

MEMORANDUM:

DATE: March 16th, 2007

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons

FROM: Linn Tyhurst, Administrative Assistant

RE: Informational Mailing

Enclosed for your information and review are the following items:

1. DRAFT POLICIES-

- a. Policy #2112 Ambulance Personal Protective Equipment
- b. Nerve Agent Antidote Dosages
- c. Pralidoxime (2-PAM) and Mark I Kit Provider Authorization
- d. Pralidoxime (2-PAM) and Mark I Kit (Autoinjector) Administration

2. POLICY CHANGE NOTICE #75

3. FOR YOUR INFORMATION

- a. Letter from EMSA; Subject: Reporting Requirements
- b. Revised Form: New EMT-P Personnel Orientation Documentation
- c. FY 06-07 General Fund Grant #EMS 6046 First Quarter Progress Report
- d. FY 06-07 General Fund Grant #EMS 6046 Second Quarter Progress Report
- e. North Coast EMS Quarterly QIP Summary
- f. "Emerging Issues in Fire & EMS" Conference Flyer
- g. "California EMS: The Road Ahead" Conference Flyer

We have also enclosed an announcement of CHEMPACK PROJECT ORIENTATION TRAINING SESSIONS scheduled for April 20th, 2007 in Humboldt County. We are planning to add 2-PAM to the paramedic scope of practice and would like individuals to attend who will then assist with local 2-PAM training (perhaps a PCNC and paramedic from Lake County, one paramedic from Del Norte and one from STAR). Financial assistance to help offset travel costs can be arranged. Please contact Larry by phone or email, and complete and return the bottom of the flier (Larry@northcoastems.com). Thanks!!!

Subject: Administration – Quality Assurance
Ambulance Personal Protective Equipment

I. Authority and Reference (incorporated herein by references)

- A. Division 2.5 of Health and Safety Code, Sections 1797.220, 1798.
- B. EMSA Guidelines #216, SB 409
- C. North Coast EMS Policies and Procedures

II. Purpose

All ambulance services, both emergency and non-emergency, must be integrated into the disaster medical response system. Through acceptance of the ambulance personal protective equipment (PPE) grant, the ambulance providers agree, through a contract or Memorandum of Understanding (MOU) with the North Coast EMS Agency, to participate in state and local disaster response or a declared emergency. In responding to any incident, it is the responsibility of all personnel to check in with the Incident Commander to determine appropriate levels of PPE.

Adherence to the PPE policy will ensure safety, readiness, and the ability to meet the requirements of an “all hazards” disaster response. This is consistent with the premise that ambulance personnel should not respond to an incident requiring PPE beyond their level of provision and training without adhering to published standards.

North Coast EMS has, through a grant from the California EMS Authority, procured Ambulance PPE in accordance with EMSA guidelines #216. All usage of this PPE is subject to the following terms and conditions.

III. Policy:

Every person working on an ambulance (public or private, emergency or non-emergency, ALS or BLS) shall have available PPE consistent with this policy.

IV. Procedure:

A. Availability and Specifications: The following required equipment shall be available on every ambulance within the region (i.e, all items on the next page except “Additional PPE”). We recommended acquisition of Extended Operations Equipment.

**Minimum Personal Protective Equipment (PPE)
EMSA Guidelines #216**

REQUIRED ITEM	SPECIFICATIONS
Head	
Rescue Helmet (Work Helmet)	NFPA 1951, Blue Color
Eye Protection, Work goggles	NFPA 1999, EMS Standards
Eye Protection, glasses	NFPA 1999, EMS Standards
Hearing Protection	Ear plugs or other
Body	
Garment – EMS Uniform-type (Barrier Protection, multiple use)	NFPA 1999, EMS Standards Full-body – Long-sleeve shirt and long pants
Jacket, full length – EMS, with reflective stripes	NFPA 1999, EMS Standards
Garment (single use)	NFPA 1999, EMS Standards “White Tyvek”
Hooded, chemical-resistant clothing	For Vehicle Decontamination “Tychem”
Hands	
Gloves – Chemical-protective, nitrile	Nitrile-type or equivalent
Gloves – Work (Multiple use, Leather)	NFPA 1999, Physical protection
Feet	
Footwear, Personal (Multi-use, Safety)	NFPA 1999 EMS Standards: <ul style="list-style-type: none"> • Height: min. 4” • Cut, puncture, & abrasion resistant • Toe safety • Barrier protection
Footwear covers, single use	NFPA 1999 OSHA: chemical resistant
Respiratory	
<ul style="list-style-type: none"> • N-100 Mask, <u>or</u> N-95 Mask 	
APR, Full-Face Respiratory Protection Mask (N95), or Level “C” or Escape Hood (NIOSH)	Fit-Testing Program Required
Additional PPE	
Prophylactic Medications (Nerve Agent), Mark I Auto-Injector Kit	As determined by local hazard assessments
Ballistic Vest, Protective	Optional, as determined by agency
Routine Equipment	
Flashlight, small	Or headlamp
Knife - Folding	Capable of cutting seatbelts
Glass punch	Capable of breaking windshields
Scissors/Shear	Bandage/Utility Note: Small equipment items/tools can be combined in a “multi-tool”
Stethoscope	
Personal communication device	Radio, on appropriate frequency
<ul style="list-style-type: none"> • Field Operations Guides (FOGs) 	Per local entity policy

Extended Operations Equipment	
"Go Pack" for disaster response	Mission-ready backpack or duffel bag for each person for response operations during a potential extended disaster event. <ul style="list-style-type: none"> Equipped for individual's self-sustainment for 72 hours Containing personal supplies and equipment needed to sustain operations and provide general response operations support
<ul style="list-style-type: none"> Water 	
<ul style="list-style-type: none"> Water purification 	Tablets or device
<ul style="list-style-type: none"> Rain Gear 	<ul style="list-style-type: none"> Head protection Top protection Bottom – optional
<ul style="list-style-type: none"> Extra set of emergency medical garments 	Emergency medical garment, as above
<ul style="list-style-type: none"> MRE 	Meals Ready-to-Eat, or equivalent
<ul style="list-style-type: none"> Ear protection 	Extra set

* NFPA - National Fire Protection Administration Standards (Standard Number)

B. Maintenance: All equipment shall be maintained in a ready-to-use state and shall be used in accordance with policy. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition.

C. Training: Prior to usage all personal who may be required to utilize PPE shall receive necessary training in the usage of equipment in accordance with OSHA requirements [ref. 29 CFR 1910.132(f)]. The employer shall provide training to each employee who is required by this section to use PPE. Each such employee shall be trained to know at least the following:

1. When PPE is necessary; what PPE is necessary; how to properly don, doff, adjust, and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of the PPE [ref. 29 CFR 1910.132 (f)(1)(i – v)].
2. Each affected employee shall demonstrate an understanding of the training specified in paragraph (f)(1) of this section, and the ability to use PPE properly, before being allowed to perform work requiring the use of PPE [ref. 29 CFR 1910.132 (f)(2)].

3. When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by paragraph (f)(2) of this section, the employer shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where changes in the workplace render previous training obsolete; changes in the types of PPE to be used render previous training obsolete; or inadequacies in an affected employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill [ref. 29 CFR 1910.132 (f)(3)].

4. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training, and that identifies the subject of the certification.

5. The employer shall ensure proper fit testing for any respiratory protection in accordance with OSHA requirements (ref. 29 CFR 1910.134). In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.

V. Procedures Required: The employer shall include in the program the following provisions of this section, as applicable:

- A. Procedures for selecting respirators for use in the workplace;
- B. Medical evaluations of employees required to use respirators;
- C. Fit testing procedures for tight-fitting respirators;
- D. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- E. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
- F. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
- G. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
- H. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

CHANGE NOTICE

CHANGE #75

February 2007

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

Note: Record change notice on Record of Change Form. Insert this change notice behind the record of change sheet.

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
Replace	4603	Certification EMT-P Accreditation to practice within the North Coast EMS Region	4
Replace	2105	Administration-Quality Assurance License, Accreditation and Certification Review and Disciplinary Process	6
Replace	2204	Administration- Patient Care LALS Supply and Equipment List	3

Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

 - II. Purpose

To establish regional EMT-P accreditation policy and procedure, including initial and reaccreditation, consistent with California state regulations. To ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies.

 - III. Procedure
 - A. Paramedic Accreditation
 1. General eligibility criteria:
 - a. Applicant must document current California EMT-P license.
 - b. Applicant must submit a completed Part I of the North Coast EMS EMT-P accreditation application.
 - c. Applicant must submit payment of the EMT-P accreditation fee.
 2. After review of this documentation, North Coast EMS will send written approval to begin functioning as an EMT-P, under the conditions stated in III.C. below, and begin the North Coast EMS accreditation process; or North Coast EMS will send a written request for more information. The letters will be sent to the applicant, and copied to the proposed ALS service provider and proposed base hospital.
 3. The EMT-P accreditation requirements are:
 - a. Applicant must submit a completed Part II of the North Coast EMS EMT-P accreditation application, including signatures of base hospital Prehospital Care Medical Director (PCMD), Prehospital Care Nurse Coordinator (PCNC), and all North Coast EMS approved EMT-P service providers where applicant will work or volunteer as an EMT-P.
 - b. Applicant must document successful completion of the New Personnel Orientation, including Spinal Immobilization training.
 - c. Applicant must document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer.
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4. If the North Coast EMS EMT-P accreditation is not successfully completed prior to the thirty (30) day deadline, applicant must re-apply for accreditation by sending another EMT-P accreditation fee. This second fee may be waived for just cause, as determined by the North Coast EMS Medical Director and/or Executive Director. Applicant must request waiver in writing.
5. The effective date of accreditation will be the date that all accreditation requirements are met. Expiration of accreditation will be the same date as current EMT-P license expiration.
6. Under extreme lack of staffing conditions experienced by the ALS Service Provider, an applicant who holds a current California EMT-P license may be temporarily accredited as a North Coast EMS paramedic prior to completing the evaluated five patient contacts after:
 - a. The ALS Service Provider writes a letter to the North Coast EMS Medical Director detailing the need for the waiver of policy. Within the request the ALS Service Provider must describe, in detail, the extenuating circumstances and include the Service Provider plan and timeline for remedying the situation. The ALS Service Provider must also declare that (s)he is confident that the EMT-P in question is competent on North Coast EMS policies and procedures.
 - b. The EMT-P must document a current California paramedic license.
 - c. The EMT-P must submit a completed North Coast EMS EMT-P application, including the signatures of the ALS Service Provider and the base hospital PCMD and PCNC.
 - d. The EMT-P must complete a statement that s(he) is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
 - e. The EMT-P must submit detailed documentation of convictions of any crime other than a minor traffic violation.
 - 1) If there is a need for a fingerprint and/or background check on the EMT-P, the waiver of policy will be denied until the background check is completed by North Coast EMS.
 - f. The EMT-P must submit payment of the EMT-P accreditation fee.

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- g. If waiver of policy is approved by North Coast EMS, the EMT-P accreditation applicant must successfully complete the five (5) evaluated ALS patient contacts as the third person on an ambulance within two (2) months after being approved.
 - h. If applicant does not complete the five (5) evaluated ALS patient contacts within two (2) months after being approved, temporary paramedic accreditation will end immediately until the evaluation is successfully completed and reviewed by North Coast EMS.
- B. Paramedic Reaccreditation
 - 1. General eligibility criteria:
 - a. Applicant must document a current EMT-P license.
 - b. Applicant must submit a completed North Coast EMS EMT-P reaccreditation application, including signatures of base hospital PCMD, PCNC, and all the North Coast EMS approved EMT-P service providers where applicant works or volunteers as an EMT-P.
 - c. Applicant must submit documentation of a minimum of six (6) hours of field care audit attendance every two (2) years (by copies of the Course Completion Records). Three (3) of these hours must be obtained at a North Coast EMS base hospital and three (3) hours may be obtained outside the region. Hours obtained outside of the North Coast EMS region must be documented by an official course completion record or by an approved CE certificate. FCA attendance must be within last twenty-four (24) months prior to applying for reaccreditation.
 - d. After June 1, 2000, any outstanding handwritten PCR's will have to be re-entered into the PCR computer before re-accreditation will be allowed.
 - e. If applicant has let his/her North Coast EMS paramedic accreditation lapse, (s)he will be required to pay the EMT-P accreditation fee.
 - f. If applicant has let his/her North Coast EMS paramedic accreditation lapse for two years or more, (s)he will be required to:
 - 1) Document successful completion of the New Personnel Orientation.

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- 2) Document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer.
- C. Preaccreditation
1. A California licensed EMT-P will be allowed to work within the North Coast EMS region, conditionally, while achieving North Coast EMS EMT-P accreditation. The conditions are:
 - a. Applicant must work with a North Coast EMS accredited EMT-P partner.
 - b. Applicant must utilize only the California state basic EMT-P scope of practice.
 - c. Applicant must successfully complete the North Coast EMS EMT-P accreditation process within thirty (30) days of North Coast EMS approval to begin the process.
 - d. When applicant is in the process of completing the required five (5) supervised and evaluated LALS/ALS patient contacts to achieve North Coast EMS EMT-P accreditation, it must be as a third person on a North Coast EMS approved ALS Ambulance, and evaluated by a North Coast EMS approved Field Training Officer (FTO).

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

Subject: Administration – Quality Assurance
License, Accreditation and Certification Review and Disciplinary Process

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code, Chapter 4, Sections 1798, 1798.200-1798.208, 1797.56
 - B. California Code of Regulations, Title 22, Division 9, Chapter 6
 - C. North Coast EMS Policies and Procedures

- II. Purpose
This policy defines the North Coast EMS certification review and disciplinary process. This policy shall apply to holders of an EMT-I, EMT-II certification, Mobile Intensive Care Nurse (MICN) authorization and EMT-P accreditation.

- III. Affected Personnel
 - A. The certification was issued by North Coast EMS; or
 - B. The certificate holder utilizes or has utilized the certificate or the skills authorized by the certificate in the North Coast EMS region. This shall include using the license to apply for a certificate.

- IV. Review Process - General Procedure
 - A. Disciplinary proceedings shall be conducted in accordance with Title 22, Chapter 6 of the California Code of Regulations.
 - B. If at any time during the review or investigation the Medical Director determines that the facts support placing a certificate holder on probation or denying, suspending, or revoking of a certificate, the Medical Director may convene an investigative review panel (IRP).
 - C. The IRP will assess all information on the matter in order to establish the facts of the case and make a written report of its findings and recommendations to the Medical Director.
 - D. Paramedic licensure actions (e.g., immediate suspension) shall be performed according to the California Health and Safety Code 1798.202.
 - E. Notification to the EMS Authority shall be made on Form EMSA-CRI. If the final action is recommendation to the EMS Authority for disciplinary action of an EMT-P license, a summary explaining the actions of the EMT-P that are a threat to the public health and safety pursuant to Section 1798.200 of the Health and Safety Code and all documentary evidence, relative to the recommendation, collected by the Medical Director, shall be forwarded to the State EMS Authority.

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**License, Accreditation and Certification Review and Disciplinary
Process**

- F. Request for discovery, petitions to compel discovery, evidence and affidavits in the IRP shall be followed pursuant to the Administrative Procedures Act (Government Code, Title 2, Chapter 5, Sections 11507.6, 11506.7, 11513, 11514.
- V. Denial Process- Procedure
- A. North Coast EMS may deny issuance, or issue a restricted prehospital emergency medical care certificate upon discovering that the applicant has committed any of the following actions:
1. Fraud in the procurement of any prehospital care certificate.
 2. Gross negligence
 3. Repeated negligent acts.
 4. Incompetence as a prehospital care provider.
 5. Any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital care personnel; including, but not limited to an act of moral turpitude, including fraud or intentional dishonesty for personnel gain, within the preceding seven (7) years.
 6. Violating or attempting to violate and federal, or state statute or regulation which regulates drugs, or controlled substances; including, but limited to any person convicted during the preceding seven (7) years of any offense relating to the use, sale, possession, or transportation of narcotics, dangerous, or addictive drugs.
 7. Addiction to the excessive use or misuse of alcoholic beverages, narcotics, danergous drugs, or controlled substances.
 8. Functioning outside the supervision of medical control in the prehospital care system, except as authorized by any other license or certification.
 9. Demonstration of irrational behavior or occurrence of physical disability to the extent a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 10. The attached listed convictions of the California Penal Code may constitute a denial or revocation of certification by North Coast EMS. If an applicant has the same or similar convictions from another state,

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**License, Accreditation and Certification Review and Disciplinary
Process**

the application for certification/renewal may be denied. (see
attachement A)

- B. An applicant who has had their application denied or revoked shall have the right to appeal the action, as set forth in Title 22, Chapter 6, California Code of Regulations, including the right to request and Investigative Review Panel (IRP).

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**License, Accreditation and Certification Review and Disciplinary
Process**

ATTACHMENT A

SECTION VIOLATION

37	Treason.
38	Treason; knowledge of concealment.
186.22	Criminal street gang activity.
186.26	Use of violence to coerce person under the age of 18 to participate in criminal street gang.
187	Murder defined; death of fetus.
188	Murder, first or second degree.
190	Murder; murder of a peace officer.
192(a)	Manslaughter, voluntary.
203	Mayhem.
205	Aggravated Mayhem.
206	Torture.
207	Kidnapping
209	Kidnapping for ransom, reward, or extortion or robbery.
210	Extortion by posing as kidnapper or by claiming ability to obtain release of victim.
210.5	False imprisonment for purposes of protection from arrest or use as shield.
211	Robbery.
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another lascivious acts upon a child, or penetration of genitals or anus with foreign object.
222	Administering stupefying drugs to assist in the commission of a felony.
243.4	Sexual battery.
245	Assault with deadly weapon or force likely to produce great bodily injury.
261	Rape
262	Rape of a spouse.
264.1	Rape or penetration of genital or anal openings by foreign object.
265	Abduction for marriage of defilement.
266	Procuring, assignation and seduction.
266a	Procuring person by force of false inducement.
266b	Compelling illicit relation by menace.

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License, Accreditation and Certification Review and Disciplinary Process

- 266c Inducing commission of sexual act through false representation creating fear.

- 266j Providing or transporting child under 16 for purposes of lewd or lascivious act.
- 267 Abduction; person under eighteen (18) for purposes of prostitution.
- 273a Abusing or endangering health of child.
- 273(d) Corporal punishment/injury to a child.
- 275.5 Willful infliction of corporal injury.
- 285 Incest.
- 286(b) Sodomy with person under eighteen (18) years against will by means of force, violence, duress, menace, or fear.
- 286(c) Sodomy with person under fourteen (14) years against will by means of force, violence, duress, menace, or fear.
- 286(d) Voluntarily acting in concert with or aiding and abetting.
- 286(f) Sodomy with unconscious victim.
- 286(g) Sodomy with a victim with a mental disorder or developmental or physical disability.
- 288 Lewd or lascivious acts with a child under the age of fourteen (14).
- 288a(b)(1) Oral copulation with person under the eighteen (18).
- 288a(c) Oral copulation with person under fourteen (14) against will by means of confinement, violence, duress, menace or fear.
- 288a(d) Voluntarily acting in concert with or aiding and abetting.
- 288a(f) Oral copulation with unconscious victim.
- 288a(g) Oral copulation with victim with mental disorder or developmental or physical disability.
- 288.2 Distribution or exhibition of lewd material to a minor.
- 288.5 Continuous sexual abuse of a child.
- 289 Penetration of genital or anal openings by foreign object for sexual purpose.
- 289.5 Entry into California to avoid prosecution for offense requiring 290 PC registration.
- 290 The applicant is required by law to register as an offender under Section 290 of the Penal Code.
- 311.1 Import matter-depicting person under eighteen (18) years engaging in sexual conduct.
- 311.4 Using minor to assist in distribution of obscene matter; posing or modeling involving sexual content.
- 314 Indecent exposure.

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Process**

- 368 Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement.
 - 401 Advising or encouraging suicide.
 - 404.6 Incitement to riot, arson or vandalism
 - 422 Terrorist threats
 - 451 Arson of structure, forest, land or property; great bodily injury.
 - 459 Burglary.
 - 470 Forgery.
 - 475 Possessing, receiving or uttering forged notes, etc.
 - 484 Theft.
 - 484 (d) - (j) Theft of access card, forgery of access card, use of card unlawfully
- 960

Subject: Administration – Patient Care
LALS Supply and Equipment List

- I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. State Emergency Medical Services Authority "Recommended Ambulance Equipment", contained in California Highway Patrol Ambulance Driver's Handbook (#CHP-894)
- II. Purpose
- To establish the regional minimum supply and equipment standard for any ambulance or emergency vehicle which responds as, or is held out as, an ALS or LALS unit. ALS or LALS units may exceed the equipment and supply quantities listed herein for procedures and medications which are within the certificate holder's scope of practice described in North Coast EMS Policy and Procedures. This policy is also intended to develop a mechanism for base hospitals to establish supply and equipment requirements which exceed the minimum standard for LALS provider within the Base Hospital's zone.
- III. Minimum Equipment and Supplies
- A. Minimum Equipment:
- Equipment referred to in Section I. C. of this policy. All equipment referred to in this reference, including but not limited to "suggested" equipment, is mandatory.
1. One (1) mobile or portable FCC approved radio which is capable of two-way communication on Med-Net frequencies 1 through 7.
 2. One (1) three-chambered pneumatic anti-shock garment.***
 3. One (1) portable DC cardiac monitor/defibrillator which is capable of adult and pediatric monitoring and defibrillation through adult and pediatric-sized electrodes.
 4. One (1) each, laryngoscope with handle, spare batteries, and a spare light bulb.
 5. One (1) each, #4 straight and curved laryngoscope blade with light.
 6. One (1) each, #1 and #2 straight laryngoscope blade with light.
 7. One (1) each, adult and pediatric Magill forceps.
 8. One (1) each, adult and pediatric malleable stylet.
 9. One thermometer.
 10. One pulse oximeter (required only on "first-out" ambulances).
 11. One end tidal CO2 monitor or esophageal detector device (EDD).

Subject: Administration – Patient Care
LALS Supply and Equipment List

B. Minimum Supplies:

All supplies referred to in Section I.C. of this policy. All supplies referred to in this reference, including but not limited to "suggested" supplies, are mandatory.

1. One (1) each, esophageal obturator airway with mask, or esophageal gastric tube airway with mask and stomach tube or Esophageal/Tracheal Airway Device.***
2. Electrodes and conductive medium for adult and pediatric monitoring and defibrillation.
3. Four (4) each, 14 gauge, 16 gauge, 18 gauge, 20 gauge, 22 gauge, and 24 gauge catheter over needle intravenous catheters.
4. One (1) venous constricting band with a width of at least one inch.
5. Alcohol preps, water resistant tape, and 2" x 2" gauze pads.
6. One (1) 20 ml syringe.
7. One (1) 10 ml syringe.
8. One (1) 3 ml syringe.
9. One (1) each, red, blue, green, and purple top Vacutainer tubes, or equivalent.
10. One (1) each, 18 gauge by 1 1/2 inch, 23 gauge by 1 inch, and 25 gauge by 5/8 inch hypodermic needles.
11. One (1) IV cap.
12. One (1) each, 2.5 mm through 9.0 mm endotracheal tubes (in 0.5 mm increments).
13. One (1) sterile suction catheter and glove pack for endotracheal suctioning.
14. Two (2) Epinephrine 1 mg in 1 ml (1:1000) ampules.
15. Four (4) Epinephrine 1 mg in 1 ml (1:10,000) preloads.
16. Two (2) each, 0.083% Albuterol Sulfate solution for inhalation in 3 ml unit dose bottles or equivalent.
17. Four (4) each, children's Aspirin (81 mg).
18. Four (4) Atropine 0.5 mg in 5 ml preloads or two (2) 1.0 mg in 10 ml preloads.
19. One (1) multi-dose vial Atropine 0.04 mg/ml containing at least 20 ml's.
20. One (1) Calcium Chloride 1 gm in 10 ml preload.
21. Two (2) Dextrose 50% in 50 ml preload.
22. Two (2) Dextrose 25% in 10 ml preload.
23. Two (2) each, Diazepam 10 mg in 2 ml or equivalent.
24. Two (2) Furosemide 20 mg in 2 ml ampules or equivalent.

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25. Three (3) Lidocaine HCl 100 mg in 5 ml or 10 ml preload
 26. One (1) Lidocaine HCl 2 gm in 10 ml preload or pre-mixed Lidocaine drip 4 mg/ml.
 27. Two (2) Morphine Sulfate 10 mg in 1 ml vial, or 10 mg in 10 ml preloads.
 28. One (1) bottle Nitroglycerine 0.4 mg (1/150 grain) sublingual tablets, or one (1) canister aerosol spray delivering 0.4 mg per meter-dosed spray.
 29. Two (2) Sodium Bicarbonate 44.6 mEq in 50 ml preload.
 30. Four (4) Naloxone 1 mg in/ml ampules, or one (1) multi-dose vial.
 31. Two (2) normal Saline, 250 or 500 ml in a plastic container. (The Base Hospital Medical Director may at his/her option substitute 5% Dextrose in water 250 or 500 ml in a plastic container. If this option is exercised, the Medical Director of North Coast EMS shall be notified in writing.)
 32. Four (4) normal Saline, 1000 ml in plastic containers.
 33. Two (2) each, 60 gtt/ml, 15 gtt/ml, and 10 gtt/ml intravenous infusion sets or equivalent.
 34. One (1) small volume nebulizer, Puritan Bennett #0001140 or equivalent.
 35. Fifteen (15) triage tags, Met Tag or equivalent.

IV. Additional Base Hospital Requirement

A Base Hospital may require an LALS provider within the base hospital's zone to maintain supplies and equipment which exceed these minimum requirements. If a base hospital seeks to require any additional inventory requirements, the base hospital shall:

- A. Propose the additional requirements in writing with reasons and justification to the North Coast EMS Medical Director; and,
- B. Copy the proposal to the affected LALS provider(s).
- C. The North Coast EMS Medical Director will return a decision within forty-five (45) days unless additional time is required to receive comments regarding the base hospital proposal. All decisions will be made within ninety days (90) of receipt of proposal.

*** Indicates optional with the signed approval of the provider's base hospital Prehospital Care Medical Director