	<u>EMT-CC</u>	<u>EMT-P</u>	<u>FLYCAR</u>
AIRWAY & O2 THERAPY					
PEDIATRIC BVM WITH O2 ENRICHMENT	1	X	X	X	X
PADDED INFANT MASK	1	X	X	X	X
PADDED NEONATE MASK	1	X	X	X	X
PADDED CHILD MASK	1	X	X	X	X
PEDS NON-REBREATHER	2	X	X	X	X
PEDS NASAL CANNULA	2	X	X	X	X
<u>SUCTION CATHETERS:</u>					
5 FR	2	X	X	X	X
8 FR	2	X	X	X	X
10 FR	2	X	X	X	X
PEDS STETHOSCOPE	1	X	X	X	X
INFANT STETHOSCOPE	1	X	X	X	X
PEDS BP CUFF	1	X	X	X	X
INFANT BP CUFF	1	X	X	X	X
O2 HUMIDIFIER	1	X	X	X	X
INFANT SWADDLER	1	X	X	X	X
PEDS RIGID C-COLLAR	1	X	X	X	X