



SPECIAL ORDER

SPECIAL ORDER 2018.58

Maryland Ambulance Voluntary Inspection 2018

EMERGENCY SERVICES BUREAU

Issue Date: October 15, 2018
Expiration Date: December 31, 2018
Applicability: All personnel

1 OVERVIEW

2 The Department of Fire and Rescue Services (Department) will complete the Maryland Voluntary
3 Ambulance Inspection Program (VAIP) inspection process on Friday, October 19, 2018 and Monday
4 October 22, 2018 with Thursday, October 25, 2018 reserved for contingencies.

5 DEFINITIONS

6 ➤ **Voluntary Ambulance Inspection Program (VAIP)** - serves to formally recognize, and make
7 readily apparent to the public, those emergency vehicles in Maryland that are equipped to a
8 standard of excellence as defined by the program's inspection guidelines. Compliance with the
9 VAIP requirements satisfies the requirements for medical director review of ambulance
10 equipment under COMAR Title 30.03.03.03 C(1)(b)(v).

11 TOPIC DETAILS

12 BACKGROUND:

13 The current (2016 ed.) inspection guidelines, which undergo periodic review, were developed jointly by
14 the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Maryland State Firemen's
15 Association (MSFA), and the State Emergency Medical Services Advisory Council (SEMSAC) and reflect
16 changes for both Basic Life Support (BLS) and Advanced Life Support (ALS) vehicles. These changes are
17 primarily the result of the updates to BLS and ALS supplies and equipment, to reflect changes in the
18 Maryland Medical Protocols for EMS providers.

19
20 Companies requesting and successfully passing the inspection receive a Certificate of Excellence to
21 display in the station and upon the vehicles. The certification period will be for two years.

22
23 The inspection involves verification of supply and equipment inventories necessary to adequately care for
24 patients in the pre-hospital setting. Suction and oxygen delivery equipment, both portable and on-board
25 systems, will be tested to ensure their proper and safe operation. Additionally, the Maryland EMS
26 communications equipment will be tested for proper operation.

27
28 In addition to biennial review and revision, these standards will be subject to modification if necessitated
29 by changes to the Maryland Medical Protocols for Emergency Medical Services Providers.

30 **RESPONSIBILITY:**

- 31 • The Volunteer Chiefs and Station Captains will ensure that all members under their command
32 are familiar with the contents of this order and work in a collaborative effort to stock their
33 units with the appropriate equipment for the inspection.
 - 34 ○ See Attachment A – Directions and Guidelines
 - 35 ○ See Attachment B – VAIP Inventory
- 36 • All personnel and/or representatives of the Department will be responsible for adhering to the
37 guidelines outlined in this order.
- 38 • This year, only the transport units are being inspected. Suppression, Command and Utility
39 vehicles will not be inspected.
- 40 • The C-Shift Battalion Chiefs and Medical Duty Officer will be responsible for the scheduling
41 and rotation of companies through the inspection process. EMS Operations personnel will be
42 available to assist with coordination, if needed. The inspections will occur on October 19,
43 October 22, and tentatively October 25 if necessary.
- 44 • The C-Shift Medical Duty Officers will assist and provide oversight for the VAIP.
- 45 • The A-Shift Medical Duty Officers will provide documentation of all aneroid blood pressure
46 cuff calibrations for the 15 monitors.
- 47 • Equipment orders will go through the normal quartermaster ordering process.
 - 48 ○ The Quartermaster will provide letters from the manufacturer for any medication
49 shortages and equipment recalls that would impact the minimal equipment levels for
50 the inspection.

51 **FORMS/ATTACHMENTS/REFERENCES**

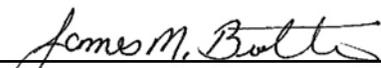
- 52 • Attachment A: *Directions and Guidelines*
- 53 • Attachment B: *Voluntary Ambulance Inspection Program – Seal of Excellence*

54 Approved:

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59


60 Daniel G. Merson, Interim Fire Chief
61 Office of the Fire Chief

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64
65 Author:

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68
69


70 James Brothers, Battalion Chief
71 Emergency Services Bureau

Attachment A

HOWARD COUNTY DEPT OF FIRE & RESCUE SERVICES – VAIP 2018

DIRECTIONS AND GUIDELINES:

Pre-Inspection Information

- All reusable items, especially those that are often left with the patient at a hospital (spine boards, KEDs, etc.), must be clearly marked, as patients are often transported to specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly:
 - Company or Jurisdiction Name (not just initials);
 - Unit Number

Personal Protective Equipment (PPE)

- Each riding member will have his/her own PPE/BSI. Should this not be available, the company will supply suitable gear for members responding on that call. This PPE shall meet the requirements stated within the Maryland Fire Service Health and Safety Consensus Standard dated January 1, 2002 in Section .08: *Personal Protective Equipment (PPE) Standards*.

Non-Latex Equipment

- All PPE and patient care equipment and supplies must be non-latex.

Positive Pressure Demand Valve Resuscitator

- Positive Pressure Demand Valve Resuscitators are discouraged. If you have a Positive Pressure Demand Valve Resuscitator, it will be inspected to ensure proper working order. There needs to be a constant flow rate of 100% oxygen at 40 LPM (plus or minus 10% error). The inspiratory pressure relief valve must open at 60cm H₂O (plus or minus 10% error).

Safety

- To prevent injury resulting from the recognized hazard of loose items in the patient compartment, we are providing the following information. It is intended that this information will assist you when storage of items in the patient compartment becomes an issue. Delivering EMS requires the use of many individual items of medical equipment and supplies. Ambulance manufacturers and retrofitters do not consistently provide engineered storage for these items. Items may therefore be loosely stored in the patient compartment, becoming projectiles in the event of a near miss, collision or rollover. It is recommended that all loose items not actively in use for patient care shall be stored in a crashworthy fashion. All loose items of greater than nominal weight shall be stored within positively latching compartments with latches and hinges bolted through the frame or otherwise restrained in a crashworthy fashion. Crashworthy systems may not incorporate distensible components such as rubber straps or hook and loop (e.g. Velcro™) fasteners. The inspector's test for crashworthiness of retention systems other than those governed by an existing standard (e.g. Ambulance Manufacturers' Division oxygen cylinder retention standard 003) shall be whether the item can be removed from place without unlatching or unbuckling the retention system. "Crashworthy" shall be defined as meaning that supplies, equipment, oxygen systems, patient litters and wheelchairs will remain in place during a serious accident or vehicle rollover.

Equipment

- Supplies, devices, tools, etc., shall be stored in enclosed compartments and drawers designed to accommodate the respective items. All medical devices and equipment shall be stowed or properly

Attachment A

fastened in/on action area according to the medical device manufacturer's directions. See Attachment B.

- **Hypoallergenic tape**- Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if acceptable.
- **Cravats**- If not commercially prepared and packaged, the minimum size is 36"x 36".
- **N95 Respirator**- N95 needs to be fit tested for a proper fit.
- **Penlights**- Should be disposable or AA or AAA type.
- **Maryland Triage Tags**- Should include 25 Maryland triage tags (current); enough red, yellow, green and black ribbon to triage 25 patients. This kit should also include the treatment and transportation area logs available on the MIEMSS website.
- **Oxygen**- Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Cup and yolk assemblies are acceptable if stored inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured.
- **Cylinders (all sizes)**- Steel cylinders with a stamped hydrostatic test date followed by a star is acceptable for 10 years. Without any symbol, it is good for 5 years. An aluminum cylinder is good for 5 years.
- **Oxygen**- On-board tanks must have at least 300 psi.
- **Line pressure**- On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should be plus or minus by 10 psi. The gauge may be adjusted if possible or the OIC will be notified.
- **Road Triangles**- Flares are not an acceptable substitute.
- **Suction catheters**- A minimum of 3 assorted sizes: one must be between 6 and 10 French and one between 12 and 16 French.
- **Stretcher mattress & pillow**- Split or torn mattresses are unacceptable. Moisture proof protective covers shall be provided for the mattress and for any reusable pillows.
- **Stair chair** -If it is stored in the patient compartment, it must be secured with non-elastic straps. Loose, heavy objects or equipment, not secured in the patient compartment, could cause injury if the ambulance is in a crash.
- **Backboards**- If wooden must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor blood borne pathogens.
- **9 ft. straps**- Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps.
- **Board splints**- Cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints. Split or torn splints are unacceptable.
- **5 lb. fire extinguisher**- Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in an outside compartment.
- **Sharps container**- Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible).
- **Portable Suction**- As of 10/1/2009, Res-Q-Vac is one manufacturer that will meet this standard. There are other manufacturers that will meet the testing standard, but currently do not offer the full range of catheters.
- **Gastric tubes**- Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended.
- **Oxygen Regulator**- Can be separate or in combination with oxygen pressure gauge.
- **Oxygen Regulator**- Can be separate or in combination with oxygen reduction valve.
- **Medications**- All medications & IV solutions should be within the manufacturer's expiration date.

Attachment A

- **Dopamine-** Premixed bags are acceptable.
- **Controlled Access-** DEA controlled substances (Fentanyl, ketamine & midazolam) must be under double lock or in a MedVault (new 2018). There must be an inventory and accountability system in place. Inventory control tags are not an acceptable locking mechanism.
- **Items with Expiration Dates-** All medical supplies should be within the manufacturer's expiration date.
- **Pneumothorax Kit-** Kit must include a 12 or 14-gauge catheter, Heimlich valve, appropriate connecting tubing, and skin preparation materials. An Asherman chest seal is not acceptable.
- **Linen-** Freshly laundered or disposable linen will be acceptable.
- **Child Safety Seat-** FMVSS-213 must be printed on the manufacturer's label.
- **AEDs-** Required to meet the BLS First Responder requirement if a monitor/defibrillator is not assigned to the unit. To be considered an ALS Engine, a monitor/defibrillator must be assigned to the unit. AEDs on **ALL** response units must be pediatric capable by July 1, 2016.
- **Required Documents-** Required documents must be current and may be either a print or electronic version. All should be easily accessible from the patient compartment. The pocket version of the MD Medical Protocols is **not** acceptable.
- **PDR or Equivalent-** This is optional; however, must be current within two years; may be electronic.
- **Portable Oxygen Storage-** All portable oxygen cylinders must be secured in a manner that prohibits movement within, or release from, the designated storage area. Any non-commercial storage mechanisms must meet the same standards as commercial crash rated brackets. All units manufactured or purchased after 1/1/2013 must be equipped with a NFPA (Ambulance) approved crash rated bracket.
- **Cardiac monitor-** Shall have synchronized cardioversion and pacing capabilities.
- **ALS Equipment/Medications-** Equipment and medications should be stocked in accordance with any unscheduled revisions that may occur to the Maryland Medical Protocols for EMS Providers that may be necessitated by medication shortages, equipment recalls, etc.
- **Hemostatic impregnated dressing-** All hemostatic dressings must be impregnated with either chitosan or kaolin. Additionally, dressings must be in the form of either roller gauze or trauma dressings (2x2 and/or 4x4 dressings are not acceptable). Granular or gel-based products applied directly to a wound are **not** acceptable.
- **Packaging-** Packaging of medications or IV solutions may vary, but quantities must be met.
- **Pediatric Reference Guide-** Must include equipment and medication dosage based upon age or length, such as chart or tape. It must also include current AHA Pediatric Guidelines.
- **Epi-Pens-** Are not required if a unit is dedicated as ALS. If the unit is used as a BLS and ALS unit, Epi-Pens must be stocked.
- **Biohazard Items-** This item should be provided for each seated position on the unit with a minimum number of two and should be present on the unit at all times. Personally, issued gear will not meet this requirement.
- **Pediatric IV Arm Board-** Must have moisture proof protective cover that is free from rips or tears. Maximum width is 3" and maximum length is 8".
- **IV/Medication Delivery-** Needleless system and safe sharps recommended.
- **BLS Equipment Requirements-** If a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto-injector and AED requirements.
- **12-Lead acquisition device-** Must be available on all ALS transport units. This applies to chase cars or ALS engines if these units are used to upgrade a BLS unit making it an ALS transport unit.

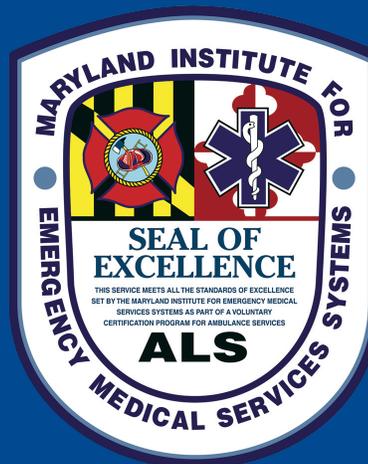
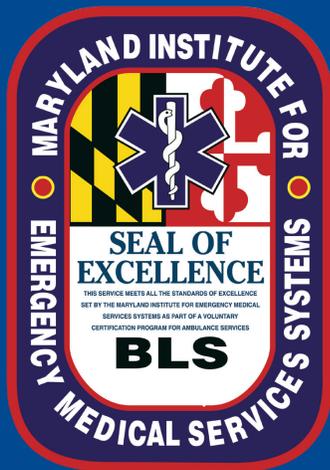
Attachment A

- **Appropriate disinfectant**- Solutions are effective against blood borne pathogens and those present in other potentially infectious materials as defined by OSHA. These pathogens include, but are not limited to: hepatitis B virus (HBV), human immunodeficiency virus (HIV) and M.tuberculosis (TB).
- **Sphygmomanometers**- Aneroid blood pressure cuffs that are greater than one-year old should be calibrated by a trained technician at least annually and more often if: 1. Recommended by the manufacturer, or 2. Subjected to rough handling.
- **Gloves**- Must meet the emergency medical examination glove requirements of NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, 2008 edition.
- **Glucometer**- Supplies Kit must include lancets, test strips, alcohol wipes, and band-aids.
- **Non-latex equipment**- All personal protective equipment and patient care equipment and supplies must be non-latex.
- **Climate Control System**- The rear air conditioner should be blowing at a temperature of at least 65 degrees or lower at the air vents.



Maryland Institute for Emergency Medical Services Systems

VOLUNTARY AMBULANCE INSPECTION PROGRAM— SEAL OF EXCELLENCE



Voluntary Ambulance Inspection Program Standards

July 2016

Attachment B

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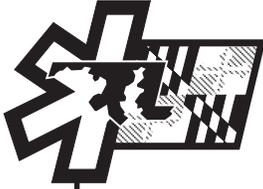
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Voluntary Ambulance Inspection
Program Standards





State of Maryland
Maryland
Institute for
Emergency Medical
Services Systems
653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board

To EMS Community and Agencies

The Regional Medical Directors have reviewed the revised version of the Voluntary Ambulance Inspection Program (VAIP) - Seal of Excellence, which reflects the recommendations of the VAIP consensus workgroup. The shared goal is to assure that appropriate levels of medications and patient care supplies were available on each unit type. The VAIP standards addressed the minimum medication requirements of the 2016 Maryland Medical Protocols for EMS Providers with the understanding that any EMS Operational Program may stock additional quantities of protocol-compliant supplies or medications to meet the Jurisdictional Medical Director's desires or operational needs.

The Regional Medical Directors unanimously support the VAIP and strongly encourage all EMS Operational Programs to comply with VAIP standards. In any mutual aid situation, compliance with VAIP standards by adjoining EMS Operational Programs will assure that any unit responding will meet or exceed the Maryland VAIP standards.

If you have any questions regarding the additions or revisions contained in the update, please contact Lisa Chervon at the MIEMSS State Office of Commercial Ambulance Licensing and Regulation at 410-706-8511. Thank you for your continued efforts in making the Maryland EMS system a world leader in the delivery of emergency care.

Richard L. Alcorta, MD, FACEP
State EMS Medical Director
Representing the Regional Medical Directors
MIEMSS

The Voluntary Ambulance Inspection Program

The Voluntary Ambulance Inspection Program (VAIP) serves to formally recognize, and make readily apparent to the public, those emergency response vehicles in Maryland that are equipped to a standard of excellence as defined by the program's inspection guidelines. Compliance with the VAIP requirements satisfies the requirements for medical director review of ambulance equipment under COMAR Title 30.03.03.03C(1), which provides:

C. Duties of an EMS Operational Program Medical Director.

(1) The EMS operational program medical director shall...

(b) Approve, participate in, and provide medical expertise for the EMS operational program in:

- (v) Timely review and approval of medical equipment used by the EMS operational program to implement the Maryland Medical Protocols for Emergency Medical Services Providers, and*
- (vi) All aspects of the EMS operational program which impact patient care, including planning, development, and operations*

The current (2016) inspection guidelines, which undergo periodic review, were developed jointly by MIEMSS, MSFA, and the State Emergency Medical Services Advisory Council (SEMSAC) and reflect changes for both Basic Life Support (BLS) and Advanced Life Support (ALS) vehicles. These changes are primarily the result of the updates to BLS and ALS supplies and equipment that reflect changes in the *Maryland Medical Protocols for EMS Providers*. Please review the entire document prior to requesting an inspection.

Companies requesting and successfully passing the inspection receive a Certificate of Excellence to display in the station and up to two Certificate of Excellence decals for display on each certified vehicle. The certificate period is for two years.

Prior to inspection, companies will be required to complete the enclosed application, verify that the vehicle has met all required DOT inspection criteria within the past year, and certify certain minimum personnel training requirements and staffing standards for each vehicle.

The inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, will be tested to ensure their proper and safe operation. Additionally, the Maryland EMS communications equipment may be tested for proper operation.

In addition to biennial review and revision, these standards will be subject to modification if necessitated by changes to the *Maryland Medical Protocols for EMS Providers*.

Additional copies of this document, dated 2016, may be obtained from your MIEMSS Regional Office or downloaded from the MIEMSS website (www.miemss.org). Your MIEMSS Regional Administrator can answer questions you may have regarding the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your vehicle(s).

To request an inspection, contact the MIEMSS Regional Office serving your area. Contact information for these offices can be found on page 2 of this document.

Regional Offices

- Region I** Allegany and Garrett Counties
Office: 301-895-5934 or 301-746-8636
Fax: 301-895-3618
Email: dkitis@miemss.org
Dwayne Kitis, Administrator
Maryland Institute for Emergency Medical Services Systems
16 South Broadway, Suite D
P.O. Box 113
Frostburg, MD 21532
- Region II** Frederick and Washington Counties
Office: 301-791-2366 or 301-416-7249
Fax: 301-791-9231
Email: anauman@miemss.org
Andrew Nauman, Administrator
Maryland Institute for Emergency Medical Services Systems
44 N. Potomac St., Suite 103
Hagerstown, MD 21740
- Region III** Baltimore, Carroll, Harford, Howard, Anne Arundel Counties, and Baltimore City
Office: 410-706-3996
Fax: 410-706-8530
Email: jhuggins@miemss.org
Jeffrey Huggins, Acting Region III Administrator
Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201-1536
- Region IV** Caroline, Cecil, Dorchester, Talbot, Worcester, Wicomico, Queen Anne's, Kent,
and Somerset Counties
Office: 410-822-1799, 877-676-9617
Fax: 410-822-0861
Email: jbarto@miemss.org
John Barto, Administrator
Maryland Institute for Emergency Medical Services Systems
301 Bay Street Plaza, Suite 306
Easton, MD 21601
- Region V** Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties
Office: 301-474-1485, 877-498-5551
Fax: 301-513-5941
Email: dstamey@miemss.org
dgoroff@miemss.org
David Stamey, Administrator
David Goroff, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
5111 Berwyn Road, Suite 102
College Park, MD 20704

Seal of Excellence Application

Date of Application: _____ Date of Inspection: _____

Date Application Received: _____ Date of Expiration: _____

Indicate number to be inspected in space:

_____ Ambulance - BLS _____ Ambulance - ALS

_____ First Response - BLS _____ Chase Car/Engine - ALS

1. Name of Organization: _____

2. Principal Physical Address of the Entity:

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email Address: _____

3. Mailing Address if different than Physical Address:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Name of principal contact person regarding official communications with MIEMSS:

Name: _____ Title: _____

Office Telephone: _____ Home Phone: _____

5. Type of Service: (Check One) _____ Volunteer _____ Career

_____ Combination (uses both paid and volunteer personnel to provide services)

6. Attach a list of the service's officers, titles, and levels of EMS certification.

7. Attach a copy of the vehicle inspection certificate for each ambulance/vehicle identified on the application that is dated within 12 (twelve) months of the application for inspection, and

a) Issued by an inspection station located in this state that is licensed under Transportation Article, 823-103, Annotated Code of Maryland OR

b) Issued by a state-approved maintenance facility

8. Insurance:

a) If there is insurance applicable to the ambulance or medical service that is the subject of this application, please attach a copy of the policy.

b) If the ambulance or medical service is operated by a governmental body and is self-insured, please check. _____

9. Attach listing of EMS vehicles (Page 4).

BY MY (OUR) SIGNATURE(S) AFFIXED BELOW I (WE) HEREBY AFFIRM THAT TO THE BEST OF MY (OUR) KNOWLEDGE:

- The fire, rescue, EMS service is qualified to provide service in Maryland and it will take such action as necessary to remain qualified during the period of certification.
- The information given in this application is true and correct to the best of my (our) knowledge, and any fraudulent entry may be considered cause for rejection or subsequent revocation.
- The fire, rescue, EMS service has at least one officer certified to a minimum of Maryland EMT.
- The fire, rescue, EMS service has a sufficient complement of Maryland licensed and/or certified EMS responders to ensure the appropriate level of certified personnel for the unit being inspected (e.g., BLS ambulance - EMT; ALS ambulance - CRT-I/Paramedic) will be in the patient compartment at all times when a patient is in the ambulance.
- All signatures are authorized by the (fire, rescue, EMS) service identified in the application to sign the application form:

Signature _____ Date _____
(Organizational EMS Official)

Printed Name _____ Title _____
(Organizational EMS Official)

Vehicle Information

(A printout listing the same information will be accepted in lieu of completing this page)

Attach DOT Inspection, Registration & Current Proof of Insurance for each vehicle

Designation Used by EMS/Fire Service	VIN# (print)	License Plate	Make	Model
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
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24)				
25)				

(Make copies of original form if additional pages are needed.)

Maryland Voluntary Ambulance Inspection Attachment B BLS – First Responder Unit

Company: _____

Fleet ID: _____

VIN: _____

Inspector: _____

Insp Date: _____ Needs Decal: Yes / No (Quantity: _____)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
General Supplies					
1	1 ea.	blanket			
2	1 ea.	obstetrical (OB) kit (commercially packaged)			
3	2 ea.	clean linen sheets or mylar blanket suitable for burns			
4	1 kit	Maryland Triage Kit ⁵			
5		ANSI 207-2006 class II reflective safety vests for each crew member			
6	1 ea.	current PHMSA Emergency Response Guidebook (ERG) ³³			
7	1 ea.	environmental carbon monoxide alarming device (OPTIONAL)			
8		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL)			
9		CANA (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL)			
Portable First Aid Kit					
10	12 ea.	sterile gauze pads (min. 4" x 4")			
11	4 ea.	sterile dressings (min. 5" x 9")			
12	1 ea.	hemostatic impregnated dressing (OPTIONAL) ^{38, 27}			
13	8 rolls	self-adhering gauze bandages (various sizes 2"- 6")			
14	4 ea.	cravats (triangular bandages) ²			
15	2 ea.	cold packs			
16	1 ea.	bottle normal saline and/or sterile water (500cc) ²⁷			
17	1 ea.	commercially available tourniquet capable of stopping arterial blood flow			
18	2 rolls	1" medical tape (hypoallergenic tape must be available) ¹			
19	1 ea.	ring cutter			
20	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
21	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
22	1 ea.	stethoscope (must be pediatric capable)			
23	1 ea.	adult BP cuff (regular) ^{50, 54}			
24	1 ea.	adult BP cuff (large) ^{50, 54}			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
Portable First Aid Kit (Continued)					
25	1 ea.	child BP cuff ^{50, 54}			
26	1 ea.	pulse oximeter (pediatric & adult sensor recommended) (OPTIONAL)			
27	6 pairs.	exam gloves non-latex (assorted sizes) ⁵²			
28		Aspirin -325 mg chewable ²⁷			
29	1 ea.	Epinephrine auto-injectors, adult or equivalent (OPTIONAL) ^{27, 39}			
30	1 ea.	Epinephrine auto-injectors, child or equivalent (OPTIONAL) ^{27, 39}			
31	2 ea.	glucose paste ²⁷			
32		Naloxone (Narcan) - 4 mg (1 mg/1 mL concentration) (OPTIONAL) ²⁷			
33	2 ea.	intranasal medication delivery device (OPTIONAL)			
34	1 ea.	portable sharps container			
35	1 ea.	clean kit large enough to carry above equipment			
AED					
36	1 ea.	AED ^{32, 44}			
37	2 ea.	set of adult pads ²⁷			
38	1 ea.	set pediatric pads for all pediatric capable AEDs ²⁷			
39	1 ea.	spare battery if required			
40	1 ea.	razor			
41	1 ea.	washcloth or towel appropriate for drying torso (OPTIONAL)			
Biohazard Items					
42		surgical masks ⁴³			
43		gowns (impenetrable to blood and/or body fluids) ⁴³			
44		eye/facial shield (may be combined with surgical masks) ⁴³			
NOTE: Items 42 - 44 may be combined into an infection control kit carried on the unit.					
45	1 ea.	particulate respirator N95 or greater for each crew member ^{3, 43}			
46	1 ea.	appropriate disinfectant ⁴⁹			
Oxygen Supplies					
47	2 ea.	adult nasal cannula			
48	2 ea.	adult non-rebreather			
49	2 ea.	pediatric nasal cannula			
50	2 ea.	pediatric non-rebreather			
51	1 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
52	1 ea.	transparent adult face mask			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies (Continued)					
53	1 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
54	1 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
55	1 set	pediatric transparent face mask (neonate through small adult; a set is 4 sizes)			
56	1 set	oropharyngeal airway (newborn through large adult; a set is 6 sizes)			
57	1 set	nasopharyngeal airways (18f-34f; a set is 6 sizes) ²⁷			
58	1 tube or 6 packs	water soluble lubricant ²⁷			
59	1 ea.	clean kit large enough to carry above equipment			
Portable Oxygen Kit					
60	2 ea.	medical oxygen cylinder with at least 300 L capacity, (required "E," "D," or super D size) ⁶ (#) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
		all portable bottles must be secured according to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years ⁷			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²²			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
Portable Suction Unit					
61	1 ea.	manual pumps must meet the same testing requirements as a battery operated suction device, and have the following: ²⁰			
		all of the required manufacturer parts			
		adult soft tip catheter			
		adult hard tip catheter			
		pediatric catheter			
		if using battery-powered suction unit, it must be capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
62		assorted catheters 6F-16F & rigid suction tips ^{12, 27}			

Maryland Voluntary Ambulance Inspection

Attachment B BLS – Ambulance

Company: _____ Fleet ID: _____
 VIN: _____ Inspector: _____
 Insp Date: _____ Needs Decal: Yes / No (Quantity: _____)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
General Supplies					
1	24 ea.	sterile gauze pads (min. 4" x 4")			
2	12 ea.	sterile dressings (min. 5" x 9")			
3	2 ea.	multi-trauma dressings (min 10" x 12")			
4	1 ea.	occlusive dressing (any appropriate material will suffice)			
5	12 ea.	cravats (triangular bandages) ²			
6	12 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
7	2 liters	sterile saline or sterile water ²⁷			
8	2 ea.	clean linen sheet or mylar blanket suitable for burns			
9	2 ea.	obstetrical (OB) kits (commercially packaged)			
10	10 ea.	cold packs			
11	2 ea.	hot packs (OPTIONAL)			
12	1 ea.	commercially available tourniquet capable of stopping arterial blood flow			
13	1 ea.	hemostatic impregnated dressing (OPTIONAL) ^{38, 27}			
14	2 rolls	2" medical tape (some hypoallergenic tape must be available) ¹			
15	2 rolls	1" medical tape (some hypoallergenic tape must be available) ¹			
16	1 box	assorted bandage strips			
17	8	acetaminophen (Liquid form, 160 mg/5 mL, single unit dose) ⁴⁵			
18	1 ea.	activated charcoal without sorbitol - 100 g ^{27 & 40}			
19		Aspirin - 325 mg chewable ²⁷			
20	1 ea.	Epinephrine auto-injectors, adult or equivalent ^{27, 39 & 42}			
21	1 ea.	Epinephrine auto-injectors, pediatric or equivalent ^{27, 39 & 42}			
22	2 ea.	glucose paste ²⁷			
23		Naloxone (Narcan) - 4mg (1 mg/1 mL concentration) ²⁷			
24	2 ea.	intranasal medication delivery device			
25	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
26	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
27	1 ea.	stethoscope (must be pediatric capable)			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
General Supplies (Continued)					
28	1 ea.	adult BP cuff (regular) ⁵⁰			
29	1 ea.	adult BP cuff (large) ⁵⁰			
30	1 ea.	child BP cuff ⁵⁰			
31	1 ea.	infant BP cuff ⁵⁰			
32	1 ea.	pulse oximeter (pediatric & adult sensor)			
33	1 ea.	non invasive carbon monoxide patient monitoring device (pediatric & adult sensor) (OPTIONAL)			
34	1 ea..	digital thermomemeter with disposable probe covers			
35	1 ea.	glucometer with required supplies (required if jurisdiction participates) ^{27, 53}			
36	1 ea.	urinal			
37	1 ea.	bedpan			
38	1 ea.	facial or toilet tissue			
39	1 ea.	Maryland triage tag kit ⁵			
40	2 ea.	IV solution hangers			
41	1 ea.	Maryland Medical Protocols for EMS Providers ³³			
42		soft restraints (If cravats are used, 2 additional cravats need to be added to the current count for a total of 14)			
43		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL) ²⁷			
44		CANA (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL) ²⁷			
45	1 ea.	PDR or equivalent index ³⁴ (OPTIONAL)			
Oxygen Supplies					
46	2 ea.	adult nasal cannula			
47	2 ea.	adult non-rebreather			
48	2 ea.	pediatric nasal cannula			
49	2 ea.	pediatric non-rebreather			
50	2 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
51	2 ea.	transparent adult face mask			
52	2 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
53	2 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies (Continued)					
54	1 set	pediatric transparent face mask (neonate through small adult; a set is 4 sizes)			
55	1 set	oropharyngeal airway (newborn through large adult; a set is 6 sizes)			
56	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes) ²⁷			
57	1 tube or 6 packs	water soluble lubricant			
Linen Supplies					
58	4 ea.	sheets ²⁹			
59	2 ea.	towels ²⁹			
60	2 ea.	blankets, of cotton or other non-conductive material ²⁹			
61	1 ea.	pillow (non absorbent or disposable) ^{13, 29}			
62	2 ea.	pillow case ²⁹			
Sanitation Standards/Biohazard Items					
63	1 box	exam gloves non-latex (assorted sizes) ⁵²			
64	2 ea.	basins or convenience bag			
65	1 ea.	particulate respirator N95 or greater for each crew member ^{3, 43}			
66	1 ea.	appropriate disinfectant ⁴⁹			
67		surgical masks ⁴³			
68		gowns (impenetrable to blood and/or body fluids) ⁴³			
69		eye/facial shield (may be combined with surgical masks) ⁴³			
		NOTE: Items 67-69 may be combined into an infection control kit carried on the ambulance.			
70	5 ea.	appropriate plastic, sealable bags for biohazard items, either red bags or bags with biohazard stickers			
71		portable sharps container			
72	1 ea.	suitable container for trash and soiled supplies secured and covered			
73		first-aid supplies stored in a clean container/environment			
74		ambulance interior clean and disinfected			
75		secure container to safely dispose of sharps ¹⁹			
76		airway & oxygen devices must be separately wrapped or stored to maintain cleanliness			
AED					
77	1 ea.	AED ^{32, 44}			
78	2 ea.	sets of adult pads ²⁷			
79	1 ea.	set of pediatric pads ²⁷			
80	1 ea.	spare battery if required.			
81	1 ea.	razor			
Portable First-Aid Kit					
82	12 ea.	sterile gauze pads (min. 4" x 4")			
83	4 ea.	sterile dressings (min. 5" x 9")			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Portable First-Aid Kit (Continued)					
84	8 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
85	4 ea.	cravats (triangular bandages) ²			
86	2 rolls	1" medical tape (some hypoallergenic tape must be available) ¹			
87	1 ea.	commercially available tourniquet capable of stopping arterial blood			
88	1 ea	hemostatic impregnated dressing (OPTIONAL)			
89	1 set	oropharyngeal airways (newborn through large adult; a set is 6 sizes)			
90	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes) ²⁷			
91	1 tube or 6 packs	water soluble lubricant			
92	1 ea.	ring cutter			
93	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
94	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
95	1 ea.	stethoscope (must be pediatric capable)			
96	1 ea.	adult BP cuff (regular) ⁵⁰			
97	6 pairs	exam gloves non-latex (assorted sizes) ⁵²			
98	1 ea.	clean kit large enough to carry above equipment			
Portable Oxygen					
99	2 ea.	medical oxygen cylinder with at least 300 L capacity, (required "E," "D," or Super D size) (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
		all portable cylinders must be secured according to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years ⁷			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²²			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
On-Board Installed Piped Oxygen					
100	1 ea.	installed piped oxygen of at least 3000 L capacity ⁸			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years ⁷			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder ²²			
		regulator shall have a reducing valve limiting line pressure to 50 psi ^{9 & 23}			
		at least one oxygen wall outlet with plug-in variable flow valve and flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			
Portable Suction Unit					
101	1 ea.	portable suction unit, battery-powered capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____ in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
On-Board Suction					
102		on-board suction, fixed system			
		adjustable suction force			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____ in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
103		assorted catheters 6F-16F & rigid suction tips ^{12, 27}			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Carrying Devices					
104	1 ea.	cot with mattress, four wheels, and adjustable head position ¹³			
105		three safety straps with integrated shoulder harness ⁵¹			
106	1 ea.	stair chair ¹⁴			
Immobilization Equipment					
107	2 ea.	full spinal immobilization device that meets OSHA standards ¹⁵			
108	6 ea.	9' straps or equivalent to immobilize 2 patients on long boards ¹⁶			
109	2 sets	head immobilization device (head blocks, blanket roll)			
110	2 sets	extrication collars (5 sizes per set; or 2 adult and 2 pediatric adjustable collars)			
111	1 ea.	half spinal immobilization device, with appropriate straps, that meets OSHA standards ¹⁵			
112	1 ea.	orthopedic stretcher			
113	1 ea.	adult leg traction splint with ankle hitch			
114	1 ea.	pediatric leg traction splint with ankle hitch			
115	2 ea.	padded board splints (15" x 3") (bio-safe) ¹⁷			
116	2 ea.	padded board splints (36" x 3") (bio-safe) ¹⁷			
117	2 ea.	padded board splints (54" x 3") (bio-safe) ¹⁷			
118	1 ea.	pediatric immobilization board (OPTIONAL)			
Safety Equipment					
119	1 ea.	child safety seat (meets federal specifications FMVSS-213) ³⁰			
120	1 ea.	fire extinguisher (5 lb. multipurpose dry chemical) ¹⁸			
121	2 ea.	portable hand lights assigned to unit			
122	1 ea.	"NO SMOKING" sign in patient compartment			
123	3 ea.	reflective road hazard triangles or 3 small traffic cones ¹⁰			
124		restraint devices in working order for all seated positions in patient's compartment			
125	1 ea.	ANSI 207-2006 reflective safety vests for each crew member			
126	1 ea.	environmental carbon monoxide alarming device (OPTIONAL)			
127	1 ea.	current PHMSA Emergency Response Guidebook (ERG) ³³			

Maryland Voluntary Ambulance Inspection
Attachment B
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Extrication Equipment					
The following is the minimum extrication equipment that must be available at all times.					
128	1 ea.	open-ended adjustable wrench			
129	1 ea.	screwdriver, standard slot blade			
130	1 ea.	screwdriver, Phillips type			
131	1 ea.	pliers, channel lock, adjustable			
132	1 ea.	pliers, self-locking (vise grips)			
133	1 ea.	hammer or flathead axe			
134	1 ea.	spring-loaded punch			
The following additional equipment is recommended if you do not have an emergency vehicle capable of providing extrication support within 10 minutes.					
135	1 set	vehicle stabilization devices (commercially available devices or two 4x4 wooden blocks) ¹¹			
136	1 ea.	bolt cutter, with 1-1/4" jaw opening			
137	1 ea.	portable power jack and spreader tool			
138	1 ea.	shovel, 49" with pointed blade			
139	1 ea.	flat head fire ax or equivalent			
140	1 ea.	halligan tool or equivalent.			
Ambulance Vehicle					
141		functional climate control system (both heating and cooling) ⁵⁵			
142		functional emergency warning lights			
143		functional emergency audible warning devices (not horn)			
144		functional head, tail, and signal lights			
145		all latching mechanisms in patient compartment, including bench seat, must be functional			
146		all patient compartment cabinets must be free of sharp or broken edges			

Maryland Voluntary Ambulance Inspection

Attachment B ALS – Ambulance

Company: _____ Fleet ID: _____
 VIN: _____ Inspector: _____
 Insp Date: _____ Needs Decal: Yes / No (Quantity: _____)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
1		BLS Ambulance Seal of Excellence requirements met ⁴⁷			
ALS Equipment					
2	1 ea.	cardiac monitor/defibrillator with quick look capability (adult and pediatric) ^{36, 48}			
3	2 ea.	adult multi function pads ²⁷			
4	2 ea.	pediatric multi function pads ²⁷			
5	1 set	monitoring cables			
6	30	monitoring electrodes (adult & pediatric)			
7	1 ea.	spare monitor/defib batteries and/or on-board charging system			
8	1 ea.	spare EKG paper			
9	1 ea.	pulse oximeter (pediatric & adult sensor required) ³⁵			
10	1 ea.	ICD donut magnet			
11	1 ea.	glucometer kit ^{27, 53}			
12	2 ea.	CPAP Device and all manufacturer-specific supplies			
13	2 ea.	in-line nebulizers (REQUIRED)			
14	1 ea.	ventilator (required if jurisdiction participates in pilot or optional protocol program)			
15		gastric tubes (8F & various sizes 10F - 16F adult) ^{21, 27}			
16	1 ea.	tapered tip lavage syringe - 30 cc (minimum) size			
17	2 ea.	pneumothorax kit ^{27, 28}			
18	1 ea.	pediatric reference guide ⁴¹			
Medication & Delivery Devices ^{24, 27 & 46}					
Packing of medications or IV solutions may vary but quantities must be met.					
19		Adenosine - 30 mg			
20		Albuterol - 20 mg			
21		Amiodarone - 900 mg			
22		Aspirin - 325 mg chewable			
23		Atropine Sulfate - 3 mg			
24	2 ea.	Multi-dose Vial of Atropine - 8 mg			
25		Atrovent (Ipratropium) - 500 ug			
26		Calcium chloride - 2 g			

Maryland Voluntary Ambulance Inspection
Attachment B
ALS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Medication & Delivery Devices ^{24, 27 & 46} (Continued)					
27		Dexamethasone - 20 mg			
28	2 ea	Dextrose 10% - 250 mL (OPTIONAL)			
29		Dextrose 50% - 50 g			
30		Diltiazem - 50 mg			
31		Diphenhydramine (Benadryl) - 50 mg			
32		Dopamine - 400 mg ²⁵			
33		Epinephrine 1:10,000 - 6 mg			
34		Epinephrine 1:1,000 - 3 mg			
35		Fentanyl - 400 mcg ²⁶ (required if using optional supplemental protocol)			
36	3 ea.	Glucagon - 1 mg each			
37		Haloperidol (Haldol) - 10 mg			
38		Hydroxycobalamin (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL)			
39		Lidocaine 2% - 100 mg			
40		Lidocaine 4% - 8 ml			
41	2 ea.	Magnesium Sulfate - 4g			
42		Midazolam - 20 mg ²⁶			
43		Morphine Sulfate - 40 mg ²⁶			
44		Naloxone (Narcan) - 8 mg			
45	2 ea.	Nebulizers			
46	1 ea.	Nitroglycerin - Spray/Tablet Bottle			
47		Nitro Paste and applicator - 1 g			
48		Ondansetron (Zofran) - 24 mg			
49		Sodium Bicarbonate - 150 mEq			
50		Terbutaline - 1 mg			
		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
51		Etomidate - 40 mg			
52		Succinylcholine - 200 mg			
53		Vecuronium - 10 mg			
54		Ketamine - 800 mg			
55	1 ea.	controlled access system ²⁶			
56	4 ea.	1 cc syringes			
57	2 ea.	3-5 cc syringes			
58	2 ea.	18 or 19 g blunt needles			
59	2 ea.	21 g needles (1 1/2 inches appropriate for IM injection)			
60	2 ea.	10 cc syringes			
61	2 ea.	intranasal medication delivery device			

Maryland Voluntary Ambulance Inspection
Attachment B
ALS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Intravenous Equipment & Supplies ^{27 & 46}					
62	4 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24) ²⁷			
63	2 ea.	IO needles (15g & 18g if manual) (15m, 25mm & 45mm if mechanical)			
64	3 sets	IV admin. sets (2 capable 10-15 drops per min and 1 capable of 60 drops per min or variable flow sets)			
65	4 ea.	1000 cc bags Ringers Lactate ^{40, 27}			
66		site preparation materials			
67	1 ea.	adult IV arm board			
68	1 ea.	pediatric IV arm board (maximum width 2")			
69	2 ea.	Normal saline (for saline lock) (OPTIONAL)			
70	2 ea.	saline lock (OPTIONAL)			
		blood draw supplies (required if jurisdiction performs this skill)			
71	3 ea.	blood tubes (color of tube tops may vary by jurisdiction) ²⁷			
72	3 ea.	blood tubes with anticoagulant (color of tube tops may vary by jurisdiction) ²⁷			
73	2 ea.	vacutainers			
74	1 ea.	portable sharps container			
75	2 ea.	3 way Stop Cocks with extension tubing ²⁷			
76	2 ea.	non-coring right angle needle (e.g., Huber Needles) ²⁷			
Intubation Kit ²⁷					
77	1 set	Miller blades (0, 1, 2, 3, 4)			
78	1 set	McIntosh blades (1, 2, 3, 4)			
79	1 ea.	large laryngoscope handle with spare batteries			
80	1 ea.	small laryngoscope handle with spare batteries (OPTIONAL)			
81	1 ea.	spare laryngoscope bulbs (OPTIONAL)			
82	2 ea.	ET tubes cuffed (6, 7, 8, 9) ²⁷			
83	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5) ²⁷			
84	1 ea.	flexible tracheal tube guide (OPTIONAL)			
85	2 ea.	adult stylette ²⁷			
86	2 ea.	pediatric/infant stylette ²⁷			
87	2 ea.	roll 1" medical tape			
88	2 ea.	10 cc syringes			
89	1 ea.	large Magill forceps			
90	1 ea.	small Magill forceps			
91	1 ea.	water soluble lubricant (1 tube or 6 packs) ²⁷			
92	1 ea.	end tidal carbon dioxide detector (electronic) pediatric and adult ³¹			
93	1 set	non-latex pharyngeal tube airway device (all sizes per protocol) ²⁷			
94	1 ea.	ET tube holders			
95	1 ea.	suction device for meconium			
96	1 ea.	BAAM (Beck Airway-Airflow Monitor)			
97	1 ea.	esophageal detection device (OPTIONAL)			

Maryland Voluntary Ambulance Inspection

Attachment B ALS Chase

Company: _____ Fleet ID: _____
 VIN: _____ Inspector: _____
 Insp Date: _____ Needs Decal: Yes / No (Quantity:____)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
General Supplies					
1	1 ea.	obstetrical (OB) kit (commercially packaged)			
2	1 ea.	blanket ²⁹			
3	1 ea.	Maryland Medical Protocols for EMS Providers ³³			
4	1 kit	Maryland Triage Tag Kit ⁵			
5	1 ea.	ANSI 207-2006 reflective safety vests for each crew member			
6	1 ea.	current PHMSA Emergency Response Guidebook (ERG) ³³			
7	1 ea.	environmental carbon monoxide alarming device (OPTIONAL)			
8		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL) ²⁷			
9		CANA (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL) ²⁷			
10	1 ea.	PDR or equivalent index (OPTIONAL) ³⁴			
Biohazard Items					
11		surgical masks ⁴³			
12		gowns (impenetrable to blood and/or body fluids) ⁴³			
13		eye/facial shield (may be combined with surgical masks) ⁴³			
NOTE: Items 11-13 may be combined into an infection control kit carried on the unit					
14	1 ea.	particulate respirator N95 or greater for each crew member ^{3,43}			
15	1 ea.	appropriate disinfectant ⁴⁹			
Portable First Aid Kit					
16	12 ea.	sterile gauze pads (min. 4" x 4")			
17	2 rolls	1" medical tape (hypoallergenic tape must be available) ¹			
18	4 ea.	cravats (triangular bandages) ²			
19	1 ea.	ring cutter			
20	1 ea.	stethoscope (must be pediatric capable)			
21	1 ea.	adult BP cuff (regular) ^{50, 54}			
22	1 ea.	adult BP cuff (large) ^{50, 54}			
23	1 ea.	child BP cuff ^{50, 54}			
24	1 ea.	infant BP cuff ^{50, 54}			

Maryland Voluntary Ambulance Inspection
Attachment B
ALS Chase

Line #	No. Of Items	Description	Pass	Fail	Notes
Portable First Aid Kit (Continued)					
25	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
26	1 ea.	penlight (narrow beam flashlight acceptable) ⁴			
27	8 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
28	4 ea.	sterile dressings (min. 5" x 9")			
29	6 pairs	exam gloves non-latex (assorted sizes) ⁵²			
30	2 ea.	cold packs			
31	1 ea.	bottle normal saline and/or sterile water (500 cc) ²⁷			
32	1 ea.	commercially available tourniquet capable of stopping arterial blood			
33	1 ea.	hemostatic impregnated dressing (OPTIONAL) ^{38, 27}			
34	1 ea.	clean kit large enough to carry above equipment			
ALS Equipment					
35		emergency communication compatible			
36	1 ea.	cardiac monitor/defibrillator with quick look capability (adult and pediatric) ^{36, 48}			
37	2 ea.	adult multi function pads ²⁷			
38	2 ea.	pediatric multi function pads ²⁷			
39	1 set	monitoring cables			
40	30	monitoring electrodes (adult & pediatric)			
41	1 ea.	spare monitor/defib batteries and/or on-board charging system			
42	1 ea.	spare EKG paper			
43	1 ea.	pulse oximeter (pediatric & adult sensor required) ³⁵			
44	1 ea.	ICD donut magnet			
45	1 ea.	glucometer kit ^{27, 53}			
46	2 ea.	CPAP Device and all manufacturer-specific supplies			
47	2 ea.	in-line nebulizers			
48	1 ea.	ventilator (required if jurisdiction participates in pilot or optional protocol program)			
49	1 ea.	gastric tubes (8F & various sizes 10F - 16F adult) ^{21, 27}			
50	1 ea.	tapered tip lavage syringe - 30 cc (minimum) size			
51	2 ea.	pneumothorax kit ^{28, 27}			
52	1 ea.	pediatric reference guide ⁴¹			
Medications & Delivery Devices^{24, 27 & 46}					
Packing of medications or IV solutions may vary but quantities must be met.					
53		Adenosine - 30 mg			
54		Albuterol - 20 mg			
55		Amiodarone - 900 mg			
56		Aspirin - 325 mg chewable			
57		Atropine Sulfate - 3 mg			
58	2 ea.	multi-dose vials of Atropine - 8 mg			

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Line #	No. Of Items	Description	Pass	Fail	Notes
Medications & Delivery Devices ^{24, 27 & 46} (Continued)					
59		Atrovent (Ipratropium) - 500 ug			
60		Calcium chloride - 2 g			
61		Dexamethasone - 20 mg			
62		Dextrose 10% - 250 mL (OPTIONAL)			
63		Dextrose 50% - 50 g			
64		Diltiazem - 50 mg			
65		Diphenhydramine (Benadryl) - 50 mg			
66		Dopamine - 400 mg ²⁵			
67		Epinephrine 1:10,000 - 6 mg			
68		Epinephrine 1:1,000 - 3 mg			
69		Fentanyl - 400 mcg ²⁶ (required if using optional supplemental protocol)			
70	3 ea.	Glucagon - 1 mg each			
71		Haloperidol (Haldol) - 10 mg			
72		Hydroxycobalamin (the quantity and location will be based on the jurisdiction deployment plan) (OPTIONAL)			
73		Lidocaine 2% - 100 mg			
74		Lidocaine 4% - 8 ml			
75	2 ea.	Magnesium Sulfate - 4g			
76		Midazolam - 20 mg ²⁶			
77		Morphine Sulfate - 40 mg ²⁶			
78		Naloxone (Narcan) - 8 mg			
79	2 ea.	Nebulizers			
80	1 ea.	Nitroglycerin - Spray/Tablet Bottle			
81		Nitro Paste and applicator - 1 g			
82		Ondansetron (Zofran) - 24 mg			
83		Sodium Bicarbonate - 150 mEq			
84		Terbutaline - 1 mg			
		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
85		Etomidate - 40 mg			
86		Succinylcholine - 200 mg			
87		Vecuronium - 10 mg			
88		Ketamine - 800 mg			
89	1 ea.	controlled access system ²⁶			
90	4 ea.	1 cc syringes			
91	2 ea.	3-5 cc syringes			
92	2 ea.	18 or 19 g blunt needles			
93	2 ea.	21g or 22g needles (1 1/2 inches appropriate for IM injection)			
94	2 ea.	intranasal medication delivery device			
95	2 ea.	10 cc syringes			

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Line #	No. Of Items	Description	Pass	Fail	Notes
Intravenous Equipment & Supplies ^{27 & 46}					
95	4 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24) ²⁷			
96	2 ea.	IO needles size (15g & 18g if manual) (15mm, 25mm & 45mm if mechanical) ²⁷			
97	3 sets	IV admin. Sets (2 capable 10-15 drops per min and 1 capable of 60 drops per min or variable flow rate)			
98	4 ea.	1000 cc bags Ringers Lactate ^{40, 27}			
99		site preparation materials			
100		normal saline (for saline lock) (OPTIONAL)			
101		saline lock (OPTIONAL)			
		blood draw supplies (required if jurisdiction performs this skill)			
102	3 ea.	blood tubes (color of tube tops may vary by jurisdiction) ²⁷			
103	3 ea.	blood tubes with anticoagulant (color of tube tops may vary by jurisdiction) ²⁷			
104	2 ea.	vacutainers			
105	1 ea.	portable sharps container			
106	2 ea.	3 way Stop Cocks with extension tubing ²⁷			
107	2 ea.	non-coring right angle needle (e.g., Huber Needles) ²⁷			
108	1 ea.	adult IV arm board			
109	1 ea.	pediatric IV arm board (maximum width 2")			
Intubation Kit ²⁷					
110	1 set	Miller blades (0, 1, 2, 3, 4)			
111	1 set	McIntosh blades (1, 2, 3, 4)			
112	1 ea.	large laryngoscope handle with spare batteries			
113	1 ea.	small laryngoscope handle with spare batteries (OPTIONAL)			
114	1 ea.	spare laryngoscope bulbs (OPTIONAL)			
115	2 ea.	ET tubes cuffed (6, 7, 8, 9) ²⁷			
116	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5) ²⁷			
117	1 ea.	flexible tracheal tube guide (OPTIONAL)			
118	2 ea.	adult stylette ²⁷			
119	2 ea.	pediatric/infant stylette ²⁷			
120	2 ea.	roll 1" medical tape			
121	2 ea.	10 cc syringes			
122	1 ea.	large Magill forceps			
123	1 ea.	small Magill forceps			
124	1 ea.	water soluble lubricant (1 tube or 6 packs)			
125	1 ea.	end tidal carbon dioxide detector (electronic) pediatric and adult ³¹			
126	1 set	non-latex pharyngeal tube airway device (all sizes per protocol)			
127	1 ea.	ET tube holders			
128	1 ea.	suction device for meconium			
129	1 ea.	BAAM (Beck Airway-Airflow Monitor)			
130	1 ea.	esophageal detection device (OPTIONAL)			

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Line #	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies					
131	2 ea.	adult nasal cannula			
132	2 ea.	adult non-rebreather			
133	2 ea.	pediatric nasal cannula			
134	2 ea.	pediatric non-rebreather			
135	1 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
136	1 ea.	transparent adult face mask			
137	1 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
138	1 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
139	1 set	pediatric transparent face masks (neonate through small adult; a set is 4 sizes)			
140	1 set	oropharyngeal airways (newborn through large adult; a set is 6 sizes)			
141	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes) ²⁷			
Portable Oxygen Kit					
142	2 ea.	medical oxygen cylinder with at least 300 L capacity ("E," "D," or Super D Size) (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
		all portable bottles must be secured to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years ⁷			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) ²²			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1.5 LPM when setting between 6 & 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

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Line #	No. Of Items	Description	Pass	Fail	Notes
Portable Suction Unit					
143	1 ea.	portable suction unit, battery-powered, capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
144		assorted catheters 6F-16F & rigid suction tips ^{12, 27}			
Immobilization Equipment (OPTIONAL)					
145	2 ea.	full spinal immobilization device that meets OSHA standards (OPTIONAL) ¹⁵			
146	1 ea.	half spinal immobilization device that meets OSHA standards (OPTIONAL) ¹⁵			
147	6 ea.	9' straps or equivalent to immobilize 2 patients on long boards ¹⁶ (OPTIONAL)			

Maryland Voluntary Ambulance Inspection Definitions & Guidelines

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, straps, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name/number (not just initials); 2) Jurisdiction.

Personal Protective Equipment (PPE)

Each riding member will have his/her own PPE. Should this not be available, the company will supply suitable gear for members responding on that call. This PPE shall meet the requirements stated within “Maryland Fire Service Health and Safety Consensus Standard, January 1, 2002. (Section .08): provide PPE to its members commensurate with the level of hazard and response expected.”

Safety

To prevent injury resulting from the recognized hazard of loose items in the patient compartment, we are providing the following information. It is intended that this information assist you when storage of items in the patient compartment becomes an issue. Delivering EMS requires the use of many individual items of medical equipment and supplies. Ambulance manufacturers and retrofitters do not consistently provide engineered storage for these items. Items may therefore be loosely stored in the patient compartment, becoming projectiles in the event of a near miss, collision, or rollover. It is recommended that all loose items not actively in use for patient care shall be stored in a crashworthy fashion. All loose items of greater than nominal weight shall be stored within positively latching compartments with latches and hinges bolted through the frame or otherwise restrained in a crashworthy fashion. Crashworthy systems may not incorporate distensible components such as rubber straps or hook-and loop (e.g., Velcro™) fasteners. The inspector’s test for crashworthiness of retention systems other than those governed by an existing standard (e.g., Ambulance Manufacturers’ Division oxygen cylinder retention standard 003) shall be whether the item can be removed from place without unlatching or unbuckling the retention system. “Crashworthy” shall be defined as meaning that supplies, equipment, oxygen systems, patient litters, and wheelchairs will remain in place during a serious collision or vehicle rollover. ***Please refer to the Appendix on page 30 of this document for more information.***

Equipment Footnotes

The numbers correspond with the footnote numbers on the equipment checklist forms.

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| 1. | Hypoallergenic tape | Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if it is. |
| 2. | Cravats | If not commercially prepared and packaged, the minimum size is 36"x 36". |
| 3. | N95 Respirator | N95 needs to be fit tested for a proper fit. |
| 4. | Penlights | Should be disposable, AA or AAA type. |
| 5. | Maryland Triage Tag Kit | Should include 25 Maryland triage tags (current) enough (red, yellow, green, and black ribbon) to triage 25 patients. This kit should also include the paper work to be used with the barcodes in the treatment areas and transportation areas (download at miemss.org/home/documents). Triage tags can be obtained through your MIEMSS Regional Office. |
| 6. | Oxygen | Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Printed material regarding the importance and the specifications of these brackets may be obtained from your local MIEMSS Regional Office. Cup and yolk assemblies are acceptable if stored inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured. |
| 7. | Cylinders (all sizes) | <u>Steel cylinders</u> with a stamped hydrostatic test date followed by a star is acceptable for 10 years. Without any symbol, it is good for 5 years. An <u>aluminum cylinder</u> is good for 5 years. |
| 8. | Oxygen | On-board tanks must have at least 300 psi. |
| 9. | Line pressure | On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should be plus or minus by 10psi. The gauge may be adjusted if possible or the OIC will be notified. |
| 10. | Road Triangles | Flares are not an acceptable substitute. |
| 11. | <i>This footnote intentionally left blank.</i> | |
| 12. | Suction catheters | Assorted sizes: one must be between 6 and 12 fr. AND one between 12 and 16 fr. |
| 13. | Stretcher mattress & pillow | Split or torn mattresses are unacceptable. Moisture-proof protective covers shall be provided for the mattress and for any reusable pillows. |
| 14. | Stair chair | If it is stored in the patient compartment, it must be secured with non elastic straps. Loose, heavy objects or equipment not secured in the patient compartment could cause injury if the ambulance is in a crash. |
| 15. | Backboards | If wooden, must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor bloodborne pathogens. |
| 16. | 9 ft. strap | Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps. |

Equipment Footnotes (continued)

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| 17. | Board splints | Cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints. Split or torn splints are unacceptable. |
| 18. | 5 lb. fire extinguisher | Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in outside compartment. |
| 19. | Sharps container | Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible). For further information, see <i>Bloodborne Facts: Protect Yourself When Handling Sharps</i> (their website is located at: http://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.pdf) and <i>Exposure to Blood: What Healthcare Personnel Need to Know</i> (their website is located at: http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf). |
| 20. | Portable Suction | As of 10/1/2009: Res-Q-Vac® is one manufacturer that will meet this standard. There are other manufacturers that will meet the testing standard, but currently do not offer the full range of catheters. |
| 21. | Gastric tubes | Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended. |
| 22. | Oxygen Regulator | Can be separate or in combination with oxygen pressure gauge. |
| 23. | Oxygen Regulator | Can be separate or in combination with oxygen reduction valve. |
| 24. | Medications | All medications and IV solutions should be within the manufacturer's expiration date. |
| 25. | Dopamine | Premixed bags are acceptable. |
| 26. | Controlled Access | DEA controlled substances (Fentanyl, morphine, and midazolam) must be under double lock. This approach may take a number of forms reflective of operating requirements, but should be approached systematically. <u>Inventory control tags are not an acceptable locking mechanism.</u> |
| 27. | Items with Expiration Dates | All medical supplies should be within the manufacturer's expiration date. |
| 28. | Pneumothorax Kit | Kit must include a 12 or 14 gauge catheter, Heimlich valve, appropriate connecting tubing, and skin preparation materials. An Asherman chest seal is not acceptable. |
| 29. | Linen | Freshly laundered or disposable linen will be acceptable. |
| 30. | Child Safety Seat | FMVSS-213 must be printed on the manufacturer's label. Devices compliant with NHTSA 2012 are also acceptable. |
| 31. | <i>This footnote intentionally left blank.</i> | |
| 32. | AEDs | All AEDs purchased after January 1, 2010 must be pediatric capable. All AEDs on EMS transport units must be pediatric capable as of July 1, 2016; AEDs on ALL response units must be pediatric capable by July 1, 2016. |
| 33. | Required Documents | Required documents must be current and may be either a print or electronic version. All should be easily accessible from the patient compartment. The pocket version of the Maryland Medical Protocols for EMS Providers is not acceptable. |
| 34. | PDR or Equivalent | This is optional; however, must be current within two years. May be electronic. |

Equipment Footnotes (continued)

35. Pulse oximetry may be integrated with cardiac monitor.
36. Cardiac monitor Shall have synchronized cardioversion and pacing capabilities.
37. Pediatric IV Arm Boards Fluid resistant or disposable padded board with a maximum width of 2".
38. Hemostatic impregnated dressing All hemostatic dressings must be impregnated with either chitosan or kaolin. Additionally, dressings must be in the form of either roller gauze or trauma dressings (2x2 and/or 4x4 dressings are not acceptable). Granular or gel based products applied directly to a wound are **not** acceptable.
39. Epinephrine Epinephrine for BLS may be carried in one of the following forms: the auto-injector or with approval and completed training meeting the optional supplemental epinephrine 1:1,000 protocol (preloaded syringe, or in single use vial containing one mg in one mL).
40. Packaging Packaging of medications or IV solutions may vary, but quantities must be met.
41. Pediatric Reference Guide This guide must include equipment and medication dosage based upon age or length, such as chart or tape. It must also include current AHA Pediatric Guidelines.
42. EpiPens If a unit is dedicated as ALS, EpiPens are not required. If the unit is used as a BLS and ALS unit, EpiPens or equivalent must be carried (See footnote 39).
43. Biohazard Items This item should be provided for each seated position on the unit with a minimum number of two.
44. AED Required for the BLS First Responder certification if a monitor/defibrillator is not assigned to the unit. To be considered an ALS Engine, a monitor/defibrillator must be assigned to the unit.
45. Acetaminophen Do not use multidose bottle of liquid; tablets may be carried for children >13, however do not satisfy the medication quantity requirements.
46. IV/Medication Delivery Needleless system and safe sharps recommended.
47. BLS Equipment Requirements If a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto-injector and AED requirements.
48. 12-Lead acquisition device Must be available on all ALS transport units. This applies to chase cars or ALS engines if these units are used to upgrade a BLS unit making it an ALS transport unit.
49. Appropriate disinfectant Solutions are effective against bloodborne pathogens and those present in other potentially infectious materials as defined by OSHA. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and M. tuberculosis (TB).
50. Sphygmomanometers Aneroid blood pressure cuffs that are greater than one year old should be calibrated by a trained technician at least annually and more often if:
1. Recommended by the manufacturer, or
 2. Subjected to rough handling.
51. Cot Safety Straps Must be attached to cot with a manufacturer approved hardware.

Equipment Footnotes (continued)

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|-----|------------------------|--|
| 52. | Gloves | Must meet the emergency medical examination glove requirements of NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations, 2013 edition. http://www.nfpa.org/ . |
| 53. | Glucometer Supplies | Kit must include lancets, test strips, alcohol wipes, and band-aids. |
| 54. | Non-Latex Equipment | All personal protective equipment and patient care equipment and supplies must be non-latex. |
| 55. | Climate Control System | Patient compartment air conditioner should be blowing at a temperature of at least 65 degrees or lower at the air vents. |

Appendix

Any vehicle purchased after the adoption of this document must be compliant with the most current KKK-Standard.

Federal Specification for the Star-of Life Ambulance KKK-A-1822F, August 1, 2007

<http://www.ntea.com/WorkArea/downloadasset.aspx?id=1352>

3.11.1.1 *Supplies, devices, tools, etc., shall be stored in enclosed compartments and drawers designed to accommodate the respective items. All medical devices and equipment shall be stowed or properly fastened in/on the action area according to the medical device manufacturer's directions.*

OSHA - <http://www.osha.gov>

- **Bloodborne Pathogens;**

1910.1030(d)(4)(ii)(A) - Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

- **Sharp Container Standards;**

1910.1030(d)(4)(iii)(A)(2) - During use, containers for contaminated sharps shall be:

1910.1030(d)(4)(iii)(A)(2)(i) - Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

1910.1030(d)(4)(iii)(A)(2)(ii) - Maintained upright throughout use; and

1910.1030(d)(4)(iii)(A)(2)(iii) - Replaced routinely and not be allowed to overfill.

- **Respiratory protection**

29 CFR 1910.134(a)(2) -Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators that are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section.

Personal Notes

