

TEXAS EMSC PROGRAM EMS RECOGNITION CHECK LIST

EQUIPMENT: BLS EMERGENCY GROUND AMBULANCES

Official Completing Form (please print): _____

Initials: _____

Instructions: Please initial each box whether the specified item/equipment is present. If not present, please indicate by writing "N/P".

A. Ventilation and Airway Equipment

1. Portable and fixed suction apparatus with a regulator, per federal specifications

- Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6F–16F, are commercially available (have one of each between 6F and 10F and one of each between 12F and 16F)

2. Portable oxygen apparatus, capable of metered flow with adequate tubing

3. Portable and fixed oxygen supply equipment

- Variable flow meter

4. Oxygen administration equipment

- Adequate-length tubing; transparent mask (adult and child sizes), both non-rebreathing; nasal cannulas (adult, child)

5. Bag-valve mask (manual resuscitator)

- Hand-operated, self-expanding bag; adult (>1000 mL) and child (450–750 mL) sizes, with oxygen reservoir/accumulator, valve (clear, operable in cold weather), and mask (adult, child, infant, and neonate sizes)

6. Airways

- Nasopharyngeal (all sizes between 16F–34F; adult and child sizes)

- Oropharyngeal (all sizes 0–5; adult, child, and infant sizes)

7. Pulse oximeter with pediatric and adult probes

8. Bulb suction for infants

B. Monitoring and Defibrillation

BLS ground ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator. The AED must have pediatric capabilities, including child-sized pads and cables OR dose attenuator with adult pads.	
C. Immobilization Devices	
1. Cervical collars	
<ul style="list-style-type: none"> • Rigid for children ages 2 years or older; child and adult sizes (small, medium, large, and other available sizes) OR pediatric and adult adjustable cervical collars 	
2. Head immobilization device (not sandbags)	
<ul style="list-style-type: none"> • Firm padding or commercial device 	
3. Upper and lower extremity immobilization devices	
<ul style="list-style-type: none"> • Joint-above and joint-below fracture (sizes appropriate for adults and children) rigid support, constructed with appropriate material (cardboard, metal, pneumatic ,vacuum, wood, or plastic) Texas EMS for Children July 2015 	
4. Impervious backboards (radiolucent preferred) or extrication device	
<ul style="list-style-type: none"> • Short extrication/immobilization device (e.g., KED) • Long transport (head-to-feet length) with at least 3 appropriate restraint straps (chin strap alone should not be used for head immobilization) and with padding for children and handholds for moving patients 	
D. Bandages/Hemorrhage Control	
1. Sterile burn sheets	
2. Bandages	
<ul style="list-style-type: none"> • Triangular bandages 	
3. Dressings	
<ul style="list-style-type: none"> • Sterile dressings, including gauze sponges of suitable size • Abdominal dressing 	
4. Gauze rolls	
<ul style="list-style-type: none"> • Various sizes 	
5. Occlusive dressing or equivalent	
6. Adhesive tape – Hypoallergenic and adhesive of various sizes	
7. Arterial tourniquet (commercial preferred)	
E. Communication	

Two-way communication device between ground ambulance, dispatch, medical control, and receiving facility	
F. Obstetrical Kit (commercially packaged are available)	
1. Kit (separate sterile kit)	
<ul style="list-style-type: none"> • Towels, 4x 4 dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, and blanket 	
2. Thermal absorbent blanket and head cover, plastic wrap, or appropriate heat reflective material (enough to cover newborn infant)	
G. Medications (if included in service scope of practice)	
1. Albuterol	
2. Oral Glucose	
3. Epinephrine Auto Injector (Preferred)	
<ul style="list-style-type: none"> • Pre-filled syringe to avoid dosing errors is the preferred alternative: 0.15mg for < 25 kg and 0.3mg for > 25 kg • Drawing up epinephrine from an ampule is acceptable, but not preferred 	
H. Miscellaneous	
1. Access to pediatric and adult patient care protocols	
2. Nebulizer	
3. Glucometer or blood glucose measuring device with reagent strips	
4. Sphygmomanometer (pediatric and adult regular size and large cuffs)	
5. Adult stethoscope	
6. Thermometer with hypothermic capability	
7. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots	
8. Cold packs	
9. Sterile saline solution for irrigation	
10. Two functional flashlights	
11. Blankets	
12. Sheets (at least one change per cot)	
13. Pillows	
14. Towels	
15. Triage tags	

16. Emesis bags or basins	
17. Urinal	
18. Wheeled cot	
19. Stair chair or carry chair	
20. Patient care charts/forms or electronic capability	
21. Lubricating jelly (water soluble)	
I. Infection Control	
1. Eye protection (full peripheral glasses or goggles, face shield)	
2. Face protection (e.g., surgical masks per applicable local or state guidance)	
3. Gloves, nonsterile	
4. Fluid-resistant overalls or gowns	
5. Waterless hand cleanser, commercial antimicrobial (towelette, spray, or liquid)	
6. Disinfectant solution for cleaning equipment	
7. Standard sharps containers, fixed and portable	
8. Biohazard trash bags (color coded or with biohazard emblem to distinguish from other trash)	
9. Respiratory protection (e.g., N95 or N100 mask—per applicable local or state guidance)	
J. Injury-prevention Equipment	
1. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances. For children, this should be according to the National Highway Traffic Safety Administration's document: Safe Transport of Children in Emergency Ground Ambulances (www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf)	
2. Fire extinguisher	
3. Department of Transportation Emergency Response Guide	
4. Reflective safety wear for each crewmember (must meet American National Standard for High Visibility Public Safety Vests if working within the right of way of any federal-aid highway. Visit www.reflectivevest.com/federalhighwayruling.html for more information)	

EQUIPMENT: ADVANCED LIFE SUPPORT (ALS) EMERGENCY GROUND AMBULANCES

For paramedic services, include all of the required equipment listed above, plus the following additional equipment and supplies. For advanced EMT services (and other non-paramedic advanced levels), include all of the equipment from the above list and selected equipment and supplies from the following list, based on scope of practice, local need, and consideration of out-of-hospital characteristics and budget.

A. Airway and Ventilation Equipment

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades, sizes:
 - a. 0–3, straight (Miller), and
 - b. 2–3, curved
3. Endotracheal tubes (if ALS service scope of practice includes tracheal intubation), sizes:
 - a. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5 mm cuffed and/or uncuffed, and
 - b. 6.0, 6.5, 7.0, 7.5, and 8.0 mm cuffed (1 each), other sizes optional
4. 10-mL non-Luer Lock syringes
5. Stylettes for endotracheal tubes, adult and pediatric
6. Magill forceps, adult and pediatric
7. End-tidal CO2 detector with waveform capnography capability (adult and pediatric)
8. Rescue airway device that is a disposable supraglottic or extraglottic airway device that is available in pediatric sizes.

B. Vascular Access

1. Isotonic crystalloid solutions
2. Antiseptic solution (alcohol wipes and povidone–iodine wipes preferred)
3. Intravenous fluid bag pole or roof hook
4. Intravenous catheters, 14G–24G
5. Intraosseous needles or devices appropriate for children and adults
6. Latex-free tourniquet
7. Syringes of various sizes
8. Needles, various sizes (including suitable sizes for intramuscular injections)
9. Intravenous administration sets (microdrip and macrodrip)

10. Intravenous arm boards, adult and pediatric	
C. Cardiac	
1. Portable, battery-operated monitor/defibrillator	
<ul style="list-style-type: none"> • With tape write-out/recorder, defibrillator pads, quick-look paddles or electrode, or hands-free patches, electrocardiogram leads, adult and pediatric chest attachment electrodes, adult and pediatric paddles 	
2. Transcutaneous cardiac pacemaker, including pediatric pads and cables	
<ul style="list-style-type: none"> • Either stand-alone unit or integrated into monitor/defibrillator 	
D. Other Advanced Equipment	
1. A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length OR age	
2. Long large-bore needles or angiocatheters (should be at least 3.25" in length for needle chest decompression in large adults)	
E. Medications	
Drug dosing in children should use processes minimizing the need for calculations, preferably length-based system. In general, medications may include:	
1. Cardiovascular medication, such as 1:10,000 epinephrine, atropine, anti-dysrhythmic (e.g., adenosine and amiodarone), calcium channel blockers, beta-blockers, nitroglycerin tablets, aspirin, vasopressor for infusion	
2. Cardiopulmonary/respiratory medications, such as albuterol (or other inhaled beta agonist) and ipratropium bromide, 1:1000 epinephrine, furosemide	
3. 50% or 10% dextrose solution (and sterile diluent or 25% dextrose solution for pediatrics)	
4. Analgesics, narcotic and nonnarcotic	
5. Anti-epileptic medications, such as diazepam or midazolam	
6. Sodium bicarbonate, magnesium sulfate, glucagon, naloxone hydrochloride, calcium chloride	
7. Bacteriostatic water and sodium chloride for injection	
8. Additional medications, as per local medical director	

OPTIONAL EQUIPMENT

The equipment in this section is not required. Use should be based on local needs and resources.

A. Optional Equipment for BLS Ground Ambulances

1. Infant oxygen mask

2. Infant self-inflating resuscitation bag

3. Airways

a. Nasopharyngeal (12F, 14F)

b. Oropharyngeal (size 00)

4. CPAP/BiPAP capability

5. Neonatal blood pressure cuff

6. Infant blood pressure cuff

7. Pediatric stethoscope

8. Infant cervical immobilization device

9. Pediatric backboard and extremity splints

10. Femur traction device (adult and child sizes)

11. Pelvic immobilization device

12. Elastic wraps

13. Ocular irrigation device

14. Hot packs

15. Warming blanket

16. Cooling device

17. Soft patient restraints

18. Folding stretcher

19. Bedpan

20. Topical hemostatic agent/bandage

21. Appropriate CBRNE PPE (chemical, biological, radiological, nuclear, explosive personal protective equipment), including respiratory and body protection; protective helmet/jackets or coats/pants/boots

22. Applicable chemical antidote auto-injectors (at a minimum for crew members' protection; additional for victim treatment based on local or regional protocol; appropriate for adults and children)	
B. Optional Equipment for ALS Emergency Ground Ambulances	
1. Respirator, volume-cycled, on/off operation, 100% oxygen, 40–50 psi pressure (child/infant capabilities)	
2. Blood sample tubes, adult and pediatric	
3. Automatic blood pressure device	
4. Nasogastric tubes, pediatric feeding tube sizes 5F and 8F, sump tube sizes 8F–16F	
5. Size 1 curved laryngoscope blade	
6. Gum elastic bougies	
7. Needle cricothyrotomy capability and/or cricothyrotomy capability (surgical cricothyrotomy can be performed in older children in whom the cricothyroid membrane is easily palpable, usually by puberty)	
8. Rescue airway devices for children	
9. Atomizers for administration of intranasal medications	
OPTIONAL MEDICATION	
A. Optional Medications for BLS Emergency Ambulances	
1. Nitroglycerin (sublingual tablet or paste)	
2. Aspirin	
B. Optional Medications for ALS Emergency Ground Ambulances	
1. Intubation adjuncts, including neuromuscular blockers	

INTERFACILITY TRANSPORT

Additional equipment may be needed by ALS and BLS out-of-hospital care providers who transport patients between facilities. Transfers may be made to a lower or higher level of care, depending on the specific need. Specialty transport teams, including pediatric and neonatal teams, may include other personnel, such as respiratory therapists, nurses, and physicians. Training and equipment needs may be different depending on the skills needed during transport of these patients. There are excellent resources available that provide detailed lists of equipment needed for inter-facility transfer, such as Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients from the AAP and The Inter-facility Transfer Toolkit for the Pediatric Patient from the EMSC, ENA, and the Society of Trauma Nurses. Any ground ambulance that, either by formal agreement or by circumstance, may be called into service during a disaster or mass casualty incident to treat and/or transport any patient from the scene to the hospital or to transfer between facilities any patient other than those within their designated specialty population should carry, at a minimum, all equipment, adult and pediatric, listed under “Required Equipment for All Emergency Ground Ambulances.”

EXTRICATION EQUIPMENT

In many cases, optimal patient care mandates appropriate and safe extrication or rescue from the patient’s situation or environment. It is critical that EMS personnel possess or have immediate access to the expertise, tools, and equipment necessary to safely remove patients from entrapment or hazardous environments. It is beyond the scope of this document to describe the extent of these. Local circumstances and regulations may affect both the expertise and tools that are maintained on an individual ground ambulance, and on any other rescue vehicle that may be needed to accompany an ambulance to an EMS scene. The tools and equipment carried on an individual ground ambulance need to be thoughtfully determined by local features of the EMS