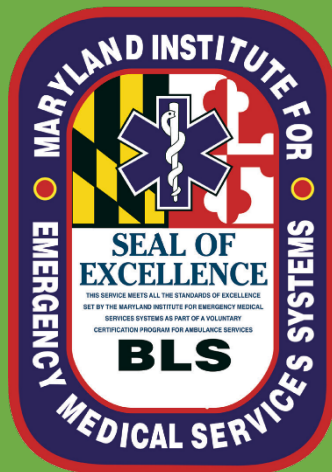




*Maryland Institute for Emergency Medical Services Systems*

***VOLUNTARY AMBULANCE  
INSPECTION PROGRAM –  
SEAL OF EXCELLENCE***



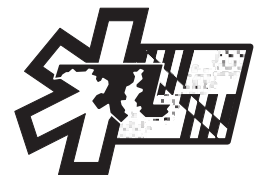
*Voluntary Ambulance Inspection Program Standards (January 2020)*



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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

*Clay B. Stamp, NRP*  
Chairman  
Emergency Medical  
Services Board

*Theodore R. Delbridge, MD, MPH*  
Executive Director

410-706-5074  
FAX 410-706-4768

To the Maryland EMS Community:

The Regional Medical Directors have reviewed this 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 are available on each EMS unit. The VAIP standards address the minimum medication requirements of the 2020 *Maryland Medical Protocols for Emergency Medical Services* with the understanding that any EMS Operational Program may stock additional quantities of protocol-compliant supplies or medications to meet the Jurisdictional Medical Directors’ requests or operational needs. The revised standards account for ongoing medication shortages and the ability of many jurisdictions to resupply promptly after a call for service.

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 ensure appropriately stocked vehicles for an effective response.

If you have any questions regarding the additions or revisions contained in this update, please contact your MIEMSS Regional Office. Thank you for your continued efforts in making the Maryland EMS system a world leader in the delivery of emergency care.

Timothy P. Chizmar, 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 (2020) inspection guidelines, which undergo periodic review, were developed jointly by a workgroup of EMS stakeholders from throughout the State 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 Emergency Medical Services*. 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 Emergency Medical Services*.

Additional copies of this document, dated 2020, may be obtained from your MIEMSS Regional Office or downloaded from the MIEMSS website ([www.miemss.org](http://www.miemss.org)). Your MIEMSS Regional Office can answer questions you may have regarding the program 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 5 of this document.

## Regional Offices

- Region I *Allegany and Garrett Counties*  
Dwayne Kitis - Regional Administrator  
Office: 301-895-5934 or 301-746-8636  
Fax: 301-895-3618  
Email: [dkitis@miemss.org](mailto:dkitis@miemss.org)
- Region II *Frederick and Washington Counties*  
Dwayne Kitis - Regional Administrator  
Office: 301-895-5934 or 301-746-8636  
Fax: 301-895-3618  
Email: [dkitis@miemss.org](mailto:dkitis@miemss.org)
- Region III *Baltimore, Carroll, Harford, Howard, Anne Arundel Counties, and Baltimore City*  
Jeffrey Huggins - Regional Administrator  
Office: 410-706-3996  
Fax: 410-706-8530  
Email: [jhuggins@miemss.org](mailto:jhuggins@miemss.org)
- Region IV *Caroline, Cecil, Dorchester, Talbot, Worcester, Wicomico, Queen Anne's, Kent, and Somerset Counties*  
John Barto - Regional Administrator  
Office: 410-822-1799  
Fax: 410-822-0861  
Email: [jbarto@miemss.org](mailto:jbarto@miemss.org)
- Region V *Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties*  
Luis Pinet Peralta - Regional Administrator  
Office: 301-474-1485  
Email: [lpinetperalta@miemss.org](mailto:lpinetperalta@miemss.org)

# Seal of Excellence Application

Applications can be completed at: [www.miemss.org/home/regional-programs](http://www.miemss.org/home/regional-programs)

## Voluntary Ambulance Inspection Program Application

Please complete this form and upload all attachments before submitting.

**EMS Operational Program**

**Date of Application**

**Company Name (if applicable)**

**Principal Physical Address of the Entity**

**Mailing Address (if different)**

**Name of Principal Contact**

**Title of Principal Contact**

**Email Address of Principal Contact**

**Phone Number of Principal Contact**

**Type of Service**

# Seal of Excellence Application

Date of Application: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Date Application Received: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Indicate number of vehicles 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 from Street 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.

- a) 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 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 8).

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)





### BLS – First Responder Unit

Company: \_\_\_\_\_ Fleet ID: \_\_\_\_\_

VIN: \_\_\_\_\_ Inspector: \_\_\_\_\_

Insp Date: \_\_\_\_\_ Needs Decal: Yes/No (Quantity: \_\_\_\_\_)

Deficiencies	Corrected

Line #	Quantity	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 (for burns)			
4	1 ea.	Maryland Triage Kit: Enough triage tags and color-coded ribbons to triage 25 patients. Kits must contain paperwork for the treatment and transportation areas from MIEMSS webpage.			
5	-	ANSI 207-2006 class II reflective safety vests for each crew member			
6	1 ea.	PHMSA Emergency Response Guidebook (ERG): Current edition in either print or electronic format			
7	1 ea.	Environmental carbon monoxide alarming device (OPTIONAL)			
8	1 ea.	Commercially available tourniquet capable of stopping arterial blood flow			
Portable First Aid Kit					
9	12 ea.	Sterile gauze pads (min. 4" x 4")			
10	4 ea.	Sterile dressings (min. 5" x 9")			
11	1 ea.	Hemostatic impregnated dressing (OPTIONAL): Impregnated with either chitosan or kaolin. Form of either roller gauze or trauma dressings (2" x 2" and/or 4" x 4" dressings are not acceptable).			
12	8 rolls	Self-adhering gauze bandages (various sizes 2"- 6")			
13	4 ea.	Cravats (triangular bandages): Minimum size is 36" x 36".			
14	2 ea.	Cold packs			
15	1 ea.	Bottle normal saline and/or sterile water (500cc): Check exp. date			
16	1 ea.	Commercially available tourniquet capable of stopping arterial blood flow			
17	2 rolls	1" medical tape (hypoallergenic tape must be available)			
18	1 ea.	Ring cutter			

BLS – First Responder Unit					
Portable First Aid Kit (continued)					
19	1 ea.	Bandage scissors or rescue shears (at least 5.5")			
20	1 ea.	Penlight (narrow beam flashlight acceptable): Should be disposable, AA or AAA type.			
21	1 ea.	Stethoscope (must be pediatric-capable)			
22	1 ea.	Adult BP cuff (regular): Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex.			
23	1 ea.	Adult BP cuff (large): Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex.			
24	1 ea.	Child BP cuff: Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex.			
25	6 pairs	Non-latex exam gloves (assorted sizes): Must meet the emergency medical examination glove requirements of NFPA 1999, 2013 edition.			
26	1 ea.	Portable sharps container			
27	1 ea.	Pulse oximeter (OPTIONAL) (peds and adult sensors recommended)			
28	1 ea.	Clean kit large enough to carry all supplies in "Portable First Aid Kit"			
Medications and Delivery Devices (Check for exp. dates)					
29	325mg	Aspirin (chewable)			
30	2 ea.	Glucose paste tubes			
31	4mg	Naloxone (Narcan) (OPTIONAL)			
32	2 ea.	Intranasal medication delivery device (OPTIONAL)			
33	1 ea.	Epinephrine auto-injector (adult) (OPTIONAL): Manual draw-up epi may be substituted if jurisdiction is approved for the optional protocol			
34	1 ea.	Epinephrine auto-injector (pediatric) (OPTIONAL): Manual draw-up epi may be substituted if jurisdiction is approved for the optional protocol			
35	-	DuoDote (quantity and location determined by jurisdiction) (OPTIONAL)			
AED (Check for exp. dates)					
36	1 ea.	AED			
37	2 ea.	AED pads (adult)			
38	1 ea.	AED pads (pediatric) (if AED is pediatric-capable)			
39	1 ea.	Spare battery (if required)			
40	1 ea.	Razor			
41	1 ea.	Washcloth or towel appropriate for drying torso (OPTIONAL)			

BLS – First Responder Unit					
Biohazard Items					
42	-	Surgical masks: Should be provided for each seated position on the unit, with a minimum number of two.			
43	-	Gowns (impenetrable to body fluids): Should be provided for each seated position on the unit, with a minimum number of two.			
44	-	Eye/facial shield (may be combined with mask): Should be provided for each seated position on the unit, with a minimum number of two.			
45	-	Particulate respirator N95 or greater for each crew member: N95 must be fit tested for a proper fit. Should be provided for each seated position on the unit, with a minimum number of two.			
46	1 ea.	Appropriate disinfectant: Effective against bloodborne pathogens. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV), and M. tuberculosis (TB).			
Oxygen Supplies					
47	2 ea.	Nasal cannula (adult)			
48	2 ea.	Nasal cannula (pediatric)			
49	2 ea.	Non-rebreather mask (adult)			
50	2 ea.	Non-rebreather mask (pediatric)			
51	1 ea.	Adult (1,000 – 1,200 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 face mask (adult)			
	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			
53	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			
54	1 set	Transparent face mask (neonate through small adult; a set is 4 sizes): Masks can be included with BVM			
55	1 set	Oropharyngeal airway (newborn through large adult; a set is 6 sizes)			
56	1 set	Nasopharyngeal airways (18 Fr – 34 Fr; a set is 6 sizes): Check exp. date			
57	1 ea.	Water soluble lubricant (1 tube or 3 packets): Check exp. date			

BLS – First Responder Unit					
Portable Oxygen Kit					
58	2 ea.	Medical oxygen cylinder with at least 300 L capacity (required “E,” “D,” or super D size): Portable tanks minimum of 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. (#1) 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: 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.			
		Regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity-dependent): Can be separate or combined with oxygen pressure gauge.			
		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 at 4 LPM (3 – 5 LPM)			
		Accurate within 1.5 LPM when setting between 6 and 10 LPM Test reading of __LPM when flowmeter set at 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 at 15 LPM (13 – 17 LPM)			
Portable Suction Unit					
59	1 ea.	Manual pumps must meet the same testing requirements as a battery-operated suction device, and have the following:			
		All of the required manufacturer parts			

BLS – First Responder Unit					
Portable Suction Unit (continued)					
		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 at 4 sec. ____in/Hg			
		A free air flow of at least 20 LPM at the end of the suction tube Test reading ____LPM			
60	-	Assorted catheters 6 – 16 Fr and rigid suction tips: One must be between 6 and 12 Fr AND one between 12 and 16 Fr (Check exp. Date)			
First Responder Unit Vehicle					
61		Functional emergency warning lights			
62		Functional emergency audible warning devices (not horn)			
63		Functional head, tail, and signal lights			
64	1 ea.	Radio w/ capability to communicate with PSAP/EMRC			

**BLS – Ambulance**

Company: \_\_\_\_\_ Fleet ID: \_\_\_\_\_

VIN: \_\_\_\_\_ Inspector: \_\_\_\_\_

Insp Date: \_\_\_\_\_ Needs Decal: Yes/No (Quantity: \_\_\_\_\_)

Deficiencies	Corrected

Line #	Quantity	Description	Pass	Fail	Notes
<b>General Supplies</b>					
1	12 ea.	Sterile gauze pads (min. 4" x 4")			
2	8 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	8 ea.	Cravats (triangular bandages): Minimum size is 36" x 36"			
6	12 rolls	Self-adhering gauze bandages (various sizes 2" – 6")			
7	2 liters	Sterile saline or sterile water (check exp. date)			
8	1ea.	Clean linen sheet or Mylar blanket suitable for burns			
9	2ea.	Obstetrical (OB) kits (commercially packaged)			
10	8 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): Impregnated with either chitosan or kaolin. Form of either roller gauze or trauma dressings (2" x 2" and/or 4" x 4" dressings are not acceptable).			
14	2 rolls	2" medical tape (some hypoallergenic tape must be available)			
15	2 rolls	1" medical tape (some hypoallergenic tape must be available)			
16	1 box	Assorted bandage strips			
17	1 ea.	Penlight (narrow beam flashlight acceptable): Should be disposable, AA or AAA type			
18	1 ea.	Bandage scissors or rescue shears (at least 5.5")			
19	1 ea.	Stethoscope (must be pediatric-capable)			
20	1 ea.	Pulse oximeter (pediatric and adult sensor)			

BLS – Ambulance					
General Supplies (continued)					
21	1 ea.	Adult BP cuff (regular): Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex			
22	1 ea.	Adult BP cuff (large): Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex			
23	1 ea.	Child BP cuff: Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex			
24	1 ea.	Infant BP cuff: Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex			
25	1 ea.	Non-invasive carbon monoxide patient monitoring device (pediatric and adult sensor) (OPTIONAL)			
26	1 ea.	Temperature measurement device (digital or strips)			
27	1 ea.	Glucometer kit: Must include lancets, test strips, alcohol wipes, and adhesive bandages (i.e., Band-Aids). (Check exp. dates on strips.)			
28	1 ea.	Urinal			
29	1 ea.	Bedpan			
30	1 ea.	Facial or toilet tissue			
31	2 ea.	IV solution hangers			
32		Soft restraints: If cravats are used, 2 additional needs to be added to the current count, for a total of 10.			
33	1 ea.	Maryland Triage Kit: Enough triage tags and color-coded ribbons to triage 25 patients. Kits must contain paperwork for the treatment and transportation areas from MIEMSS' webpage			
34	1 ea.	Maryland Medical Protocols for Emergency Medical Services: Current edition in either print or electronic format.			
Portable First Aid Kit					
35	12 ea.	Sterile gauze pads (min. 4" x 4")			
36	4 ea.	Sterile dressings (min. 5" x 9")			
37	1 ea.	Hemostatic impregnated dressing (OPTIONAL): Impregnated with either chitosan or kaolin. Form of either roller gauze or trauma dressings (2" x 2" and/or 4" x 4" dressings are not acceptable.			
38	8 rolls	Self-adhering gauze bandages (various sizes 2" - 6")			
39	4 ea.	Cravats (triangular bandages): Minimum size is 36" x 36".			
40	2 ea.	Cold packs			
41	1 ea.	Bottle normal saline and/or sterile water (500cc): Check exp. date			



BLS – Ambulance					
Portable First Aid Kit (continued)					
42	1 ea.	Commercially available tourniquet capable of stopping arterial blood flow			
43	2 rolls	1” medical tape (hypoallergenic tape must be available)			
44	1 ea.	Ring cutter			
45	1 ea.	Bandage scissors or rescue shears (at least 5.5”)			
46	1 ea.	Penlight (narrow beam flashlight acceptable): Should be disposable, AA or AAA type			
47	1 ea.	Stethoscope (must be pediatric-capable)			
48	1 ea.	Adult BP cuff (regular): Aneroid blood pressure cuffs should be calibrated as recommended by the manufacturer. Must be non-latex			
49	6 pairs	Non-latex exam gloves (assorted sizes): Must meet the emergency medical examination glove requirements of NFPA 1999, 2013 edition.			
50	1 ea.	Portable sharps container			
51	1 ea.	Clean kit large enough to carry all supplies in “Portable First Aid Kit”			
Medications and Delivery Devices (Check for expiration dates)					
52	4 ea.	Acetaminophen (liquid, 160mg/5mL, single unit dose): Tablets may be carried for children greater than 13 years of age, however, they do not meet the medication requirements.			
53	1 ea.	Activated charcoal without sorbitol – 100g			
54	325mg	Aspirin (chewable)			
55	2 ea.	Glucose paste tubes			
56	4mg	Naloxone (Narcan)			
57	2 ea.	Intranasal medication delivery device			
58	1 ea.	Epinephrine auto-injector (adult): Manual draw-up epi may be substituted if jurisdiction is approved for the optional protocol			
59	1 ea.	Epinephrine auto-injector (pediatric): Manual draw-up epi may be substituted if jurisdiction is approved for the optional protocol			
60	-	DuoDote (quantity and location determined by jurisdiction) (OPTIONAL)			
AED (Check for exp. dates)					
61	1 ea.	AED			
62	2 ea.	AED pads (adult)			
63	1 ea.	AED pads (pediatric) (if AED is pediatric-capable)			
64	1 ea.	Spare battery (if required)			
65	1 ea.	Razor			
66	1 ea.	Washcloth or towel appropriate for drying torso (OPTIONAL)			

BLS – Ambulance					
Biohazard Items					
67	3 boxes	Non-latex exam gloves (assorted sizes S-XL): Must meet the emergency medical examination glove requirements of NFPA 1999, 2013 edition.			
68	-	Surgical masks: Should be provided for each seated position on the unit, with a minimum number of 2.			
69	-	Gowns (impenetrable to body fluids): Should be provided for each seated position on the unit, with a minimum number of 2.			
70	-	Eye/facial shield (may be combined with mask): Should be provided for each seated position on the unit, with a minimum number of 2.			
71	-	Particulate respirator N95 or greater for each crew member: N95 needs to be fit tested for a proper fit. Should be provided for each seated position on the unit, with a minimum number of 2.			
72	1 ea.	Appropriate disinfectant: Effective against blood borne pathogens. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV), and M. tuberculosis (TB).			
73	2 ea.	Basins or convenience bags			
74	5 ea.	Appropriate plastic sealable bags for biohazard items, either red bags or bags with biohazard stickers			
75	1 ea.	Suitable container for trash and soiled supplies (must be secured and covered)			
76	1 ea.	Secure container to safely dispose of sharps: Must be secured. 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)			
77	-	Ambulance interior clean and disinfected			
Linen Supplies					
78	4 ea.	Sheets: Freshly laundered or disposable linen will be acceptable			
79	4 ea.	Towels: Freshly laundered or disposable linen will be acceptable			
80	2 ea.	Blankets, of cotton or other non-conductive material: Freshly laundered or disposable linen will be acceptable			
81	1 ea.	Pillow (non-absorbent or disposable) (OPTIONAL): Split or torn pillows are unacceptable. Moisture-proof protective covers shall be provided for any reusable pillows.			
82	2 ea.	Pillow case (OPTIONAL): Freshly laundered or disposable linen will be acceptable			

BLS – Ambulance					
Oxygen Supplies					
83	2 ea.	Nasal cannula (adult)			
84	2 ea.	Nasal cannula (pediatric)			
85	2 ea.	Non-rebreather mask (adult)			
86	2 ea.	Non-rebreather mask (pediatric)			
87	1 ea.	Adult (1,000 – 1,200 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			
88	1 ea.	Transparent face mask (adult)			
89	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			
90	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			
91	1 set	Transparent face mask (neonate through small adult; a set is 4 sizes): Masks can be included with BVM			
92	1 set	Oropharyngeal airway (newborn through large adult; a set is 6 sizes)			
93	1 set	Nasopharyngeal airways (18 Fr – 34 Fr., a set is 6 sizes): Check exp. date			
94	1 ea.	Water soluble lubricant (1 tube or 3 packets): Check exp. date			
Portable Oxygen Kit					
95	2 ea.	Medical oxygen cylinder with at least 300 L capacity, (required “E,” “D,” or super D size): 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. (#1) 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			

BLS – Ambulance				
Portable Oxygen Kit (continued)				
		Passed hydrostatic testing within the past 5 years: Steel cylinders with a tamped 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.		
		Regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity-dependent). Can be separate or combined with oxygen pressure gauge.		
		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 at 4 LPM (3 – 5 LPM)		
		Accurate within 1.5 LPM when setting between 6 and 10 LPM Test reading of __LPM when flowmeter set at 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 at 15 LPM (13 – 17 LPM)		
Portable Suction Unit				
96	1 ea.	Manual pumps must meet the same testing requirements as a battery-operated suction device, and have the following:		
		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 mmHg) within 4 seconds of clamping Test reading at 4 sec. ___in/Hg		
		A free air flow of at least 20 LPM at the end of the suction tube Test reading ___LPM		
97	-	Assorted catheters 6 – 16 Fr and rigid suction tips: One must be between 6 and 12 Fr AND one between 12 and 16 Fr (Check exp. date)		

BLS – Ambulance					
On-Board Installed Piped Oxygen					
98	1 ea.	Installed piped oxygen of at least 3,000L capacity: Must have at least 300 psi.			
		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 last 5 years. Steel cylinders with a stamped hydrostatic test date followed by a star are acceptable for 10 years. Without any symbol, they are good for 5 years. An aluminum cylinder is good for 5 years.			
		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 at 4 LPM (3 – 5 LPM)			
		Accurate within 1.5 LPM when setting between 6 and 10 LPM Test reading of __LPM when flowmeter set at 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 at 15 LPM (13 – 17 LPM)			
On-Board Suction					
99		On-board suction, fixed system			
		Adjustable suction force			
		Must be able to develop 11.81 inches of water vacuum (300 mmHg) within 4 seconds of clamping Test reading at 4 sec. ___in/Hg			
		A free air flow of at least 20 LPM at the end of the suction tube Test reading ___LPM			
100		Assorted catheters 6 – 16 Fr and rigid suction tips. One must be between 6 and 12 Fr AND one between 12 and 16 Fr (Check exp. dates)			
Carrying Devices					
101	1 ea.	Cot with mattress, 4 wheels, and adjustable head position. Split or torn mattresses are unacceptable.			
102	3 ea.	Safety straps with integrated shoulder harness. Attached with manufacturer-approved hardware.			

BLS – Ambulance					
Carrying Devices					
103	1 ea.	Stair chair. If stored in the patient compartment, it must be secured with non-elastic straps			
Immobilization Equipment					
104	1 ea.	Full backboard that meets OSHA standards, free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor blood borne pathogens.			
105	3 ea.	9’ straps or equivalent to immobilize 1 patient on long board			
106	1 set	Head immobilization device (head blocks or blanket rolls)			
107	2 sets	Extrication collars (5 sizes per set, or 2 adult and 2 pediatric adjustable collars)			
108	1 ea.	Half-spinal immobilization device, with appropriate straps, that meets OSHA standards			
109	1 ea.	Orthopedic stretcher			
110	1 ea.	Adult leg traction splint with ankle hitch			
111	1 ea.	Pediatric leg traction splint with ankle hitch			
112	2 ea.	Padded board splints (15” x 3”) (bio-safe) (Split or torn splints are unacceptable)			
113	2 ea.	Padded board splints (36” x 3”) (bio-safe) (Split or torn splints are unacceptable)			
114	2 ea.	Padded board splints (54” x 3”) (bio-safe) (Split or torn splints are unacceptable)			
115	1 ea.	Pediatric immobilization board (OPTIONAL)			
Safety Equipment					
116	1 ea.	Child safety seat (meets the injury criteria within FMVSS 213)			
117	1 ea.	Fire extinguisher (5 lb. multipurpose dry chemical). Check label or bottom of cylinder for date. Must be mounted or secured. May be mounted in outside compartment.			
118	2 ea.	Portable hand lights assigned to unit			
119	1 ea.	“NO SMOKING” sign in patient compartment			
120	3 ea.	Reflective road hazard triangles or 3 small traffic cones (Flares are not an acceptable substitute)			
121		Restraint devices in working order for all seated positions in patient’s compartment			
122		ANSI 207-2006 class II reflective safety vests for each crew member			
123		PHMSA Emergency Response Guidebook (ERG) Current edition in either print or electronic format			
124		Environmental carbon monoxide alarming device (OPTIONAL)			

BLS – Ambulance					
Extrication Equipment					
125	1 ea.	Open-ended adjustable wrench			
126	1 ea.	Screwdriver, standard slot blade			
127	1 ea.	Screwdriver, Phillips type			
128	1 ea.	Pliers, tongue and groove, adjustable			
129	1 ea.	Pliers, self-locking			
130	1 ea.	Hammer or flathead axe			
131	1 ea.	Spring-loaded punch			
BLS – Ambulance					
Extrication Equipment (continued)					
		The following equipment is strongly recommended if an emergency vehicle capable of providing heavy rescue is not readily available within 10 minutes			
132	1 ea.	Vehicle stabilization devices			
133	1 ea.	Bolt cutter, with 1.25” jaw opening			
134	1 ea.	Portable power jack and spreader tool			
135	1 ea.	Shovel, 49” with pointed blade			
136	1 ea.	Flathead axe or equivalent			
137	1 ea.	Halligan tool or equivalent			
Ambulance Vehicle					
138		Functional climate control system (both heating and cooling)			
139		Functional emergency warning lights			
140		Functional emergency audible warning devices (not horn)			
141		Functional head, tail, and signal lights			
142		All latching mechanisms in patient compartment, including bench seat must be functional			
143		All patient compartment cabinets must be free of sharp or broken edges			
144	1 ea.	Radio w/ capability to communicate with PSAP/EMRC			

**ALS – Ambulance**

Company: \_\_\_\_\_ Fleet ID: \_\_\_\_\_

VIN: \_\_\_\_\_ Inspector: \_\_\_\_\_

Insp Date: \_\_\_\_\_ Needs Decal: Yes/No (Quantity: \_\_\_\_\_ )

Deficiencies	Corrected

Line #	Quantity	Description	Pass	Fail	Notes
1		BLS Ambulance Seal of Excellence Requirements met			
<b>ALS Equipment</b>					
2	1 ea.	Cardiac monitor/defibrillator with the following capabilities: <ul style="list-style-type: none"> <li>• Quick look capability (adult and pediatric)</li> <li>• Waveform capnography</li> <li>• Ability to transfer data into eMEDS® record-transmission (OPTIONAL)</li> </ul>			
3	2 ea.	Multi-function pads (adult) (Check exp. dates)			
4	2 ea.	Multi-function pads (pediatric) (Check exp. dates)			
5	1 set	Monitoring cables			
6	30	Monitoring electrodes			
7	1 ea.	Spare monitor/defibrillator batteries and/or on-board charging system			
8	1 roll	Spare EKG paper			
9	1 ea.	Pulse oximeter			
10	1 ea.	ICD donut magnet			
11	1 ea.	Glucometer kit: must include lancets, test strips, alcohol wipes, and adhesive bandages (i.e., Band-Aids). Check exp. dates on strips.			
12	1 ea.	CPAP device (circuit connecting directly to O2 is acceptable)			
13	2 ea.	CPAP masks/circuits and in-line nebulizers			
14	1 ea.	Ventilator (if participating in optional protocol)			
15	1 ea.	Portable ultrasound device (if participating in pilot protocol)			
16	-	Gastric tubes (8 Fr and various sizes 10 – 16 Fr adult) Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended. Check exp. dates.			
17	1 ea.	Tapered tip lavage syringe – 30 mL (minimum)			
18	2 ea.	14g x 3.25” needle for NDT			
19	1 ea.	Pediatric reference guide			



ALS - Ambulance

Medication and Delivery Devices (Check for exp. dates)

Packing of medications or IV solutions may vary but quantities must be met

20	30 mg	Adenosine			
21	20 mg	Albuterol sulfate			
22	600 mg	Amiodarone			
23	325mg	Aspirin (chewable)			
24	1 mg	Atropine sulfate			
25	8 mg	Atropine sulfate, multi-dose vial			
26	2 g	Calcium chloride			
27	10 mg	Dexamethasone			
28	500 mL	Dextrose 10% solution			
29	50 g	Dextrose 50% (OPTIONAL)			
30	50 mg	Diltiazem			
31	50 mg	Diphenhydramine			
32	400 mg	Dopamine (OPTIONAL) (Premixed bags are acceptable)			
33	6 mg	Epinephrine 1:10,000			
34	3 mg	Epinephrine 1:1,000			
35	40 mg	Etomidate (if participating in RSI pilot)			
36	400mcg	Fentanyl: DEA-controlled substances must be under lock or controlled access system.			
37	3 ea.	Glucagon – 1mg each			
38	10 mg	Haloperidol			
39	-	Hydroxycobalamin (OPTIONAL)			
40	500 mcg	Ipratropium bromide			
41	800 mg	Ketamine: DEA-controlled substances must be under lock or controlled access system.			
42	30 mg	Ketorolac (OPTIONAL)			
43	100 mg	Lidocaine 2%			
44	4 mL	Lidocaine 4%			
45	4 g	Magnesium sulfate			
46	20 mg	Midazolam: DEA-controlled substances must be under lock or controlled access system.			
47	40 mg	Morphine sulfate (OPTIONAL): DEA-controlled substances must be under lock or controlled access system.			
48	6 mg	Naloxone			
49	1 ea.	Nitroglycerin spray/tablet bottle (or 3 individually packaged 0.4mg tablets)			
50	1 g	Nitro paste and applicator			
51	24 mg	Ondansetron (vial or ODT)			
52	150 mEq	Sodium bicarbonate			
53	200 mg	Succinylcholine (if participating in RSI pilot)			
54	10 mg	Vecuronium (if participating in RSI pilot)			
55	2 ea.	Nebulizers			
56	1 ea.	Controlled access system- DEA controlled substances must be under lock or controlled access system.			
57	4 ea.	1 mL syringes			
58	2 ea.	3-5 mL syringes			
59	2 ea.	18g or 19g blunt needles			
60	2 ea.	21g needles (1.5” for IM injection)			
61	2 ea.	10 mL syringes			

ALS - Ambulance					
Medication and Delivery Devices (Continued)					
62	2 ea.	Intranasal medication delivery devices			
Intravenous Equipment and Supplies (Check for exp. dates)					
63	4 ea.	IV catheters (14g, 16g, 18g, 20g, 22g, 24g)			
64	2 ea.	IO needles (15g and 18g if manual) (15mm, 25mm, and 45mm if mechanical)			
65	3 sets	IV admin. Sets (2 capable of 10 – 15 drops/min. and 1 capable of 60 drops/min or variable flow sets)			
66	-	Normal saline: 100cc bag			
67	-	IV bags Lactated Ringer's (Must have 4,000 cc / at least 1 1,000cc bag)			
68	-	Site preparation materials			
69	1 ea.	Adult IV arm board (Short board splint can substitute)			
70	1 ea.	Pediatric IV arm board (max width 2")			
71	2 ea.	Saline flush (OPTIONAL)			
72	2 ea.	Saline lock (OPTIONAL)			
73	2 sets	Blood draw supplies (OPTIONAL Jurisdictional Requirement) <ul style="list-style-type: none"> <li>• 3 ea.-blood tubes (type varies by jurisdiction) (Check exp. dates)</li> <li>• 3 ea.-blood tubes with anticoagulant (type varies by jurisdiction) (Check exp. dates)</li> <li>• Vacutainers</li> </ul>			
74	1 ea.	Portable sharps container			
75	2 ea.	3-way stop cocks with extension tubing			
76	2 ea.	Non-coring right-angle needles (i.e., Huber Needles)			
Intubation Kit (Check for exp. dates)					
77	1 set	Miller blades (0, 1, 2, 3, 4)			
78	1 set	Macintosh 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)			
83	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5)			
84	1 ea.	Flexible tracheal tube guide (i.e., Gum Elastic Bougie) (OPTIONAL)			
85	2 ea.	Adult stylette			
86	2 ea.	Pediatric/infant stylette			
87	2 rolls	1" medical tape			
88	2 ea.	10 mL syringes			
89	1 ea.	Magill forceps (large)			
90	1 ea.	Magill forceps (small)			
91	1 ea.	Water soluble lubricant (1 tube or 3 packets)			
92	1 ea.	ETCO2 (electronic) pediatric and adult			
93	1 set	Non-latex pharyngeal tube airway device (all sizes per protocol)			
94	1 ea.	ET tube holders			

ALS - Ambulance

Intubation Kit (Continued)

95	1 ea.	Suction device for meconium			
96	1 ea.	Beck Airway-Airflow Monitor (BAAM)			
97	1 ea.	Video laryngoscope with recording device (OPTIONAL)			

**ALS – Chase Unit**

Company: \_\_\_\_\_ Fleet ID: \_\_\_\_\_

VIN: \_\_\_\_\_ Inspector: \_\_\_\_\_

Insp Date: \_\_\_\_\_ Needs Decal: Yes/No (Quantity: \_\_\_\_\_)

Deficiencies	Corrected

Line #	Quantity	Description	Pass	Fail	Notes
1		BLS Equipment Requirements: If a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1,000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto-injector and AED requirements.			
ALS Equipment					
2	1 ea.	Cardiac monitor/defibrillator with the following capabilities: <ul style="list-style-type: none"> <li>• Quick look capability (adult and pediatric)</li> <li>• Waveform capnography</li> <li>• Ability to transfer data into eMEDS® record-transmission (OPTIONAL)</li> </ul>			
3	2 ea.	Multi-function pads (adult) (Check exp. dates)			
4	2 ea.	Multi-function pads (pediatric) (Check exp. dates)			
5	1 set	Monitoring cables			
6	30	Monitoring electrodes			
7	1 ea.	Spare monitor/defibrillator batteries and/or on-board charging system			
8	1 roll	Spare EKG paper			
9	1 ea.	Pulse oximeter			
10	1 ea.	ICD donut magnet			
11	1 ea.	Glucometer kit: must include lancets, test strips, alcohol wipes, and adhesive bandages (i.e., Band-Aids). Check exp. dates on strips.			
12	1 ea.	CPAP device (circuit connecting directly to O2 is acceptable)			
13	2 ea.	CPAP masks/circuits and in-line nebulizers			
14	1 ea.	Ventilator (if participating in optional protocol)			
15	1 ea.	Portable ultrasound device (if participating in pilot protocol)			
16	-	Gastric tubes (8 Fr and various sizes 10 – 16 Fr adult) (Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended. Check exp. dates)			
17	1 ea.	Tapered tip lavage syringe – 30 mL (minimum)			
18	2 ea.	14g x 3.25” needle for NDT			
19	1 ea.	Pediatric reference guide			

ALS – Chase Unit

Medication and Delivery Devices (Check for exp. dates)

Packing of medications or IV solutions may vary, but quantities must be met

20	30 mg	Adenosine			
21	20 mg	Albuterol sulfate			
22	600 mg	Amiodarone			
23	325mg	Aspirin (chewable)			
24	1 mg	Atropine sulfate			
25	8 mg	Atropine sulfate, multi-dose vial			
26	2 g	Calcium chloride			
27	10 mg	Dexamethasone			
28	500 mL	Dextrose 10% solution			
29	50 g	Dextrose 50% (OPTIONAL)			
30	50 mg	Diltiazem			
31	50 mg	Diphenhydramine			
32	400 mg	Dopamine (OPTIONAL) (Premixed bags are acceptable)			
33	6 mg	Epinephrine 1:10,000			
34	3 mg	Epinephrine 1:1,000			
35	40 mg	Etomidate (if participating in RSI pilot)			
36	400mcg	Fentanyl: DEA-controlled substances must be under lock or controlled access system.			
37	3 ea.	Glucagon – 1mg each			
38	10 mg	Haloperidol			
39	-	Hydroxycobalamin (OPTIONAL)			
40	500 mcg	Ipratropium bromide			
41	800 mg	Ketamine: DEA-controlled substances must be under lock or controlled access system.			
42	30mg	Ketorolac (OPTIONAL)			
43	100 mg	Lidocaine 2%			
44	4 mL	Lidocaine 4%			
45	4 g	Magnesium sulfate			
46	20 mg	Midazolam: DEA-controlled substances must be under lock or controlled access system.			
47	40 mg	Morphine sulfate (OPTIONAL): DEA-controlled substances must be under lock or controlled access system.			
48	6 mg	Naloxone			
49	1 ea.	Nitroglycerin spray/tablet bottle (or 3 individually packaged 0.4mg tablets)			
50	1 g	Nitro paste and applicator			
51	24 mg	Ondansetron (vial or ODT)			
52	150 mEq	Sodium bicarbonate			
53	200 mg	Succinylcholine (if participating in RSI pilot)			
54	10 mg	Vecuronium (if participating in RSI pilot)			
55	2 ea.	Nebulizers			
56	1 ea.	Controlled access system: DEA-controlled substances must be under lock or controlled access system.			
57	4 ea.	1 mL syringes			
58	2 ea.	3-5 mL syringes			
59	2 ea.	18g or 19g blunt needles			
60	2 ea.	21g needles (1.5” for IM injection)			
61	2 ea.	10 mL syringes			

ALS – Chase Unit					
Medication and Delivery Devices (Continued)					
62	2 ea.	Intranasal medication delivery devices			
Intravenous Equipment and Supplies (Check for exp. dates)					
63	4 ea.	IV catheters (14g, 16g, 18g, 20g, 22g, 24g)			
64	2 ea.	IO needles (15g and 18g if manual) (15mm, 25mm, and 45mm if mechanical)			
65	3 sets	IV admin. sets (2 capable of 10 – 15 drops/min. and 1 capable of 60 drops/min or variable flow sets)			
66	-	Normal saline: 100cc bag			
67	-	IV bags Lactated Ringer's (Must have 4,000 cc / at least 1 1,000cc bag)			
68	-	Site preparation materials			
69	1 ea.	Adult IV arm board (Short board splint can substitute)			
70	1 ea.	Pediatric IV arm board (max width 2")			
71	2 ea.	Saline flush (OPTIONAL)			
72	2 ea.	Saline lock (OPTIONAL)			
73	2 sets	Blood draw supplies (OPTIONAL Jurisdictional Requirement) <ul style="list-style-type: none"> <li>• 3 ea. - blood tubes (type varies by jurisdiction) (Check exp. date)</li> <li>• 3 ea. - blood tubes with anticoagulant (type varies by jurisdiction) (Check exp. date)</li> <li>• Vacutainer</li> </ul>			
74	1 ea.	Portable sharps container			
75	2 ea.	3-way stop cocks with extension tubing			
76	2 ea.	Non-coring right angle needles (i.e., Huber Needles)			
Intubation Kit (Check for exp. dates)					
77	1 set	Miller blades (0, 1, 2, 3, 4)			
78	1 set	Macintosh 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)			
83	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5)			
84	1 ea.	Flexible tracheal tube guide (i.e., Gum Elastic Bougie) (OPTIONAL)			
85	2 ea.	Adult stylette			
86	2 ea.	Pediatric/infant stylette			
87	2 rolls	1" medical tape			
88	2 ea.	10 mL syringes			
89	1 ea.	Magill forceps (large)			
90	1 ea.	Magill forceps (small)			
91	1 ea.	Water soluble lubricant (1 tube or 3 packets)			
92	1 ea.	ETCO2 (electronic) pediatric and adult			
93	1 set	Non-latex pharyngeal tube airway device (all sizes per protocol)			
94	1 ea.	ET tube holders			

ALS – Chase Unit

Intubation Kit (Continued)

95	1 ea.	Suction device for meconium			
96	1 ea.	Beck Airway Airflow Monitor (BAAM)			
97	1 ea.	Video laryngoscope with recording device (OPTIONAL)			

# Maryland Voluntary Ambulance Inspection

**Step 1:** Jurisdiction completes online application for the Voluntary Ambulance Inspection Program, including documentation of the jurisdiction's compliance with the "Maryland Voluntary Ambulance Inspection Standards" listed in this document.

**Step 2:** MIEMSS Regional Administrator conducts a review of the online application and associated standard compliance documentation [Conducted within 30 days of application submission].

**Step 3:** MIEMSS Regional Administrator schedules on-site survey within the jurisdiction to validate the application and standards compliance documentation.

**Step 4:** On-site survey is conducted to validate submitted application and associated compliance documentation.

**Step 5:** The site survey team will develop and distribute to the JEMSOP Highest EMS Official a report identifying compliance or non-compliance with the "Voluntary Ambulance Inspection Standards" [Conducted within 14 days of completion of the site survey].

**Step 6:** If found to be compliant with all applicable standards listed within this document, the jurisdiction will be awarded the MIEMSS VAIP/Seal of Excellence.



# Maryland Voluntary Ambulance Inspection Definitions and 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 provide 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; therefore, items may 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 for more information.

# Appendix

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

## **Federal Specification for the Star-of Life Ambulance KKK-A-1822F, August 1, 2017**

<http://www.ntca.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)(2) - 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, container for contaminated shall e:

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

