



**STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
DIVISION OF EMS**

**Ambulance Licensure
& Inspection Manual**

Effective August 1, 2011
(corrections issued 7/26/2011)

PART I

GENERAL INFORMATION

INTRODUCTION

This manual is intended to provide ambulance services with guidance to ensure that all EMS vehicles (herein referred to as ambulances) are properly licensed and inspected as required by the State of Rhode Island. The Rhode Island Department of Health, Division of EMS, herein referred to as HEALTH, is the agency charged with regulating and coordinating emergency medical services within the State of Rhode Island. All information provided in this document is intended to supplement the *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*, as amended, as well as any applicable statutes, policies, procedures and orders.

As established by Rhode Island General Laws and the *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*, no person shall operate, maintain, or otherwise use any aircraft, motor vehicle or any other means of transportation as an ambulance without a valid Certificate of Inspection and a current Rhode Island Ambulance License. **Ambulance is defined as any vehicle equipped and/or used to provide emergency treatment and/or transportation of the sick and injured.** Accordingly, any vehicle provisioned with medical equipment and supplies for patient care per the Rhode Island *Prehospital Care Protocols and Standing Orders*, other than basic first aid, must be duly licensed as described herein.

A licensed ambulance must be fully stocked and equipped at all times in accordance with the minimum equipment standards defined herein, as applies to the ambulance's license class. Regardless of inspection, any deficiency (i.e., an inoperable piece of equipment or missing medication) not corrected within the permitted correction period renders the vehicle unsuitable for patient care and shall be corrected before the vehicle may again be used as an ambulance. If extraordinary or unusual circumstances impact compliance, a service may apply for a variance specific to Section 15.0 of the *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*.

For clarity, the following definitions shall apply throughout this document:

- **Certificate of Inspection:** refers to the sticker applied to the windshield of the ambulance upon successful completion of an annual inspection. The date on each sticker references the year in which the inspection is completed. The Certificate of Inspection is valid for one year or until the next annual inspection, whichever is greater.
- **Ambulance License:** refers to the annual license issued by the Department of Health that permits the vehicle to be used as an ambulance.

CERTIFICATE OF INSPECTION

All ambulances require a current annual Certificate of Inspection as a condition of licensure. The Certificate of Inspection is indicated by a sticker affixed to the left inside of the windshield by the Inspector upon successful completion of the inspection. Ambulances are normally inspected once per annual licensing cycle according to a schedule determined by HEALTH; such annual inspections are conducted independently of the annual renewal of the Ambulance License. In addition, HEALTH staff may at times conduct random, unannounced inspections as described herein.

Inspections will be performed by the HEALTH Field Technician(s) or any member of HEALTH staff authorized to act in his/her capacity.

ANNUAL INSPECTION

All licensed ambulances are subject to annual inspection for the purpose of issuing an annual Certificate of Inspection.

The annual inspection may be scheduled at any time during the year, subject to the discretion and availability of the HEALTH representative; generally this will be during normal working hours, Monday through Friday, 9:00am to 4:00pm. Annual Inspections are conducted independently from the vehicle and service renewal cycle.

A vehicle is expected to be available for annual inspection upon seven (7) business days' notice; exceptions will be considered on a case-by-case basis. However, this notice does not apply to spot inspections as described below. The Field Technician will generally attempt to inspect all vehicles from a given service during one visit, except for services with multiple locations across the state. During inspection, **each vehicle is expected to be in "run last" status**, meaning that it will not be dispatched to an emergency call unless no other unit is readily available within the service. Services should plan accordingly to ensure coverage of their district during inspection.

A service representative shall be available to meet and assist the Field Technician during the inspection. This individual shall be an EMT and must be familiar with the vehicle or vehicles being inspected.

License renewal application and payment, if applicable, shall be received by HEALTH prior to inspection.

Each vehicle will be inspected, and Certificate of Inspection issued, at the class of primary licensure indicated on the vehicle application (i.e., not their reserve class if the vehicle has both a primary and reserve class). For example, if the vehicle is licensed as an A-1A, it must have all the required equipment on the vehicle at the time of the inspection. If not, said vehicle will be inspected and licensed as an A-2. If the service wishes to re-license the vehicle as an A-1A, the service will be charged a re-inspection fee.

RANDOM/SPOT INSPECTION

A HEALTH Field Technician may inspect, at any time and without prior notice, any ambulance, equipment and/or supplies at any time and any place. Such inspections will typically occur at the hospital, after completing a run, or in quarters unless significant reason exists to do otherwise.

The Field Technician may spot check random items or may conduct a full inspection following the same format as an annual inspection. The Field Technician will also verify licensure and status of the vehicle's crew.

The Field Technician will not needlessly detain any ambulance that legitimately has an emergency call pending or if the inspection would conflict with a service's operational constraints (i.e., change-of-shift). Otherwise, the ambulance crew shall notify their service via telephone or two-way radio that they are out of service for inspection and assist the Field Technician as needed.

If a vehicle satisfactorily passes a random full inspection, HEALTH may, at its sole discretion, substitute this inspection for the normal scheduled annual inspection.

A Certificate of Inspection is not issued for random/spot inspections unless this inspection is substituted for a normal annual inspection. Consequently, no fee is assessed for random/spot inspection unless an annual Certificate of Inspection is issued.

NEW VEHICLE INSPECTION

Prior to obtaining an initial Ambulance License, all vehicles must obtain an initial Certificate of Inspection and meet all HEALTH requirements for new vehicles, including inspection for Federal “KKK” Standards or Rhode Island standards for transporting vehicle, as applicable. Inspections for new ambulances are scheduled subject to the availability of the Field Technician and may be performed either at the location of the service or at HEALTH, as determined.

A new ambulance is one that a service is licensing for the first time; that is, an “initial license” as opposed to a renewal. Thus a used vehicle will be considered “new” for licensing purposes if the service has previously never licensed it. As defined in *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*, at no time may the Ambulance License of a vehicle be transferred from one owner to another. Should vehicle ownership be transferred from one entity to another, any existing Ambulance License is immediately void and the receiving service must apply for a new license for that vehicle before it can be placed in service as an ambulance.

An application for initial Ambulance License and payment, if applicable, must be received by HEALTH prior to inspection.

If the vehicle passes inspection, a Certificate of Inspection will be issued. Once a Certificate of Inspection is issued, the vehicle may be used pending processing of initial Ambulance License and said license will be issued by HEALTH within five (5) business days. Should extenuating circumstances delay issuing the new license, HEALTH will provide the service with written permission to continue using the vehicle as an ambulance pending receipt of the Ambulance License.

A vehicle will not be issued an Ambulance License until a Certificate of Inspection has been successfully obtained. If one or more deficiencies are found, they must be corrected as described in *Deficiencies* below or permission to use vehicle will lapse automatically at the end of the correction period (see *Deficiencies* below).

DEFICIENCIES

Deficiencies are any items that do not fully satisfy HEALTH minimum requirements as described herein or as listed on the Ambulance Inspection Report. Items may not be considered acceptable if they are damaged, discolored or their original packaging is compromised in any way, subject to the Field Technician’s discretion. Additionally, medications and supplies WILL NOT be considered acceptable if the manufacturer’s expiration date has been surpassed, as consistent with United States Food and Drug Administration (FDA) standards, and other applicable guidelines. Furthermore, any equipment, supplies, or medications not permitted for EMS use under the vehicle’s license

class shall be removed before a Certificate of Inspection can be issued.

Deficiencies will fall into one of two categories:

- **Immediate Failures:** those that preclude the vehicle's further use for EMS functions until corrected (e.g., lack of cardiac defibrillator, lack of an oxygen cylinder).
- **Correctable Failures:** those for which a period of time is allowed to correct, as shown on the Ambulance Inspection Report. This period of time is referred to as the "correction period."

For those deficiencies that the service is able to remedy immediately (e.g., replacement of an expired medication), the Field Technician will exercise reasonable discretion in permitting the service to do so. This generally means that the service shall be able to correct the deficiency within the time frame of the remainder of the inspection. When a deficiency is corrected during the inspection, the Field Technician will update the Ambulance Inspection Report accordingly; otherwise the deficiency will remain in effect.

It shall at no time be acceptable to move equipment or supplies from one vehicle to another during the inspection process unless a surplus of equipment exists on the vehicle from which the equipment is transferred, and the Field Technician approves the transfer.

If one or more deficiencies are found during the inspection, the Field Technician will issue the service representative a notice of deficiency clearly indicating:

- Which items are deficient
- The length of the permitted correction period is for each item

As stated on the notice of deficiency:

- The license of the vehicle will be automatically suspended at the end of the specified correction period should the service fail to correct all deficiencies and/or fail to notify HEALTH in writing thereof
- Once the license of the vehicle has been suspended, the service may not use the vehicle for EMS functions until:
 - All noted deficiencies are corrected
 - HEALTH has been notified of the correction in writing
 - A written reinstatement notice from HEALTH is received

RE-INSPECTION

Should a vehicle be found deficient in three (3) or more items from the Immediate or 24-Hour Correction list, a complete re-inspection of the vehicle will be required, unless waived by the Chief of EMS. A fee will be assessed for all re-inspections (except for exempt services) and must be paid prior to the re-inspection.

INSPECTION REPORT

At the conclusion of any inspection, the service will be provided with a copy of the Ambulance Inspection Checklist and Ambulance Inspection Report, as applicable

Once an ambulance has passed the annual inspection, the Field Technician will affix a new Certificate of Inspection sticker to the left inside of the windshield.

AMBULANCE LICENSE

Appropriate licensure of all ambulances is the sole responsibility of the ambulance service. Additionally, an Ambulance License is only valid in conjunction with a current Ambulance Service License in good standing.

BASIC REQUIREMENTS

Detailed requirements for an Ambulance License are described in *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*, as amended. These requirements include a current Certificate of Inspection being obtained prior to re-licensure. New vehicles must also pass a new vehicle inspection as described herein.

RENEWAL

License renewal paperwork is generally sent out ninety (90) days before expiration. If this paperwork is not received for a particular vehicle(s), it is the responsibility of the service to obtain new forms from HEALTH and submit them on time with payment, if applicable.

License renewal paperwork and payment, if applicable, shall be submitted AT LEAST sixty (60) days prior to the Ambulance License expiration date or HEALTH will not guarantee license renewal before expiration date.

LAPSE OF LICENSE

Should an Ambulance License lapse or expire, due to non-renewal or failure to correct a deficiency, the vehicle MAY NOT be used as an ambulance per Rhode Island General Law 23-4.1 unless otherwise notified in writing by HEALTH. The only exception, in general, will be in the case when completed renewal paperwork has been submitted to HEALTH punctually, all inspections are completed and HEALTH is delayed in processing the license.

SURRENDER OF LICENSE

When an ambulance is permanently removed from service, the ambulance service shall notify HEALTH and surrender the Ambulance License, as required by the *Rules and Regulations Relating to Emergency Medical Services [R23-4.1-EMS]*. This includes vehicles transferred to another service, in which case the acquiring service shall apply for a new Ambulance License.

TECHNICAL ASSISTANCE

The Division of EMS staff is available to ambulance services for consultation, advice and/or questions regarding inspection, licensure, new vehicle specifications, etc.

ENFORCEMENT

The following are applicable to the enforcement of all policies and procedures prescribed herein.

ACTIONS

Should a vehicle be found deficient during an inspection, the service representative present will be issued an inspection report, including a notice of deficiency, as described in *Deficiencies*. This notice will indicate the date upon which the Ambulance License of the vehicle will automatically be suspended, or, in the case of new vehicles, when permission is granted to use, should all deficiencies not be corrected and HEALTH not be notified of the corrections.

When a notice of deficiency has been issued and HEALTH has not received a notice of correction by the specified date, the license of the vehicle is automatically suspended, as described above, and the vehicle MAY NOT be used as an ambulance per Rhode Island General Law 23-4.1, unless otherwise notified in writing by HEALTH. A letter confirming the suspension will be sent to the service chief of record via certified mail.

Should HEALTH learn that a service is continuing to utilize a vehicle as an ambulance in the absence of a valid Ambulance License, a complaint will be opened against the service and disciplinary action taken, as warranted, against both the service and the personnel who knowingly use the vehicle.

NOTIFICATION PROCESS

Every ambulance service is responsible for complying with all rules, regulations, statutes and other applicable standards, regardless of whether they receive formal notification from HEALTH; this shall include compliance with the provisions described in a notice of deficiency.

Notifications to HEALTH, regarding licensure changes, correction of deficiencies, etc., must be in writing via U.S. mail, fax or e-mail.

ARBITRATION & INTERPRETATION

All interpretation of these policies shall be at the discretion of the RI Department of Health, Chief of EMS.

Should an ambulance service wish to contest any determination by the Chief of EMS, the service chief of record, or his/her designee, may submit a written summation to HEALTH for review by the Chief of the Office of Health Professions Regulation. During an appeal, any orders from HEALTH (i.e., suspension of license, etc.) remain in full effect unless otherwise notified in writing from HEALTH.

PART II
MINIMUM EQUIPMENT
REQUIREMENTS

MINIMUM EQUIPMENT REQUIREMENTS

The following list indicates the minimum equipment required for each class of ambulance license, as well as the time permitted to correct any deficiency. A detailed definition for each item listed may be found in *Part II: Definitions*.

✓ = REQUIRED ○ = OPTIONAL - = NOT PERMITTED

General Requirements	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
	Complete Tool Kit	✓	✓	✓ [A]	✓ [A]	✓ [A]	✓ [A]	10 bus. days
	Communication with Dispatcher	✓	✓	✓	✓	✓	✓	Immediate
	Communication with Hospital	✓	✓	✓	✓	✓	-	Immediate
	Controlled Substance Log Book	✓	✓	-	✓	✓	-	10 bus. days
	Controlled Substance Security	✓	✓	-	✓	✓	-	24 hours
	DOT Inspection Sticker	✓	✓	✓	✓	✓	✓	24 hours
	DOT Registration	✓	✓	✓	✓	✓	✓	Immediate
	Emergency Lights	✓ [B]	✓ [B]	✓ [B]	✓ [B]	✓ [B]	✓ [B]	Immediate
	Exhaust System	✓	✓	✓	✓	✓	✓	10 bus. days
	Fire Extinguishers	✓	✓	✓	✓	✓	✓	10 bus. days
	Free from Rust/Dents	✓	✓	✓	✓	✓	✓	10 bus. days
	Non-Emergency Exterior Lighting	✓	✓	✓	✓	✓	✓	2 bus. days
	Patient Compartment Lighting	✓	✓	✓	✓	-	-	24 bus. hours
	Patient Tracking System	✓ [C]	✓ [C]	✓ [C]	○	○	○	Immediate
	Patient Care Protocols	✓	✓	✓	✓	✓	✓	2 bus. days
	Paint/Markings	✓	✓	✓	✓	✓	✓	10 bus. days
	Siren	✓	✓	✓	✓	✓	✓	Immediate
	Triangle Reflectors	✓	✓	✓	○	○	○	10 bus. days

BLS Supplies/Equipment	ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
	Antiseptic Wipes	✓	✓	✓	✓	✓	✓	10 bus. days
	Adhesive Tape (assorted sizes)	✓	✓	✓	✓	✓	✓	Immediate
	Blood Glucose Meter (Glucometer)	✓	✓	✓	✓	✓	✓	10 bus. days
	Blood Pressure Cuffs (all sizes)	✓	✓	✓	✓	✓	✓	Immediate
	Cold Packs	✓	✓	✓	✓	✓	✓	10 bus. days
	Conforming Bandages ("Kling")	✓	✓	✓	✓	✓	✓	10 bus. days
	Hot Packs	○	○	○	○	○	○	n/a
	MAST Trousers (Adult)	✓	✓	✓	○	○	○	10 bus. days
	MAST Trousers (Pediatric)	○	○	○	○	○	○	n/a
	Mucosal Atomization Device (MAD)	○	○	○	○	○	○	n/a

BLS Supplies/Equipment
(cont'd)

Obstetrics Kit	✓	✓	✓	0	0	0	10 bus. days
Pediatric Dosing Device	✓	✓	✓	✓	✓	✓	10 bus. days
Rectal Thermometer	✓	✓	✓	0	0	0	10 bus. days
Splints (assorted sizes)	✓	✓	✓	✓	✓	✓	10 bus. days
Sterile Burn Sheets	✓	✓	✓	0	0	0	10 bus. days
Sterile Gauze (assorted sizes)	✓	✓	✓	✓	✓	✓	10 bus. days
Stethoscope (Adult)	✓	✓	✓	✓	✓	✓	Immediate
Stethoscope (Pediatric)	✓	✓	✓	✓	✓	✓	10 bus. days
Traction Splint (Adult)	✓	✓	✓	0	0	0	10 bus. days
Traction Splint (Pediatric)	0	0	0	0	0	0	n/a
Trauma Dressings	✓	✓	✓	✓	✓	✓	10 bus. days
Trauma Shears	✓	✓	✓	✓	✓	✓	10 bus. days
Triangular Bandages	✓	✓	✓	✓	✓	✓	10 bus. days

Extrication/Transport

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Cervical Collars	✓	✓	✓	✓	✓	✓	Immediate
Cervical Immobilization Device	✓	✓	✓	0	0	0	10 bus. days
Child Seat	✓	✓	✓	0	0	0	10 bus. days
Long Spine Board (Adult)	✓	✓	✓	0	0	0	Immediate
Long Spine Board (Pediatric)	0	0	0	0	0	0	n/a
Short Extrication Board	✓	✓	✓	0	0	0	24 hours
Straps for Boards	✓	✓	✓	0	0	0	Immediate
Stretcher/Straps/Mattress	✓	✓	✓	-	-	-	Immediate
Triage/Tracking Tags	✓	✓	✓	0	0	0	10 bus. days

Airway/Ventilation

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Bag-Valve-Masks (all sizes)	✓	✓	✓	✓	✓	✓	Immediate
Bite Stick	✓	✓	✓	✓	✓	✓	10 bus. days
CO-oximeter	0	0	0	0	0	0	n/a
CPAP/BiPAP	0	0	-	0	0	-	10 bus. days
Endotracheal Intubation Kit	0	0	-	0	0	-	10 bus. days
EOA Tube w/Mask	0[D]	✓	✓	0[D]	0[D]	0	24 hours
Laryngeal Mask Airway (LMA)	0[D]	0[D]	-	0[D]	0[D]	-	24 hours
Laryngeal Tracheal Airway (LTA)	0[D]	0[D]	-	0[D]	0[D]	-	24 hours
Main Oxygen Supply	✓	✓	✓	0	0	0	Immediate
Nasopharyngeal Airways	✓	✓	✓	✓	✓	✓	Immediate
On-Board Suction	✓	✓	✓	0	0	0	Immediate
Oxygen Cannulas	✓	✓	✓	✓	✓	✓	24 hours

**Airway/Ventilation
(cont'd)**

Oropharyngeal Airways	✓	✓	✓	✓	✓	✓	Immediate
Oxygen Masks	✓	✓	✓	✓	✓	✓	Immediate
Oxygen Nebulizer	✓	✓	✓	✓	✓	✓	Immediate
Portable Oxygen Cylinder	✓	✓	✓	✓	✓	✓	Immediate
Portable Suction Unit	✓	✓	✓	✓	✓	✓	Immediate
Pulse-oximeter	✓	✓	✓	0	0	0	24 hours
SALT™ Airway	0	0	0	0	0	0	n/a
Suction Catheters w/ Tubing	✓	✓	✓	✓	✓	✓	Immediate
Water Soluble Lubricant	✓	✓	✓	✓	✓	✓	10 bus. days

Infection Control

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Biohazard/Refuse Container	✓	✓	✓	0	0	0	Immediate
Body Substance Isolation Kits	✓	✓	✓	✓	✓	✓	24 hours
Latex-Free Gloves	✓	✓	✓	✓	✓	✓	Immediate
Level-C PPE Sets	0	0	0	0	0	0	n/a
N95 Masks	✓	✓	✓	✓	✓	✓	24 hours
Sharps Receptacle	✓	✓	✓	✓	✓	✓	Immediate

Cardiac Care

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Automatic External Defibrillator	0	✓	✓	0	✓	✓	Immediate
Cardiac Monitor & Defibrillator	✓	✓	-	✓	✓	-	Immediate
Chest Compression Device	0	0	0	0	0	0	n/a

IV Supplies/Equipment

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Blood Collection Tubes	0	0	-	0	0	-	n/a
Constricting Bands	✓	✓	-	✓	✓	-	10 bus. days
Drip Sets (10-15gtts)	✓	✓	-	✓	✓	-	Immediate
Drip Sets (60gtts)	✓	✓	-	✓	✓	-	24 hours
Intraosseous Infusion Device	0	0	-	0	0	-	n/a
IV Catheters (assorted sizes)	✓	✓	-	✓	✓	-	Immediate
IV Infusion Pump	0 [E]	0 [E]	-	0 [E]	0 [E]	-	24 hours
IV D5W	0 [E]	0 [E]	-	0 [E]	0 [E]	-	24 hours
IV Lactated Ringer's	✓ [F]	✓ [F]	-	✓ [F]	✓ [F]	-	Immediate
IV Normal Saline	✓ [F]	✓ [F]	-	✓ [F]	✓ [F]	-	Immediate
Padded Arm Boards	✓	✓	-	✓	✓	-	10 bus. days
Stopcock (3- or 4-way)	✓	✓	-	✓	✓	-	10 bus. days
Syringes/Needles (assorted sizes)	✓ [G]	✓ [G]	✓ [G]	✓ [G]	✓ [G]	✓ [G]	Immediate
Volumetric Burette (100mL)	✓ [H]	✓ [H]	-	0	0	-	24 hours

ITEM	A-1	A-1A	A-2	C-1	C-1A	C-2	Correction
Acetaminophen (oral)	0	0	0	0	0	0	n/a
Acetaminophen (rectal)	✓	✓	✓	0	0	0	10 bus. days
Activated Charcoal (oral)	✓	✓	✓	0	0	0	10 bus. days
Adenosine (injectable)	✓	✓	-	✓	✓	-	Immediate
Albuterol 0.083%	✓	✓	✓	✓	✓	✓	Immediate
Amiodarone (injectable)	✓	✓	-	✓	✓	-	Immediate
Amiodarone (admixture)	0 [E]	0 [E]	-	0 [E]	0 [E]	-	n/a
Antacid (oral)	0	0	-	0	0	-	n/a
Aspirin (oral)	✓	✓	✓	✓	✓	✓	Immediate
Atropine (injectable)	✓	✓	-	✓	✓	-	Immediate
Calcium Chloride (injectable)	0 [I]	0 [I]	-	0 [I]	0 [I]	-	n/a
Calcium Gluconate 2.5% (gel)	0	0	0	0	0	0	n/a
Dextrose 5% (admixture)	0	0	-	0	0	-	n/a
Dextrose 10% (admixture)	0	0	-	0	0	-	n/a
Dextrose 25% (injectable)	0	0	-	0	0	-	n/a
Dextrose 50% (injectable)	✓	✓	-	✓	✓		Immediate
Diazepam (injectable)	0	0	-	0	0	-	n/a
Diazepam (rectal gel)	0	0	-	0	0	-	n/a
Diltiazem (injectable)	0 [I]	0 [I]	-	0 [I]	0 [I]	-	n/a
Diphenhydramine (injectable)	✓	✓	-	✓	✓	-	Immediate
Diphenhydramine (oral)	✓	✓	-	✓	✓	-	24 hours
Dopamine (admixture)	0	0	-	0	0	-	n/a
Epinephrine 1:10,000 (injectable)	✓	✓	-	✓	✓	-	Immediate
Epinephrine 1:1000 (injectable)	✓	✓	✓	✓	✓	✓	Immediate
Epi-Pen (autoinjector)	0	0	0	0	0	0	n/a
Furosemide (injectable)	✓	✓	-	✓	✓	-	Immediate
Glucagon (injectable)	✓	✓	0	✓	✓	0	Immediate
Glucose (oral)	✓	✓	✓	✓	✓	✓	10 bus. days
Hydrocortisone Sodium Succinate	✓	✓	-	✓	✓	-	Immediate
Ipratropium Bromide 2.9% (inj.)	0	0	-	0	0	-	n/a
Lidocaine (admixture)	0	0	-	0	0	-	n/a
Lidocaine 2% (injectable)	✓	✓	-	✓	✓	-	Immediate
Lorazepam (injectable)	0	0	0	0	0	0	n/a
Midazolam (injectable)	✓	✓	-	✓	✓	-	Immediate
Morphine (injectable)	0	0	-	0	0	-	n/a
Naloxone (injectable)	✓	✓	0	✓	✓	0	Immediate
Nitroglycerin (paste)	0	0	-	0	0	-	n/a

Medications (cont'd)	Nitroglycerin (tablets/spray)	✓	✓	-	✓	✓	-	Immediate
	Ondansetron (injectable)	O	O	-	O	O	-	n/a
	Organophosphate Antidote Autoinj.	O	O	O	O	O	O	n/a
	Sodium Bicarbonate 8.4% (inj.)	✓	✓	-	✓	✓	-	24 hours
	Terbutaline (injectable)	O	O	-	O	O	-	n/a
	Thiamine (injectable)	✓	✓	-	✓	✓	-	24 hours

PARAMEDIC EQUIPMENT & MEDICATIONS [OPTIONAL]

Vehicles licensed as A-1, A-1A, C-1 or C-1A may optionally be provisioned with additional equipment and medications specific to the Rhode Island paramedic scope-of-practice. Should a service wish to operate a vehicle at the paramedic level, the vehicle must be stocked with all items indicated as required (✓) below; additional items are optional (O). If any required paramedic equipment or medications are missing, then all other paramedic-specific medications and equipment shall be removed from the vehicle and the vehicle may not be utilized for paramedic care.

SPECIAL NOTE REGARDING PARAMEDIC-LEVEL VEHICLES: The Rhode Island Department of Health does not maintain a separate level of licensure for vehicles providing paramedic-level care, nor does the Department require that a service employing EMT-Paramedics stock its vehicles at the paramedic level.

✓ = REQUIRED O = OPTIONAL

	ITEM	A-1	A-1A	C-1	C-1A	Correction	
Paramedic Airway/Ventilation	Cricothyrotomy Kit	✓	✓		✓	✓	10 bus. days
	Endotracheal Intubation Kit	✓	✓		✓	✓	10 bus. days
	Nasogastric Tubes	✓	✓		✓	✓	10 bus. days
	Pleural Decompression Kit	✓	✓		✓	✓	10 bus. days

	ITEM	A-1	A-1A	C-1	C-1A	Correction	
Paramedic IV Supplies/Equipment	Central Line Kit	✓	✓		✓	✓	10 bus. days
	Intraosseous Infusion Device	✓	✓		✓	✓	10 bus. days

	ITEM	A-1	A-1A	C-1	C-1A	Correction		
Paramedic medications	Epinephrine (admixture)	O [E]	O [E]	-	O [E]	O [E]	-	n/a
	Fentanyl (injectable)	O	O		O	O		n/a
	Lidocaine 2% (gel)	O	O		O -	O		n/a
	Magnesium sulfate (injectable)	✓	✓		✓	✓		Immediate
	Nitroglycerin (admixture)	O [E]	O [E]	-	O [E]	O [E]	-	n/a
	Phenobarbital (injectable)	O	O		O	O		n/a
	Tetracaine 0.5% (drops)	O	O		O	O		n/a
	Verapamil (injectable)	✓	✓		✓	✓		Immediate

[A]: All private ambulance companies are excluded from carrying the emergency extrication tool kit, with exception of Class A-1 or A-1A vehicles

[B]: Immediate correction period applies to having emergency lights visible from all four corners of the vehicle. The remainder of the vehicle's emergency lights have a 10 business day correction period.

[C]: This requirement refers to ambulances that have been assigned a PTS laptop computer, as well as associated equipment and supplies. For those ambulances not equipped a PTS laptop computer, this provision is optional.

[D]: The EOA is required for all transporting vehicles staffed with BLS personnel (A-2 and A-1A); ALS-only vehicles (Class A-1 or C-1) do not need to be provisioned instead with an EOA if provisioned with an LMA and/or LTA kit.

[E]: Vehicles stocked with admixture medications may be equipped with an IV Infusion pump and IV D5W.

[F]: If the vehicle has only one type of IV solution, the second has a 2 business day correction period.

[G]: The minimum requirement for BLS vehicles is as follows:

- Three (3) syringes (size 1-3cc)
- IM needles (22-24 gauge) in 3/4", 1", and 1-1/2" sizes.

[H]: Optional for vehicles equipped with an IV infusion pump.

[I]: Vehicles stocked with Diltiazem must also be stocked with Calcium Chloride.

PART III
DEFINITIONS

DEFINITIONS

Where required according to *Part II: Minimum Equipment Requirements*, the following shall serve as definitions for each required item.

IMPORTANT NOTE: Not every item defined below is applicable to every vehicle. *Part II: Minimum Equipment Requirements* indicates which of the following are required, optional, or disallowed for each class of vehicle. Also, please note that should a service elect to carry an item considered optional (e.g., pulse oximeter, chest compression device, etc.), that item must fully conform to the standards described herein.

GENERAL REQUIREMENTS

Communication with Dispatcher	Vehicle shall have as minimum a two-way voice communications system between the vehicle and its dispatcher.
Communication with Hospital	Vehicle shall have a two-way voice communications system between the vehicle and a hospital emergency department.
Complete Tool Kit	Vehicle shall have an emergency/extrication toolkit consisting of the following: <ul style="list-style-type: none"> ▪ (1) open-end adjustable wrench (preferably 12 inch) ▪ (1) screwdriver regular blade (preferably 8 inch) ▪ (1) screwdriver, Phillips type (preferably 8 inch) ▪ (1) hacksaw with blades ▪ (1) pliers, vise-grip type ▪ (1) hammer (3 pound) ▪ (1) crowbar (at least 24 inch or halligan tool) ▪ (1) battery cable cutter ▪ (2) ropes (at least ½" inch diameter, 50 feet long) ▪ (2) pairs safety goggles ▪ (2) pairs work gloves
Controlled Substance Log	Vehicle shall have a log of all controlled substances carried, including lot numbers, total dose given per call, hospital replacement, and any wastage. Log must be a hard-cover, bound, book with numbered pages and must be stored in the vehicle.
Controlled Substance Security	All controlled substances on vehicle shall be stored securely with at least two (2) locks, keyed or combination. Radio-controlled locks shall be capable of manual override when out of radio contact with dispatch; for example, in case of radio failure or when responding to a major incident outside of the vehicles normal coverage area.
DOT Inspection Sticker	Vehicle shall have a current DOT inspection sticker where required by Rhode Island law and DOT/RI DMV regulations. In addition, a DOT inspection sticker is required for ALL transporting ambulances, regardless of registration type or vehicle age.

DOT Registration	Vehicle shall have current Certificate of Registration available for inspection. A copy of the registration is sufficient.
Emergency Lights	<p>Vehicle shall have functional emergency warning lights as required by applicable Federal KKK-A- 1822 specifications. Acceptable colors for Rhode Island-licensed ambulances of all classes (including both transporting and non-transporting vehicles) shall be as follows:</p> <ul style="list-style-type: none"> • Forward and/or side-facing lights: Red and white • Rear facing lights: Red, white, amber and/or one (1) blue warning light in zone C rear per <i>NFPA 1901:13.8.12 Color of Warning Lights</i>
Fire Extinguishers	Vehicle shall be equipped with at least two (2) mounted and charged fire extinguishers, CO ₂ or dry powder, each with a capacity of five (5) pounds or greater, approved by Underwriter's Laboratory (UL), with at least one (1) mounted in the patient compartment of transporting ambulances.
Free from Rust / Dents	Vehicle shall be free of rust, dents and/or other body damage that impede the function of the vehicle or render the vehicle non-roadworthy.
Non-Emergency Exterior Lighting	All exterior lighting shall be operating properly including headlamps, turn signals, brake lights, reverse lights, marker lights and clearance lights.
Paint / Markings	Vehicle shall have appropriate paint and markings as required by applicable Federal KKK-A- 1822 specifications and HEALTH standards. NOTE: Rhode Island vehicles are permitted to substitute the word "RESCUE" instead of "AMBULANCE" where required under section 3.16.4 of the Federal KKK-A-1822 specification.
Patient Compartment Lighting	Vehicle shall have functional patient compartment lighting as required by applicable Federal KKK-A-1822 specifications.
Patient Tracking System	Vehicle shall be equipped with a PTS capable laptop computer or tablet and all ancillary equipment and supplies (docking station, bar code scanner, tracking bracelets, triage tags, etc.) and all shall be in good working condition. The service shall also maintain a viable data connectivity plan.
Patient Care Protocols	Vehicle shall have a complete copy of the current <i>Rhode Island Prehospital Care Protocols and Standing Orders</i> . Protocols may be in paper form or in electronic form available on a computer or similar device permanently assigned to the vehicle.
Siren	Vehicle shall have a functional siren as required by applicable Federal KKK-A-1822 specifications.
Triangle Reflectors	Vehicle shall have a minimum of three (3) triangular reflectors. Flares are not acceptable.

BLS SUPPLIES & EQUIPMENT

Antiseptic Wipes	Vehicle shall be stocked with at least six (6) single-use antiseptic wipes (i.e., alcohol prep pads or equivalent).
Adhesive Tape	Vehicle shall be stocked with hypoallergenic adhesive tape in assorted sizes.
Blood Glucose Meter (Glucometer)	Unit should have charged battery, a minimum of ten (10) testing strips, antiseptic wipes, and band-aids/gauze. Unit shall be maintained in accordance with manufacturer's recommendations.
Blood Pressure Cuffs	Vehicle shall have manual blood pressure cuffs in, at a minimum, adult, child and infant sizes. All components must be clean and in good working condition. A blood pressure set consisting of a single sphygmomanometer with multiple cuff sizes is acceptable.
Cold Packs	Vehicle shall be stocked with a minimum of three (3) chemical cold compresses.
Conforming Bandages ("Kling")	Vehicle shall be stocked with soft roll self-adhering type bandage (i.e., Kling®) including six (6) 2-3", six (6) 4" and six (6) 6" rolls. Must be sealed in original, unopened manufacturer's packaging.
Hot Packs	Vehicle shall be stocked with a minimum of three (3) chemical hot compresses.
MAST Trousers (Adult)	Vehicle shall be stocked with at least one (1) adult-size Pneumatic Anti-Shock Garment (PASG.) Non-inflatable garments are unacceptable.
MAST Trousers (Pediatric)	Vehicle shall be stocked with at least one (1) pediatric-size Pneumatic Anti-Shock Garment (PASG.) Non-inflatable garments are unacceptable.
Mucosal Atomization Device (MAD)	Vehicle shall be provisioned with at least one (1) MAD device.
Obstetrics Kit	Vehicle shall be stocked with at least one (1) sterile obstetrical kit. Must be sealed in original, unopened manufacturer's packaging and contain: <ul style="list-style-type: none"> ▪ Towels ▪ 4"x4" dressing ▪ Umbilical tape ▪ Sterile scissors or other cutting device ▪ Bulb syringe suction ▪ Clamps for the cord ▪ Sterile gloves ▪ Thermal absorbent blanket ▪ Head cover, or appropriate heat-reflective material to cover newborn
Pediatric Dosing Device	Vehicle shall be stocked with at least one (1) Pediatric Dosing Device (Broselow Tape®, Pedi-Wheel® or equivalent). Device must be compliant with current AHA standards, as implemented by RI <i>Prehospital Protocols and Standing Orders</i> .
Rectal Thermometer	Vehicle shall be stocked with at least one (1) mercury-free rectal thermometer having the range of at least 78.0°F-111.9°F (26°C-43.9°C).

Trauma Shears	Vehicle shall be stocked with at least one (1) pair of trauma shears or scissors.
Splints	Vehicle shall be stocked with two (2) or more splints (may be padded board, ladder splints or cardboard) sized to fit both pediatric and adult patients.
Sterile Burn Sheets	Vehicle shall be stocked with two (2) or more sterile burn sheets, sealed in original, unopened manufacturer's packaging.
Sterile Gauze	Vehicle shall be stocked with sterile gauze pads in assorted sizes. Must be sealed in original, unopened manufacturer's packaging.
Stethoscope (Adult)	Vehicle shall be provisioned with at least one (1) adult-size stethoscope.
Stethoscope (Pediatric)	Vehicle shall be provisioned with at least one (1) pediatric-size stethoscope.
Traction Splint (Adult)	Vehicle shall be provisioned with at least one (1) adult-size traction splinting device (i.e. Hare®, Sager® or equivalent.)
Traction Splint (Pediatric)	Vehicle shall be provisioned with at least one (1) pediatric traction splinting device (i.e. Hare®, Sager® or equivalent.)
Trauma Dressings	Vehicle shall be provisioned with at least three (3) trauma dressings. Must be sealed in original, unopened manufacturer's packaging.
Triangular Bandages	Vehicle shall be provisioned with at least six (6) cloth triangular bandages.
Water-Soluble Lubricant	Vehicle shall be stocked with at least one (1) multi-use tube or three (3) single-use packages of water soluble lubricant (e.g., K-Y Jelly® or equivalent.)

EXTRICATION & TRANSPORT

Cervical Collars	Vehicle shall be stocked with cervical collars in a range of sizes fitting the full range of patients from infants to tall adults (adjustable collars are acceptable). Collars must be clean and in good condition with no damaged parts.
Cervical Immobilization Device (Headblocks)	Vehicle shall be equipped with at least one cervical immobilization device (i.e., head blocks). The device must be clean and free of contamination.
Child Seat	Vehicle shall be equipped with a child restraint seat fitting children weighing from 20-40 pounds. The seat must be capable of being secured to the vehicle's stretcher (a flip-down airway seat is not an acceptable substitute). Seat must be compliant with current Federal Motor Vehicle Safety Standards (FMVSS) requirements. NOTE: Services are responsible for transporting all patients in accordance with U.S. Department of Transportation (USDOT) and other standards, as applicable.
Long Spine Board (Adult)	Vehicle shall be equipped with at least one (1) adult-size long spine-board meeting American Academy of Orthopaedic Surgeons (AAOS) standards, maintained in good condition and free of contamination.

- Long Spine Board (Pediatric)** Vehicle shall be equipped with at least one (1) pediatric-size long spine-board meeting AAOS standards, maintained in good condition and free of contamination.
- Short Extrication Board** Vehicle shall be equipped with at least one (1) short spine board with all necessary accessories. Commercially prepared devices such as the Kendrick Extrication Device (KED®) are acceptable.
- Straps for Boards** Vehicle shall be equipped with at least four (4) 7-9' long spine board straps in good condition and free of contamination. All straps must slide smoothly in buckles and hardware shall be free of rust or other corrosion.
- Stretcher / Straps / Mattress** Vehicle shall be equipped with a stretcher having a mattress with a waterproof covering, three (3) mounted transverse leg/torso straps and two (2) longitudinal shoulder straps. Straps are required to be at the patient's knees, hips, chest and over shoulders. Shoulder straps must be tethered together at stretcher frame. Stretchers must be maintained according to manufacturer's specifications and in proper working order. Mattress cover should not have rips or tears. Stretcher must operate according to manufacturer's standards and be current on maintenance/servicing as prescribed by the manufacturer.
- Triage / PTS Tracking Tags** Services assigned the RI Patient Tracking System equipment shall have a minimum quantity of twenty (20) bar-coded PTS bracelets. Vehicle shall be stocked with a minimum of twenty-five (25) Mettag® Triage tags (or equivalent) or other HEALTH-approved patient tracking system.

AIRWAY & VENTILATION

- Bag-Valve-Masks** Vehicle shall be stocked with disposable bag-valve-masks (BVMs) in adult, pediatric, and infant sizes (at least one each.) BVMs must be clean, unused, and individually packaged with oxygen reservoir and clear masks in adult, pediatric and infant sizes.
- Bite Stick** Vehicle shall be provisioned with at least one (1) bite stick that may be either commercially prepared or made of tongue blades taped together and padded.
- CO-oximeter** Vehicle shall be equipped with a portable, non-invasive CO-oximeter, optionally integrated with a portable pulse oximeter. Unit must be in good working order, with freshly charged batteries, and maintained in accordance with manufacturer's recommendations.
- CPAP/BiPAP** Vehicles shall be equipped with CPAP flow generator, tubing, CPAP valve and facemasks. Vehicle must have a variety of mask sizes ranging from small, medium and large adult.
- Cricothyrotomy Kit** Vehicle shall be provisioned with at least one (1) cricothyrotomy kit that may be either commercially prepared or assembled from the necessary components. The kit shall include:
- (1) 4.0-6.0 cuffed ET tube
 - (1) scalpel

- (1) face mask/shield
- (1) sterile 4x4 sterile gauze pad
- (1) syringe
- (1) povidone-iodine prep pad
- (1) appropriate tube securing device

These components must be bundled together in kit form. Each component must be clean, unopened original manufacturer's packaging.

Endotracheal Intubation Kit

If equipped for oral/endotracheal intubation, kit shall include laryngoscope handles and blades in adult and pediatric sizes as follows:

- Curved blades in sizes # 1, 2, 3 and 4
- Straight blades in sizes # 0, 1, 2, 3 and 4
- ET tubes in tubes from 2.0mm to 10mm
- Flexible stylettes in adult and pediatric sizes (tracheal tube introducer devices ("Bougie" tubes) are permitted in addition to regular stylettes)
- Water-soluble lubricant
- 10cc syringe
- Spare batteries
- Spare bulbs
- Adult and pediatric sized Magill forceps
- Device to secure the ET tube in place
- Endotracheal tube placement verification device (end-tidal CO₂ capability, either color metric or quantitative capnometry, in both adult and pediatric sizes is required)

Tubes and stylettes must be packaged individually in unopened, sterile manufacturer's packaging. Blades may be either plastic or metal but must be clean and in good condition. Handles must have fully charged batteries and a working bulb. **NOTE: "Bulb esophageal detection" devices do not detect CO₂ and are therefore NOT acceptable in place of the required end-tidal CO₂ detector.**

EOA Tube w/Mask

Vehicle shall be stocked with a clean, unused Esophageal Obturator Airway (EOA) consisting of a mask, tube and 35cc syringe, in good condition and stored in manufacturer's packaging.

Laryngeal Mask Airway (LMA) Kit

Vehicle shall be stocked with an LMA kit that includes, at a minimum, LMA sizes 3, 4 and 5. LMAs must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.

Laryngotracheal Airway (LTA) [King Airway] Kit

Vehicle shall be stocked with an LTA kit that includes, at a minimum, LTA sizes 3, 4 and 5. LTAs must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.

Main Oxygen Supply

Vehicle shall be equipped with an onboard oxygen system having a capacity of at least 300 liters. This system must be clean, in good condition, and free of obvious leaks. The system must include at least two (2) regulators capable of delivering oxygen at flow rates ranging from 1 to 15 liters/minute.

On-Board Suction

Vehicle shall be equipped with a permanently-installed, electrically-powered suction aspirator system meeting KKK-A-1822 specifications.

Oxygen Cannulas	Vehicle shall be stocked with at least two (2) nasal oxygen cannulas in adult, pediatric and infant sizes. Each must be sealed in original, unopened manufacturer's packaging.
Nasogastric Tubes	Vehicle shall be stocked with an assortment of nasogastric tubes in sizes from 8.0 to 18 Fr. Each must be sealed in original, unopened manufacturer's packaging.
Nasopharyngeal Airways	Vehicle shall be stocked with at least four (4) of nasopharyngeal airways in sizes from 16 to 34 French.
Oropharyngeal Airways	Vehicle shall be stocked with at least three (3) oropharyngeal airways in small, medium, and large sizes (size range: 40mm to 120mm).
Oxygen Masks	Vehicle shall be stocked with non-rebreather type oxygen masks in adult and pediatric and infant sizes minimum two (2) each. Each must be sealed in original, unopened manufacturer's packaging.
Oxygen Nebulizer	Vehicle shall be stocked with at least two (2) small volume nebulizers with reservoir. Each must be sealed in original, unopened manufacturer's packaging.
Pleural Decompression Kit	<p>Vehicle shall be provisioned with at least one (1) pleural decompression kit that may be either commercially prepared or assembled from the necessary components. The kit must include:</p> <ul style="list-style-type: none">▪ (1) 14# x 2" IV catheter▪ (1) 20cc syringe▪ (1) stopcock, one (1) 4"x4" sterile gauze pad▪ (1) povidone-iodine prep▪ (1) pair sterile gloves <p>These components must be bundled together in kit form. Each component must in clean, unopened original manufacturer's packaging.</p>
Portable Oxygen Cylinder	Vehicle shall be equipped with at least one (1) portable oxygen cylinder (size D or larger) with a pressure gauge and regulator capable of delivering a range of one (1) to fifteen (15) liters per minute.
Portable Suction Unit	Vehicle shall be equipped with either a hand-powered or battery-powered portable suction unit complete with disposable suction canister, and all necessary tubing. If battery-powered, the battery must be fully charged and unit must operate properly when tested.
Pulse oximeter	Vehicle shall be equipped with a portable, non-invasive pulse oximeter, optionally integrated with a carbon monoxide detection unit (CO-oximeter). Unit must be in good working order, with freshly charged batteries and maintained in accordance with manufacturer's recommendations. For ALS vehicles, a pulse oximeter integrated with the cardiac monitor is acceptable.
Suction Catheters w/ Tubing	Vehicle shall be stocked with both rigid and flexible suction catheters. Flexible catheters must be available with a minimum of four (4) sizes ranging from 5 to 18 Fr. All tubing and catheters must in clean, unopened manufacturer's packaging. One must be between (6Fr -10Fr, and one 12Fr-16Fr).

Supraglottic Airway Laryngopharyngeal Tube (SALT) Airway Vehicle shall be equipped with at least one (1) SALT (Supraglottic Airway Laryngopharyngeal Tube) airway, complete and unopened in the manufacturer's packaging.

INFECTION CONTROL

Biohazard Refuse Container Vehicle shall be equipped with at least one (1) biohazard waste receptacle with disposable liner.

Blood Collection Tubes Vehicle shall be stocked with blood collection tubes in assorted sizes.

Body Substance Isolation Kits Vehicle shall be stocked with at least two (2) disposable isolation kits. Each must contain (1) gown, (1) pair protective goggles, (1) pair gloves, (1) mask, (1) head cover and (1) biohazard bag.

Latex-Free Gloves Vehicle shall be stocked with disposable latex-free gloves, preferably in multiple sizes.

Level-C PPE Sets Vehicle shall be provisioned with at least two (2) Level-C PPE sets consisting of a Bullard PA30 PAPR, Tychem® suit, boots, gloves, chemical-resistant tape and carrying bag.

N-95 Masks Vehicle shall be stocked with at least five (5) N-95 Respirator Masks.

Sharps Receptacle Vehicle shall be equipped with at least one (1) rigid, disposable biohazard sharps container. Container must not be full.

CARDIAC MONITORING & DEFIBRILLATION

Automatic External Defibrillator Vehicle shall be equipped with an FDA-approved automatic external defibrillator (AED) compliant with American Heart Association (AHA) standards in effect at the time of purchase. The unit must operate according to manufacturer's standards and be current with maintenance/servicing as prescribed by the manufacturer. The unit shall have a fully charged battery and at least one (1) set of adult pads and one (1) set of pediatric pads, if applicable, unopened and appropriate to the defibrillator, or an attenuation device, as applicable.

Cardiac Monitor & Defibrillator Vehicle shall be equipped an FDA-approved cardiac monitor with manual defibrillator function, rhythm waveform display (both monophasic and biphasic types are acceptable) and synchronized cardioversion capability. If the unit has an AED capability, it shall be compliant with American Heart Association standards in effect at the time of purchase. The unit shall operate according to manufacturer's standards and be current with maintenance/servicing, as prescribed by the manufacturer. The unit shall have a fully charged battery and either device-appropriate hands-free pads and/or paddles, in both adult and pediatric sizes, with conductive gel. The unit shall have a working strip chart recorder with an adequate supply of paper. Electrodes for ECG tracings must be available in the vehicle.

Chest Compression Device Vehicle shall be equipped with a pneumatic or battery-powered automatic chest compression device (e.g. powered mechanical chest compression system (e.g., LUCAS™, AutoPulse™ or equivalent.) The unit shall have a fully charged battery and all necessary supplies/components. The unit shall operate according to manufacturer's standards and be current on maintenance/servicing, as prescribed by the manufacturer.

IV SUPPLIES & EQUIPMENT

Central Line Kit Vehicle shall be provisioned with at least one (1) central venous catheterization (central line) kit which may be either commercially prepared or assembled from the necessary components. The kit shall include, at a minimum:

- (1) sterile paper drape
- (1) povidone-iodine prep
- (1) 25 gauge x 1" anesthetizing needle
- (1) 22 gauge x 1.5" anesthetizing needle
- (1) 18 gauge x 2.5" introducer needle
- (2) 5mL syringes
- (1) J-tipped guide wire with housing and a straightener sleeve
- (1) scalpel with a No. 11 blade
- (2) skin dilator
- (1) catheter single-lumen or sheath introducer
- Gauze pads
- Suture set with curved needle
- 1% lidocaine

These components shall be bundled together in kit form and each component must in clean, unopened original manufacturer's packaging.

Constricting Bands

Vehicle shall be stocked with at least two (2) latex-free IV tourniquets.

Intraosseous Infusion (IO) Kit

Vehicle shall be provisioned with at least one (1) intraosseous infusion kit having needles sized for both adult and pediatric patients. Kit can be commercially prepared or assembled from the necessary components. The kit must include, at a minimum:

- (1) manual driver or one (1) power driver
- (2) adult sterile needles
- (2) pediatric sterile needles
- (2) alcohol prep pads
- (1) gauze pad
- (1) EZ connect IV extension set with standard Luer connector

NOTE: Devices intended for sternal IO use are not acceptable.

IV Drip Sets

Vehicle shall be stocked with a minimum of four (4) intravenous solution administration sets, not including the 100mL volumetric burette defined elsewhere. Administration sets shall include at least one (1) 60gtts set and one (1) 10-15gtts set. All sets shall in clean, unopened original manufacturer's packaging.

IV Catheters	Vehicle shall be stocked with IV catheters including a minimum of two (2) each of the following sizes: 14#, 16#, 18#, 20#, 22#, and 24#. Catheters must be in clean, unopened manufacturer's original packaging.
IV Infusion Pump	Vehicle shall be equipped with an IV infusion pump. PVC-free admin sets are recommended but not required.
IV Lactated Ringer's	Vehicle shall be stocked with at least two (2) 1000mL bags of sterile intravenous solution of Lactated Ringer's (LR). Fluid must be clear and free of precipitates. Bags must be sealed in original, unopened manufacturer's packaging.
IV Normal Saline	Vehicle shall be stocked with at least two (2) 1000mL bags of sterile intravenous solution of Normal Saline (NS). Fluid must be clear and free of precipitates. Bags must be sealed in original, unopened manufacturer's packaging.
Padded Arm Boards	Vehicle shall be equipped with at least one (1) each adult and pediatric sized padded arm boards.
Stopcock 3- or 4-way	Vehicle shall be equipped with at least one (1) 3-way or 4-way stopcock, sealed in original, unopened manufacturer's packaging.
Syringes/Needles	Vehicle shall be equipped with syringes and needles in assorted sizes (1mL, 3 mL, 5mL, 10mL, etc.) including at least one (1) 50-60 mL syringe and one (1) needle at least 1 1/2" for intramuscular (IM) injections.
Volumetric Burette	Vehicle shall be stocked with at least one (1) volumetric burette (100mL) for IV administration. Shall be sealed in original, unopened manufacturer's packaging.

MEDICATIONS

The following definitions indicate **minimum** quantities for both optional and required medications, as well as the acceptable packaging for each medication (i.e., vials, prefilled syringes, etc.).

NOTE: Where indicated, the minimum quantity of certain critical medications (e.g., epinephrine 1:10,000) must be stocked in prefilled syringes. However, additional quantities of these medications over the minimum may be packaged in other forms if desired.

Acetaminophen (oral)	1000mg (bottle of tablets or liquid suspension)
Acetaminophen (rectal)	Three (3) 325mg suppositories
Activated Charcoal	One (1) 50g unit dose or (2) 25g doses
Adenosine (injectable)	30 mg (vials or prefilled syringes)
Albuterol 0.083%	One (1) 2.5mg unit dose of 0.083% solution (vials or bullets)
Amiodarone (injectable)	300mg (prefilled syringes)
Amiodarone (admixture)	1000mg (premixed IV bag or vials)
Antacid	30cc (liquid or tablets)

Aspirin	2000mg (bottle of 81-324mg tablets)
Atropine (injectable)	3mg (prefilled syringes)
Calcium Chloride (injectable)	2g (vials or prefilled syringes)
Calcium Gluconate 2.5% (gel)	20g (tube)
Cyanide antidote kit	One (1) kit. May be "Cyanokit" (hydroxocobalamin) or "Cyanide Antidote Kit" (sodium nitrate, amyl nitrate, and sodium thiosulfate).
Dextrose 5% (admixture)	One (1) bag of sterile intravenous solution of D5W, no smaller than 250mL. Fluid must be clear and free of precipitates. Bag must be sealed in original, unopened manufacturer's packaging.
Dextrose 10% (admixture)	One (1) bag of sterile intravenous solution of D10W, no smaller than 250mL. Fluid must be clear and free of precipitates. Bag must be sealed in original, unopened manufacturer's packaging.
Dextrose 25% (injectable)	25g (vials or prefilled syringes)
Dextrose 50% (injectable)	50g (vials or prefilled syringes)
Diazepam (injectable)	8mg (ampules, vials or prefilled syringes)
Diazepam (rectal gel)	8mg
Diltiazem (injectable)	50mg (ampules, vials or prefilled syringes)
Diphenhydramine (injectable)	50mg (vials)
Diphenhydramine (oral)	50mg (bottle of tablets or liquid suspension)
Dopamine (admixture)	400mg (premixed IV bag or vials)
Epinephrine 1:10,000 (injectable)	3mg (prefilled syringes)
Epinephrine 1:1000 (injectable)	5mg (ampules or vials)
Epinephrine (admixture)	30mg (premixed IV bag or vials)
Epi-Pen (autoinjector)	Two (2) 0.3mg adult Epi-pen® and two (2) 0.15 Epi-pen Jr.® (May be substituted with vials, ampules, or Ana-kit®)
Fentanyl (injectable)	Optional: 100mcg (ampules, vials or prefilled syringes)
Furosemide (injectable)	80mg (vials or prefilled syringes)
Glucagon (injectable)	One (1) 1mg unit dose
Glucose (oral)	One (1) 15g dose (tubes)
Hydrocortisone Sodium Succinate (injectable)	Two (2) 100mg doses (vials)

Ipratropium Bromide 0.2%	One (1) 2.5ml dose (vials or bullets)
Lidocaine (admixture)	2g (premixed IV bag or vials)
Lidocaine 2% (gel)	5ml (tube or prefilled syringe)
Lidocaine 2% (injectable)	300mg (prefilled syringes)
Lorazepam (injectable)	8mg (vials or prefilled syringes)
Magnesium Sulfate (injectable)	2g (vials or prefilled syringes)
Midazolam (injectable)	20mg (vials or prefilled syringes)
Morphine (injectable)	12mg (ampules, vials or prefilled syringes)
Naloxone (injectable)	10mg (ampules, vials or prefilled syringes)
Nitroglycerin (admixture)	50mg (premixed IV bag or vials)
Nitroglycerin (tabs/spray)	10mg (bottle of 0.4mg tablets or 0.4mg metered-dose spray)
Nitroglycerin (paste)	1g (foil pouches or tube with applicator)
Ondansetron (injectable)	4mg (vials or prefilled syringes)
Organophosphate Antidote Autoinjectors	Six (6) unit doses
Phenobarbital (injectable)	250mg (vials)
Procainamide (admixture)	1g (premixed IV bag or vials)
Sodium Bicarbonate 8.4% (injectable)	One (1) 50mEq unit dose (vials or prefilled syringes)
Terbutaline (injectable)	1mg (ampules or vials)
Tetracaine 0.5% (drops)	One (1) 2ml (bottle)
Thiamine (injectable)	100mg (vials)
Verapamil (injectable)	15mg (ampules, vials or prefilled syringes)

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