


Sierra – Sacramento Valley EMS Agency Program Policy

**BLS Provider Agency Inventory Requirements**

|   |   |                      |                   |
|---|---|----------------------|-------------------|
|  | Effective: 12/01/2020                           | Next Review: 11/2023 | <b>704</b>        |
|   | Approval: Troy M. Falck, MD – Medical Director  |                      | SIGNATURE ON FILE |
|   | Approval: Victoria Pinette – Executive Director |                      | SIGNATURE ON FILE |

**PURPOSE:**

To establish a standardized inventory for BLS response vehicles in the S-SV EMS region.

**AUTHORITY:**

California Health and Safety Code, Division 2.5, § 1797.204 and 1797.220.

California Code of Regulations, Title 22, Division 9.

California Code of Regulations, Title 13.

California Vehicle Code, Section 2418.5.

Emergency Medical Services Authority Guidelines and Recommendations, Highway Patrol Handbook 82.4.

**POLICY:**

All S-SV EMS approved BLS response vehicles shall carry the minimum equipment and supply inventory listed in this policy. Reasonable variations may occur; however, any exceptions or additions shall have prior S-SV EMS approval.

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| <b>Radio Equipment &amp; Miscellaneous Equipment/Supplies</b>  | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
|--|----------------------|--------------------------|
| Mobile UHF Med-Net Radio   | 1                    | 0                        |
| Portable UHF Med-Net Radio or Mobile Telephone   | 1                    | 0                        |
| Maps (paper or electronic covering normal service area)  | 1                    | 1                        |
| DOT Emergency Response Guidebook (ERG)   | 1                    | 1                        |
| FIRESCOPE Field Operations Guide (FOG)   | 1                    | 1                        |
| NEMSIS Version 3.4 Compliant Electronic PCR System   | 1                    | Optional                 |
| Refusal of EMS Care Forms  | 5                    | 5                        |
| Triage Ribbon System   | Optional             | Optional                 |
| DMS All Risk Triage Tags   | 10                   | 10                       |
| Triage Kit (MCI vests for 'Triage Unit Leader' and 'Medical Group Supervisor', pens, trauma shears, clipboard, patient tracking sheets, START Triage reference sheet, barrier tape, glow sticks) | 1                    | Optional                 |
| Non Sterile Gloves (various sizes)   | 10 pr. each          | 10 pr. each              |
| Infection Control Kit With Particulate Filter Respirator (N95, etc.)   | 1 per crew           | 1 per crew               |
| Antiseptic Hand Wipes or Waterless Hand Sanitizer  | 10 <u>OR</u> 1       | 10 <u>OR</u> 1           |
| Covered Waste Container (red bio hazard bags acceptable)   | 1                    | 1                        |
| Adult, Pediatric & Thigh BP Cuff   | 1 each               | 1 each                   |
| Stethoscope  | 1                    | 1                        |
| Flashlight or Penlight   | 1                    | 1                        |
| Bedpan or Fracture Pan   | 1                    | 0                        |
| Urinal   | 1                    | 0                        |
| Sharps Container   | Optional             | Optional                 |
| Padded Soft Wrist & Ankle Restraints   | 1 set                | 0                        |
| Pillows, Sheets, Pillow Cases & Towels   | 2 each               | 0                        |
| Blankets   | 2                    | 1                        |
| Emesis Basin/Disposable Emesis Bags  | 2                    | 1                        |
| Ambulance Cot & Vehicle Securing Equipment   | 1                    | 0                        |
| Collapsible Stretcher/Breakaway Flat   | 1                    | Optional                 |
| Soft Stretcher/Portable Patient Transport Unit (MegaMover, etc.)   | Optional             | Optional                 |
| Stair Chair  | Optional             | Optional                 |
| Mechanical Chest Compression Device (if S-SV EMS approved)   | Optional             | Optional                 |

| <b>Biomedical Equipment/Supplies</b>  | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
|---|----------------------|--------------------------|
| Thermometer   | Optional             | Optional                 |
| Pulse Oximeter  | 1                    | 1                        |
| AED With Adult & Pediatric Defibrillator Electrodes   | Optional             | Optional                 |
| Glucometer, Test Strips & Lancets (EMT Expanded Scope)  | Optional             | Optional                 |
| <b>Airway &amp; Oxygen Equipment/Supplies</b>   | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
| Ambulance Mounted 'H' or 'M' Oxygen Tank  | 1                    | 0                        |
| Ambulance Wall Mounted Oxygen Regulator With Liter Flow   | 1                    | 0                        |
| Portable 'D' or 'E' Oxygen Cylinder   | 2                    | 1                        |
| Portable Oxygen Regulator With Liter Flow   | 1                    | 1                        |
| Nasal Cannula   | 4                    | 2                        |
| Adult Non-Rebreather Oxygen Mask  | 4                    | 2                        |
| Pediatric Oxygen Mask   | 2                    | 1                        |
| Disposable CPAP Circuit With Mask   | Optional             | Optional                 |
| Adult Bag Valve Mask (BVM) With S, M & L Adult Masks  | 1                    | 1                        |
| Pediatric Bag Valve Mask (BVM) With Neonate & Child Masks   | 1                    | 1                        |
| BVM PEEP Valve  | Optional             | Optional                 |
| Inspiratory Impedance Threshold Device (ITD)  | Optional             | Optional                 |
| Water Soluble Lubricant   | 2                    | 1                        |
| Oropharyngeal Airways: Sizes 40 mm – 110 mm or Equivalent   | 2 each               | 1 each                   |
| Nasopharyngeal Airways: Sizes 20 Fr – 34 Fr or Equivalent   | 2 each               | 1 each                   |
| Ambulance Mounted Suction Unit  | 1                    | 0                        |
| Portable Mechanical Suction Unit (hand held manual suction unit acceptable for BLS non transport) | 1                    | 1                        |
| Spare Suction Canisters/Bags With Lids  | 2                    | Optional                 |
| Tonsillar Tip Suction Handle (if not using hand held suction unit)                                | 2                    | 1                        |
| King &/or i-gel Airway Devices: Sizes 3, 4, 5 (EMT Opt. Skill)                                    | 1 each               | 1 each                   |
| King/i-gel Airway Device Holder (EMT Opt. Skill)  | 2                    | 1                        |
| ETCO2 Colorimetric Device (EMT Opt. Skill)  | 2                    | 1                        |

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| <b>Immobilization Equipment/Supplies</b>                         | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
|--|----------------------|--------------------------|
| Kendrick Extrication Device (KED) or Equivalent                  | 1                    | Optional                 |
| Adult Long Spine Board With Straps                               | 2                    | 1                        |
| Pediatric Spine Board  | 1                    | Optional                 |
| Head Immobilization Set  | 2                    | 1                        |
| Rigid C-Collars: Sizes Pediatric & S, M, L Adult or Adjustable   | 2 each               | 2 each                   |
| XCollar Plus   | Optional             | Optional                 |
| Arm & Leg Splints (SAM, cardboard, vacuum, etc.)                 | 2 each               | 2 each                   |
| Traction Splint  | 1                    | 1                        |
| <b>Obstetrical Equipment/Supplies</b>                            | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
| OB Kit (gloves, cord clamps, dressings, bulb syringe, cap, etc.) | 2                    | 1                        |
| <b>Bandaging Equipment/Supplies</b>                              | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
| Band-Aids  | 10                   | 10                       |
| Bandage Shears   | 1                    | 1                        |
| 1" & 2" Adhesive Tape Rolls                                      | 2 each               | 1 each                   |
| Non Sterile 4x4 Compresses                                       | 50                   | 10                       |
| Sterile 4x4 Compresses   | 10                   | 5                        |
| 2", 3" or 4" Kling/Kerlix Rolls                                  | 5                    | 2                        |
| Triangular Bandages  | 4                    | 2                        |
| Surgipads  | Optional             | Optional                 |
| Trauma Dressing  | 2                    | 1                        |
| Petroleum Gauze  | 2                    | 2                        |
| Chest Seal (Asherman, Bolin, Halo, HyFin, SAM or equivalent)     | Optional             | Optional                 |
| Approved Hemostatic Agent  | Optional             | Optional                 |
| Approved Commercial Tourniquet Device                            | Optional             | Optional                 |
| Hydrogen Peroxide  | Optional             | Optional                 |
| 1000 mL Sterile Irrigation Solution                              | 2                    | 1                        |
| Potable Water  | 2 liters             | 2 liters                 |
| Cold Packs & Heat Packs  | 4 each               | 2 each                   |

| <b>Medication &amp; Medication Administration Equipment/Supplies</b>  | <b>BLS Transport</b> | <b>BLS Non Transport</b> |
|---|----------------------|--------------------------|
| Alcohol Swabs   | 20                   | 10                       |
| Chlorhexidine Swabs/Skin Prep   | Optional             | Optional                 |
| Mucosal Atomizer Device (EMT Opt. Skill)  | Optional             | Optional                 |
| Aspirin, Chewable Tablets (EMT Expanded Scope)  | Optional             | Optional                 |
| <u>Epinephrine Optional Skills Provider Supplies:</u><br>Epinephrine 1:1000 Auto Injectors<br><ul style="list-style-type: none"> <li>• Adult 0.3 mg</li> <li>• Pediatric 0.15 mg</li> </ul> <b>Or</b><br>Epinephrine 1:1000 IM Injection Kit containing all of the following: <ul style="list-style-type: none"> <li>• Epinephrine/Adrenalin, 1:1000, 1 mg/ml, 1 mg vial (1)</li> <li>• EpiRite Syringe (3)</li> <li>• 22 – 25 ga X 1.5” safety injection needle (3)</li> <li>• Alcohol prep pads (6)</li> <li>• Portable sharps container (1)</li> </ul> | Optional             | Optional                 |
| Glucose Oral Product, Minimum 15gm  | 2                    | 1                        |
| Mark-1/DuoDote Kit (EMT Opt. Skill)   | Optional             | Optional                 |
| Naloxone, 2mg/2mL or 4 mg IN preparation (EMT Opt. Skill)   | 4                    | 2                        |