

Aeromedical (Rotor and Fixed Wing Operations) Agency Inspection

Self-Study Workbook



Required Documentation for Inspection

Please provide your EMS Program Representative with the following:

- A) A completed EMS Agency Application.
- B) Copy of current Operational Medical Director (OMD) contract in accordance with §12VAC5-31-590.
- C) Copy of Internal Revenue Service (IRS) Designation Letter.
- D) Current list of providers and the certification level they are authorized to practice, signed by the OMD (See §12VAC5-31-1040).

Please have the following items ready for review:

- E) Roster of Agency personnel, in alphabetical order showing current level of certification, certification number, address and phone number.
- F) Vehicle maintenance records for all permitted EMS vehicles. (See §12VAC5-31-550)
- G) Individual Personnel Records for ALL personnel. Must have copies of current EMS Certifications and EVOC certifications. Must have documentation of a criminal background check conducted through the Central Criminal Records Exchange and the National Crime Information Center via the Virginia State Police and a Department of Motor Vehicle transcript. (See §12VAC5-31-540).
- H) VPHIB access to patient care reports.
- I) Current FCC Radio License listing frequencies used by the agency &/or written authorization from the licensed agency to utilize frequencies (See §12VAC5-31-760).
- J) Copy of current vehicle insurance policy or current Certificate of Insurance (See §12VAC5-31-490).
- K) Copy of agency's Medical Treatment Protocols.
- L) Copy of DERA Mutual Aid Agreements with bordering jurisdictions (See §12VAC5-31-630).
- M) Copy of QM reports for the last year. (See §12VAC5-31-600).
- N) Access to Virginia EMS Regulations §12VAC5-31 at each place of operation.
- O) Copy of a local EMS response plan (See §12VAC5-31-610).
- P) Copy of drug and substance abuse policy (See §12VAC5-31-940).
- Q) Copy of policy that addresses driver eligibility, record review, and vehicle operation (See §12VAC5-31-910).

Please have an individual familiar with the agency and with access to all required items to assist with the inspection.

You should plan for ten (10) minutes for each vehicle inspection and one and one half (1½) hours for the paper work, unless you submit paperwork electronically to me at least 1 week prior to inspection date. Please contact me at the number above or via Email to confirm date & time of inspection, or if additional information is needed.

Agency Application Instructions

The following instructions are provided to assist applicants in completing the required information in its entirety. Applications that are complete and accurate allows for quicker processing time for initial licensure and re-licensure. The EMS agency application captures information required by the Virginia Office of Emergency Medical Services (OEMS), as well as certain data points required by the National Emergency Medical Services Information Systems (NEMSIS). The Commonwealth of Virginia has signed a Memorandum of Understanding (MOU) to submit state level data to NEMSIS.

If you have questions concerning the application and the instructional guide does not successfully answer your question, please contact OEMS or your local EMS Program Representative.

Agency name: The legal name for the organization. Note: This name cannot be similar to or the same as another existing organization.

FIN #: The Federal Tax Identification Number issued by the Internal Revenue Service (IRS). A copy of the IRS designation letter must accompany all applications for EMS agency license(s).

Agency no.: The identification number issued by OEMS (for recertification only).

NPI #: The National Provider Identifier associated with National Provider System and used in all standard HIPAA transactions such as electronic claim filing. Note: Any agency that bills for service is given a National Provider System number. The Centers for Medicare and Medicaid Services (CMS) requires anyone who bills to submit electronically using a HIPAA Standard NPI number. Please refer to <http://www.cms.hhs.gov/nationalprovidentstand/>.

Physical Location: Please provide a detailed description of the physical location of the primary facility with directions from the closest major roadway.

Number of stations: Any vehicles housed/positioned in another location must be included on the last page of the application. Please include the names of stations, their complete physical addresses and contact phone numbers.

Mailing address: Where mail is delivered from the United States Postal Service (USPS).

Shipping address: Where items delivered by overnight carriers (UPS, FedEx, etc.) can be delivered to an attended physical location (not a P.O. Box).

Agency telephone number: Ten digit telephone number advertised to reach agency personnel (should not be an “emergency “number).

Fax: Ten digit number to access the facsimile device.

Agency FIPS no.: FIPS stands for Federal Information Processing Standards. Please use the following link to determine your FIPS number if you don't already know it, http://www.vdh.virginia.gov/OEMS/Files_page/shared/fips.pdf.

Agency Web site: An electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia document to another in the same or different document. (Example: www.rescue1.org).

Type of Application: Initial – first time application (usually a new agency), Recertification – a renewal of an existing agency license, Change of classification – going from one level of service to another (Example: BLS non-transport to ALS transport).

Organizational Status: The primary organizational status of the agency. Selection choices are: (select only one)

- Volunteer
- Career
- Mixed – Volunteer/Career

Organizational Type: The organizational structure utilized to deliver EMS. Selection choices are: (select only one)

- Community, Non-Profit
- Governmental, Non-fire
- Private, Non-hospital
- Fire Department
- Tribal

Description: The organizational status description. Selection choices are: (select only one)

- Fire Department
- 1st Response Only
- Rescue Squad – EMS
- Hospital
- Police
- Other

Classification: Type of EMS agency licenses applying for.

Types and # of personnel: List the applicable numbers of providers that are affiliated with your agency.

Career Personnel: Personnel who staff the EMS units and are monetarily compensated for their time worked.

Hours of Operation: If station is not open on a 24 hour continuous basis, please indicate time of operations.

Total no. of 911 calls/calendar year: The number of 911 EMS calls in a calendar year. Please include the number of 911 calls assigned to any unit for any length of time, i.e. cancelled, no patient found, patient refusals, treat and release, obvious death, treated and transferred care, treated and transported etc.

EMS Dispatch volume/calendar year: The number of EMS dispatches in a calendar year. Please include the total number of EMS calls received by the agency, i.e. commercial agencies would report their total number of 911 calls in addition to routine transport calls here. For emergency responders only, this number would likely be the same as the number of 911 calls per year.

EMS Transport volume/calendar year: The number of EMS transports in a calendar year. Please include the total number of patients transported and exclude transports to physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.

EMS contact volume/calendar year: Total number of patients that EMS providers from agency encountered and attended to at the scene. Please exclude cancelled, no patient found, arrived on scene but did not attend to patient.

Total service area (sq. mi): The total square miles within the EMS agency's service area.

Total service area population: The total population in the agency's service area based on the most recent census data available. This number does not include population changes associated with daily work flow or seasonal movements. Please refer to <http://quickfacts.census.gov/qfd/>.

Vehicle insurer: The insurance company on record for the agency vehicle(s).

Does the agency bill for services: Does the patient cared for/transported by the EMS agency receive a bill for service? Please report this information regardless of whether the EMS agency bills or another organization bills on behalf of the agency.

Vaccine Administration Program: If the EMS Medical Director for the agency authorizes EMS providers to provide vaccinations to agency personnel or the public (or both), this must be completed in its entirety.

Authorized Practitioner: The name of the physician who has authorized the purchase of drugs for the vaccination program for the EMS agency to administer.

Vaccine Administrator: The individual assigned to oversee the agency vaccine program.

Required Signatures

Agency Representative/Owner Signature: Signature of Owner/Representative 1 or 2 listed in application. This signature attests to the correctness of the information contained within the application.

Agency Operational Medical Director Signature: Signature of agency Primary OMD. This signature attests to OMD confirmation as serving as the agency's primary Operational Medical Director at the time of application. In addition to signing the agency application, the OMD must sign a list of OMD authorized providers for the agency according to §12VAC5-31-1040.

(DERA ONLY) Local Government Signature: Signature of the county administrator or city manager. This signature is attesting to the agency's compliance with the local emergency response plan guidelines. This signature is only required from designated emergency response agencies (DERA).

EMS Agency Name: _____ Agency No. _____

Date of Inspection: _____ Approved Yes No

Follow Up Yes No

Rep Sign: _____



1041 Technology Park Drive
Glen Allen, VA 23059-4500
(800) 523-6019

APPLICATION FOR EMS AGENCY LICENSE

PLEASE COMPLETE APPLICATION FORM IN ITS ENTIRETY PRIOR TO TIME OF INSPECTION. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR PROGRAM REPRESENTATIVE.

PLEASE COMPLETE ENTIRE APPLICATION

Agency Name: _____ FIN # _____

Agency Number: _____ NPI # _____

Physical location of agency and directions from major route:

Number of stations: _____ (Please use station list page at the end of this application)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Shipping Address: _____
(Street Address)

(City) (State) (Zip Code)

Business Phone: _____ Fax: _____

Agency FIPS #: _____ Agency Web Site: _____

Type of Application: _____

Please Select the Organizational Status and Type, all Classifications, and Description of Agency

Organizational Status: _____ Description: _____

Organizational Type: _____ If Other describe: _____

Classification:

Non-Transport – BLS Emergency Ground Transport – BLS Neonatal Ambulance

Non-Transport – ALS Emergency Ground Transport – ALS Air Ambulance

Does agency utilize career EMS Personnel?

If so, who are they employed by:

Types and # of personnel: _____ First Responder/Medical Responder _____ Paramedic

_____ EMT _____ Driver Only (EVOC)

_____ A-EMT/EMT–Enhanced _____ Support Personnel

_____ Intermediate _____ MD _____ RN

Hours of Operation: 24 Hours Other _____

Month/Year Agency Established: _____

Month/Year Agency Began EMS Operations: _____

Agency is a member of: Virginia Association of Volunteer Rescue Squads
 Virginia Ambulance Association
 Virginia Governmental EMS Administrators
 Other _____

EMS TRANSPORTS:

Total # of 911 calls/calendar year: _____ EMS dispatch volume/calendar year: _____
EMS Transport volume/calendar year: _____ EMS contact volume/calendar year: _____
Total service area (square miles): _____ Total service area population: _____
Are agency vehicles used by any other licensed agency? _____
If yes, total number of calls other agencies utilize vehicles permitted to you EMS agency? _____

EXTRICATION EQUIPMENT:

Is required equipment supplied by applicant agency? _____
If no, who is supplying the required equipment? _____

OTHER EQUIPMENT: (check all that apply)

- | | |
|----------------------------------|---|
| Rescue/Crash Truck | Technical Rescue Vehicle/Trailer |
| Water Rescue Capability | Disaster/Mass Casualty Trailer |
| Haz-Mat Response Vehicle/Trailer | Emergency Back-up Generator (on location) |
| Command/Communications Vehicle | |

VEHICLE INSURER:

(Underwriter) (Policy Number) (Expiration Date)
of defibrillators: _____ Manual _____ Automated _____ Combination

AGENCY OFFICIAL REPRESENTATIVE(S) OR OWNER(S)

REPRESENTATIVE/OWNER #1:

Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____ SSN: _____

EMS Certification # (if applicable): _____

REPRESENTATIVE/OWNER #2:

Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____ SSN: _____

EMS Certification # (if applicable): _____

AGENCY PORTAL SUPERUSER:

Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____ EMS Certification #: _____

AGENCY DESIGNATED INFECTION CONTROL OFFICER:

Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____ EMS Certification #: _____

TRAINING OFFICER:

Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____ EMS Certification #: _____

OPERATIONAL MEDICAL DIRECTORS:

	NAME	PRIMARY/SECONDARY
1.	_____	_____
2.	_____	_____
3.	_____	_____

COMMUNICATIONS:

Dispatch facilities: Agency _____ Central Dispatch (Specify) _____
Other (Specify) _____
Dispatch business telephone number: _____

FREQUENCIES:

Dispatch Frequencies: 1) TX _____ PL _____ RC _____ PL _____
Other Frequencies: 1) TX _____ PL _____ RC _____ PL _____
2) TX _____ PL _____ RC _____ PL _____
3) TX _____ PL _____ RC _____ PL _____

Agency notified by: _____
Number of radios: Mobile _____ Portable _____ Paging _____
Emergency telephone number: 911 Other _____
Emergency telephone number listed for public: _____
Does dispatch prioritize or provide pre-arrival instructions? _____
FCC license holder: Agency Local Government Other _____ 4

If local government or other, written permission for use?: _____
FCC license expiration date: _____ Call Sign: _____ Narrowband Compliant: _____
Permission for Office of EMS to operate on frequencies: _____

AGENCY BILLING:

Does agency bill for service? _____
If yes, what year did agency begin billing? _____
Who is responsible for billing? _____ Specify Vendor: _____
Does agency have a billing Subscription Service? _____

VACCINE ADMINISTRATION PROGRAM: (Only if EMS Personnel administer vaccines)

Do you have a vaccination program? _____ If Yes: _____
List Virginia Immunization Information System (VIIS) number: _____

PROGRAM ADMINISTRATION:

Authorized Prescriber: _____
Name: _____ Title: _____
(Last Name) (First Name) (Middle Name)
Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)
Daytime Phone Number: _____ Evening Phone Number: _____
E-mail Address: _____

AGENCY REPRESENTATIVE/OWNER SIGNATURE:

Name: _____ Date: _____

I hereby affirm that the information on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection of agency application, and/or enforcement action.

(Please sign name) Date: _____

AGENCY OPERATIONAL MEDICAL DIRECTOR SIGNATURE:

Name: _____ Date: _____

I hereby affirm that I am the primary Operational Medical Director for the above listed agency and have signed a current list of authorized provider form/roster as outlined in §12VAC5-31-1040.

(Please sign name) Date: _____

(DERA ONLY) LOCAL GOVERNMENT SIGNATURE: (County Administrator or City Manager)

Name: _____ Date: _____

I acknowledge the above listed agency is compliant with the local emergency response plan

(Please sign name) Date: _____

Agency Station List

Include station number, physical address, telephone number

Operations and safety (12VAC5-31-875)

- Provide copies of operational policies to address the following areas pursuant to medical flight personnel:
 - Hearing protection
 - Protective clothing and dress codes relative to:
 - a. Mission type; and
 - b. Infection control
 - Flight status during pregnancy
 - Flight status during acute illness
 - Flight status while taking medications

Attach copies of the above listed policies after this page.

Training (12VAC5-31-885)

- Provide documentation that the pilots initial training; in addition to FAA requirements, pilots must have the following:
 - Orientation to the hospital or health care system associated with the air medical service
 - Orientation to infection control, medical systems installed on the aircraft, and patient loading and unloading procedures
 - Orientation to the EMS and public service agencies unique to the specific coverage area (fixed wing excluded)
- Provided documentation that registered nurses (RN) meet the following training requirements:
 - Valid unrestricted license to practice nursing in Virginia
 - Cardio-pulmonary resuscitation (CPR) – documented evidence of current CPR certification according to the American Heart Association (AHA) standards or equivalent as approved by OEMS
 - Advanced Cardiac Life Support (ACLS) – documented evidence of current ACLS according to the AHA or equivalent as approved by OEMS
 - Pediatric Advanced Life Support (PALS) – documented evidence of current PALS or equivalent education
 - Neonatal Resuscitation Program (NRP) – documented evidence of current NRP according to the AHA or American Academy of Pediatrics (AAP) or equivalent education within one year of hire (fixed wing, mission specific)
 - EMT or equivalent within six months of hire (Fixed wing excluded)
- Provide documentation that paramedics meet the following training requirements:
 - Valid Virginia paramedic certification
 - CPR – documented evidence of current CPR certification according to the AHA standards or equivalent as approved by OEMS
 - ACLS – documented evidence of current ACLS certification according to the AHA or equivalent as approved by OEMS
 - PALS – documented evidence of current PALS or equivalent education
 - NRP – documented evidence of current NRP according to the AHA or AAO or equivalent education, (fixed wing, mission specific)
- Provide documentation that all air medical crew members meet the following minimum initial training:

- Didactic component of initial education (shall be specific for the mission statement and scope of care of the medical transport service. Measurable objectives shall be developed and documented for each experience by the program) Minimum training for all air medical crew members, including the OMD, shall include:
 - Altitude physiology and stressors of flight
 - Air medical resource management
 - Aviation – aircraft orientation, safety, in-flight procedures, and general aircraft safety including depressurization procedures for fixed wing
 - Cardiology
 - Disaster and triage
 - EMS radio communications
 - Hazardous materials recognition and response
 - External pacemakers, automatic implantable cardiac defibrillator (AICD), and central lines
 - High risk obstetric emergencies (bleeding, medical, trauma)
 - Infection control
 - Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment
 - Metabolic or endocrine emergencies
 - Multi-trauma (adult trauma and burns)
 - Neuro
 - Pediatric medical emergencies
 - Pediatric trauma
 - Pharmacology (specific application)
 - Quality management – didactic education that supports the medical transport services mission statement and scope of care of the medical transport service
 - Respiratory emergencies
 - Scene management, rescue and extrication
 - Survival training
 - Toxicology
- Additional training for critical care air medical crew members, including paramedics, RNs, MDs, and the air medical service OMD shall include within their mission profile;
 - Hemodynamic monitoring
 - Intra-aortic balloon pump

- Pulmonary and arterial catheters
- Ventricular assist devices
- Extracorporeal membrane oxygenation (ECMO)
- Clinical component of initial education Clinical experience shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only (fixed wing excluded):
 - Advanced airway management
 - Basic care for pediatrics, neonatal and obstetrics
 - Critical care
 - Emergency care
 - Invasive procedures on mannequin equivalent for practicing invasive procedures
 - Pediatric critical care
 - Prehospital care
- Annual continuing education requirements. Continuing education or staff development programs that include reviews or updates for all air medical crew members and the agency OMD on the following area:
 - Aviation safety issues
 - Altitude physiology
 - Air medical resource management
 - Hazardous materials recognition and response
 - Invasive procedures labs
 - Management of emergency or critical care adults, pediatrics, and neonatal patients (medical and trauma)
 - Survival training

Equipment (12VAC5-31-890)

The following equipment is required:

Aircraft equipment:

- General aircraft inspection requirements
 - Current FAA documented compliance
 - Current EMS permit posted
 - Interior and supplies clean and sanitary
 - Exterior clean
 - Equipment in good working order
 - Current USDOT Emergency Response Book
- Aircraft warning devices
 - 180 degree controllable searchlight 400,000 candle power (fixed wing excluded)
- Design and dimensions
 - All interior edges and corners padded
 - Surfaces easily cleaned and nonstainable
 - Security restraints for stretcher to aircraft
 - Climate controlled environment for operator and patient care compartments
 - The service's mission and ability to transport two or more patients shall not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient
- Aircraft markings
 - Lettering is minimum three inches in height
 - Name of agency is permitted on both sides, three inches in height, contrasting color
- Aircraft communications
 - The aircraft shall be equipped with a functioning emergency locator transmitter (ELT)
 - Attendant-in-charge to medical control (fixed wing excluded)
 - Patient compartment to pilot
 - The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation
 - The flight crew must be able to communicate internally
 - Cellular phones may not be used to satisfy these requirements
- Aircraft safety equipment

- Head strike envelope – helmets shall be worn by all routine flight crews and scheduled specialty teams
- Seatbelts for all occupants
- Flashlight
- Fire extinguisher mounted in a quick release bracket or other FAA approved fire suppression system
- All items secured to prevent movement while the air ambulance is in motion
- “No Smoking” sign posted
- The aircraft shall be equipped with survival gear specific to the coverage area and the number of occupants
- Survival kit to include signaling capabilities and shelter
- Safety apparel (3 minimum)
- All items shall be capable of being secured
- Medical equipment (Any in-service air ambulance shall be configured in such a way that the medical transport personnel can provide patient care consistent with the mission statement and scope of care of the medical transport service):
 - General patient care equipment
 - A minimum of one stretcher shall be provided that can be carried to the patient and properly secured to the aircraft (as defined in FAR 27.785)
 - The stretcher shall be age appropriate and full length in the supine position
 - The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available (1).
 - The head of the stretcher shall be capable of being elevated for patient care and comfort.
 - Biohazard container for contaminated sharp objects (ALS), secured or mounted (1)
 - Waterless antiseptic hand wash (1)
 - Exam gloves, nonsterile, pairs in sizes small through extra large (small, medium, large, and extra large), if not one size fits all (5)
 - Face shield or eyewear (2)
 - Infectious waste trash bags (2)
 - Linen: towels, blankets, and sheets (2 each)
 - Basic life support air ambulance equipment requirements

- Roller or conforming gauze of assorted widths (12)
- Medical adhesive tape, rolls of 1" and 2" (4)
- Trauma scissors (1)
- Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped (2)
- Sterile 4" x 4" gauze pads, individually wrapped (10)
- Occlusive dressings, sterile 3" x 8" or larger (2)
- Oropharyngeal airways, one of each sizes 0 – 5 wrapped or in closed container (1 set)
- Nasopharyngeal airways set of four, varies sizes, with water soluble lubricant (1 set)
- Bag valve mask with oxygen attachment, adult size, with transparent mask (1)
- Bag valve mask with oxygen attachment, child size, with transparent mask (1)
- BVM infant mask (1)
- Pocket mask (1)
- Portable O2 unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter.
- Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the approximate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single use humidification device
- O2 high concentrate mask and cannula, child and adult (2 each)
- Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation s(1)
- Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1)
- Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6 (2 each)
- Stethoscope, adult and pediatric sizes (1 each)
- BP cuff, pediatric, adult, and large adult (1 each)
- Obstetrics kit containing sterile surgical gloves (2 pair), scissors or other cutting instrument (1), umbilical cord ties (10" long) or

- disposable cord clamps (4), sanitary pad (1), cloth or disposable hand towels (2), and soft tip bulb syringe (1)
 - Emesis basin or equivalent container (2)
 - Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device (1)
 - Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes (1 each). If adjustable adult collars are utilized, a minimum of three
 - Cervical immobilization device (1)
 - Pediatric immobilization device (1)
 - Immobilization devices for upper and lower extremities (1 each)
 - First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1)
- Advanced life support air ambulance equipment requirements
 - A drug kit with controlled drugs authorized by the agency's OMD for use by paramedic personnel (1)
 - Lockable storage for drug kit and supplies
 - All drugs shall be in date
 - Intubation kit with two sets of batteries, adult and pediatric blades and handles (sizes 0 – 4) (1 set). Magill forceps in adult and pediatric sizes (1 each), disposable tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5, or equivalent (2 each), rigid adult stylettes (2 each), 10cc disposable syringe (2), and 5ml of water soluble lubricant (1)
 - There shall be an approved secondary airway device as prescribed by the agency's OMD (1)
 - Assorted IV, IM, subcutaneous, and other drug and IV fluid administration delivery devices and supplies as specified by agency's OMD
 - IV infusion pump (1)
 - Defibrillator, cardioversion and external pacing capable (1)
 - EKG monitor (1)
 - Monitor electrodes, with adult and pediatric defibrillation pads (2 each)
 - Adult and pediatric external pacing pads (2 each)
 - Noninvasive blood pressure monitoring device capable of adult and pediatric use (1)

- Continuous end tidal CO2 monitoring device (1)
- Pulse oximetry monitoring device (1)
- Critical care package air ambulance equipment requirements (Items listed are in addition to the air ambulance ALS package)
 - Invasive pressure monitoring equipment (1)
 - Internal pacemaker and pulse generator immediately available (1)
 - Ventilator as appropriate for mission
 - IV infusion pumps (2)



Rotor-Wing EMS VEHICLE SUPPLIES

Quick Reference Guide

General:	✓	General Patient Care Equipment:	✓	Linen:	✓
Current FAA Compliance		Stretcher (1)		Towels (2)	
Current OEMS Permit		Secured Sharps Container (1)		Blankets (2)	
Interior/Supplies Clean		Waterless hand wash (1)		Sheets (2)	
Exterior clean		Gloves; S, M, L, XL pairs (5 pr ea)		BLS Equipment:	✓
USDOT Guidebook		Face shield/Eyewear (2)		Durable First aid kit/bag	
Aircraft Warning Devices:	✓	Biohazard Bags (2)		Emesis Basin (2)	
180 control searchlight		Patient Assessment:	✓	O/P Airways (sz 0-5) (1 set)	
Design/Dimensions:		BP Cuff; Ped, Adult, LG (1)		N/P Airways (varied sz) (1 set)	
Interior edges/corners padded		Stethoscope, Adult (1)		BVM, Adult (1)	
Surfaces easily cleanable		Stethoscope, Peds (1)		BVM, Child (1)	
Stretcher to aircraft restraint		OEMS Approved Triage Tags (25)		BVM, Infant (1)	
Climate controlled		Obstetrics Kit (1) containing:	✓	Pocket Mask (1)	
Aircraft Markings:	✓	Sterile surgical gloves (2 pr)		Oxygen Apparatus:	✓
3" min lettering		Scissors/Other cutting inst. (1)		Portable O2	
Name contrast color		Umbilical cord ties (10") OR disposable cord clamps (4)		Onboard O2	
Communications:	✓	Sanitary pad (1)		Adult HC (NRB) Mask (2)	
Functioning ELT		Cloth/Disposable Hand Towels (2)		Child HC (NRB) Mask (2)	
AIC to Med Control		Soft Bulb Syringe (1)		Suction Apparatus:	✓
PT compartment to pilot		Roller gauze (12)		Onboard Suction	
Pilot Override		Tape rolls 1" & 2" (4)		Battery Portable Suction	
Safety Equipment:	✓	Trauma scissors (1)		Suction Catheters (FR18, FR14, FR8, FR6) (2 ea)	
Head strike envelope		Trauma Dressings 8"x10" (2)		Splinting:	✓
Seatbelts for all occupants		Sterile 4"x4" gauze (10)		Spine board (1)	
Flashlight		Occlusive dressings (2)		Rigid Collars, SA, MA, LA & Peds (2ea) OR Adjustable (3)	
Fire Extinguisher		ALS Supplies:	✓	Cervical Immobilization Device (1)	
All Items Secured		Drug kit with OMD approved meds		Upper/lower extremity immobilization devices (1 ea)	
"No Smoking" sign		Lockage drug storage		Critical Care Package:	✓
Survival gear		IV Infusion pump (1)		Invasive pressure monitoring device (1)	
Signaling equip & shelter		Sterile Needles, Syringes, IV Solutions/Tubing & IV Start Kits as determined by OMD		Internal pacemaker/pulse generator (1)	
Safety apparel (3)		ECG, Cario, Pac, Defib Monitor (1)		Ventilator (as needed) (1)	
Intubation Kit:	✓	Adult & Ped Defib Pads (2 ea)		IV pumps (2)	
2 sets of batteries		Adult & Ped Ext. Pacing Pads (2)			
Adult/Ped blades/handles (sz 0- 4) (1 set)		NIBP Monitoring Device Adult & Ped (1)			
Magill forceps Adult&Ped (1 ea)		Continuous ETCO2 Monitor (1)			
ETT (8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5) (2 ea)		Pulse Oximetry Device (1)			
OMD Approved 2nd airway (1)					