

# SECTION OF EMS AND TRAUMA SYSTEMS

## REQUIRED INTERMEDIATE EQUIPMENT INSPECTION LIST

SERVICE I.D. \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_ BODY TYPE (T1) (T2) (T3)  
 VIN \_\_\_\_\_ MODEL YEAR \_\_\_\_\_ FD CH DD INT OTHER  
 DECAL \_\_\_\_\_-INT VEHICLE LICENSE NUMBER - \_\_\_\_\_ INSPECTOR'S INITIALS \_\_\_\_\_

- |  |  |  |
|--|--|--|
| STRETCHER, ELEVATING _____(1)  | EXAM GLOVES _____(1 BOX)   |  |
| BANDAGE/EMT SHEARS _____(1)  | BETADINE SCRUB _____(1 BTL)  |  |
| ANTISEPTIC HAND CLEANER _____(1 BTL)   | IV START SETS _____(6)   |  |
| WIN. PUNCH/ ENTRY DEVICE _____(1)  | IV CATH 14ga _____(3)  |  |
| HEMOSTAT _____(1)  | IV CATH 16ga _____(3)  |  |
| STERILE GLOVES _____(4 PR)   | IV CATH 18ga _____(3)  |  |
| BP CUFF/MANOMETER (Infant, Child, Adult, & Lg. Adult) _____(lea.)by Oct 2008 | IV CATH 20ga _____(3)  |  |
| ISOLATION KITS _____(2)  | IV CATH 22ga _____(3)  |  |
| STETHOSCOPE _____(1)   | IV CATH 24ga _____(3)  |  |
| <b>Esophageal-Tracheal Multi-Lumen Airway _____(1) by Oct 2008</b>           | <b>**MAST TROUSERS _____</b>                                       |  |
| OPA SET 0-1-2-3-4 _____(1 EACH)  | SYRINGE (10-12 CC) _____(4)  |  |
| BVM:   | INTRAOSSEOUS NEEDLES(Pedi) _____(2)                                |  |
| ADULT _____(1)   | 18 GAUGE NEEDLES _____(3) <b>OR</b>                                |  |
| PEDI _____(1)  | <b>Demonstrate ability to administer IM, SQ, and IV Piggy Back</b> |  |
| INFANT _____(1)  | 50% DEXTROSE _____(50 g)   |  |
| ON-BOARD OXYGEN _____*   | MICRO DRIP INFUSION SETS _____(2) AND                              |  |
| PORTABLE OXYGEN _____(1)   | MACRO DRIP INFUSION SETS _____(2) OR                               |  |
| O B KIT _____(1)   | ADJUSTABLE DRIP SETS _____(4)                                      |  |
| ON-BOARD SUCTION _____(1)  | PORTABLE SUCTION _____(1)  |  |
| STERILE SALINE IRRIGATION _____(2L)  | 0.9% SALINE INFUSION _____(6L)                                     |  |
| SUCTION TUBING _____(2)  | RINGERS LACTATE INFUSION _____(4L)                                 |  |
| SUCTION CATH 8 or 10 FR _____(1)   | <b>Radio Frequencies:</b>  |  |
| SUCTION CATH 14 or 18 FR _____(2)  | <b>Enroute to scene: 155.235 mHz.</b> _____                        |  |
| TRAUMA DRESSING 10X30 _____(2)   | <b>At scene: 155.280 mHz.</b> _____                                |  |
| ROLLER GAUZE _____(6)  | <b>Departing scene: 155.340 mhz</b> _____                          |  |
| 4 X 4 GAUZE PADS _____   |  |  |
| ABD DRESSINGS (PADS) _____   | BOARD SPLINTS, LONG & SHORT  |  |
| TRACTION SPLINT _____(1)   | OR FRACTURE PACK _____(2)  |  |
| NASAL CANNULAE _____(2)  | KED/SHORT SPINE BOARD _____(1)                                     |  |
| OXYGEN MASKS   | LONG SPINE BOARD _____(2)  |  |
| NON REBREATHER _____(2)  | SPINE BOARD STRAPS _____(2 SETS)                                   |  |
| PEDIATRIC-O <sub>2</sub> Mask _____(1)                                       | FOLDING or SCOOP STRETCHER   |  |
| INFANT- O <sub>2</sub> Mask _____(1)   | OR STAIRCHAIR _____(1 only)  |  |
| CERVICAL COLLARS   | <b>Triage Tags/Tape (Color Coded:</b>                              |  |
| ADULT _____(3)   | <b>Black, Red, Yellow, Green) _____(25)</b>                        |  |
| PEDIATRIC _____(2)   | <b>If tape utilized: one roll of each color required.</b>          |  |
| INFANT _____(1)  |  |  |
| AED with 2 sets of defibrillation pads (1-Adult & 1-Child) _____(1)          |  |  |
| Adult ETCO <sub>2</sub> Detector _____(1 Each)                               |  |  |
| (Capnography Monitor Accepted)   |  |  |
| <b>Pulse Oximetry (By October 2008)</b> _____(1)                             |  |  |

\* Gauge pressure – 200 X cylinder factor = minutes  
 (Must be able to supply oxygen flow at 15 LPM for a period of 30 min.)  
 Cylinder factors:  
 D cylinder = .16      M cylinder = 1.56  
 E cylinder = .28      G cylinder = 2.41  
 H, K cyl. = 3.14

\*\*Mast Trousers to be carried and/or used as medical director's discretion  
 Refer to Mass Casualty Rules & Regulations for required radio frequencies.

**Optional Skill**

Adult Intraosseous (Tibial & Humerus)  
**(2 Adult needles)** \_\_\_\_\_

The above skill is optional; ambulance service's medical director will select equipment utilized. Protocol submission/approval to Section of EMS is required prior to implementation.