

October 1, 2023

Notice of Grant Awards for EMS Trauma-Related Equipment for FY 2024 GTCNC Budget

The Georgia Trauma Commission (GTC) is offering a grant award opportunity for the FY 2024 funding cycle to purchase trauma-related equipment to equip 911-response ambulances. The EMS Committee of the GTC approved a total allocation of \$1,123,932.44 for this grant. The Department of Public Health, Office of EMS and Trauma (DPH OEMST) determines the vehicle counts per 911-zone provider. The FY 2024 total vehicle count is 1,508, which will provide up to \$745.31, per ambulance (Attachment D). If you observe a discrepancy in the number of 911 ambulances for your agency, please advise us, and we will coordinate with DPH OEMST and the GTC EMS Committee and may be able to adjust the counts in future grant opportunities.

Funds must be used by the GRANTEE to purchase equipment on one or more of the following GTC EMS Committee-approved lists (Attachment C): 1. GTC EMS Committee-approved list; 2. Georgia DPH OEMST ground ambulance vehicle inspection form (v2.00 08/01/2022); 3. 2020 Joint Position Statement.

Completed grant applications (Attachment A) must be submitted, along with a notarized affidavit (Attachment B), to gtcbusinessops@gtc.ga.gov on or before October 31, 2023. Applications received after this date will be returned to the sender. The GTC will submit Approved applications to the Georgia Department of Public Health Accounts Payable. Grantees should receive payment before 30 November 2023. During the course of the grant cycle, the GTC will notify agencies of their grant application status (receipt of application, approval for payment, and final payment details).

We look forward to serving the EMS community with this grant award opportunity. If you have any questions, please feel free to contact the GTC office at 706-841-2800.

Sincerely,

Clizabeth Atkins

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director, Georgia Trauma Care Network Commission 706-841-2800 | elizabeth.atkins@gtc.ga.gov

Enclosures: Attachments A, B, C, and D

ATTACHMENT A



GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION EMS TRAUMA-RELATED E	EQUIPMENT GRANT APPLICATION FORM
Name of Grant: FY 2024 EMS GTCNC EMS Trauma Related Equip	
Applying Organization Legal Name: Dehalb (b	unty
Doing Business As "DBA" (if differs from Legal Name):	ard of Commissioners
Mailing Address: \300 Commerce	
Payment Address*: Come * *Address must be verified & approved by State of Georgia	
City: Decatur State: GO	ZIP Code: 3000 County: Defall
Phone: 678-406-7731 Fax:	E-mail: dafullum@detalboo
Federal Tax ID Number: 58600814	
GA EMS Provider License Number:	(VA
EMS DIRECTOR OF APPLYING ORGANIZATION	
Name/Title: Day Nell Fullum Fize Chiefe Phone: 678 406.7731 E-mail: 06 CONTACT FOR FURTHER INFORMATION ON APPLICATION (If De Name/Title: Toward Walter - Email: 4 Phone: 404-400.5889 Places appared and processors are all the contact of the cont	ifferent from Person(s) listed above)
Please answer each ques	Wedoch waterwiolden reg gard
QUESTION	ANSWER FIELD
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on the Applying Organization's letterhead included in this completed application?	
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents?	
Total number of licensed ambulances for applying organization?	Total Number:
Number of "peak demand staffed" 911 response ambulances for this 911 zone?	"Peak Demand Staffed" Number:
Peak Demand Staffed: The peak number of ambulances that are scheduled and staffed on a consistent basis.	_5
For which county is the Applying Organization requesting funds? *A separate application is required for each county	County: COUNTY
I certify the information contained in the submitted application is knowledge and that I have submitted this application on behalf o	
SIGNATURE:	LEGMO DATE:

ATTACHMENT B

"I am the Authorized Agent for De Kalb (Applying Organization). I, Torcks braugorint
name), do affirm the following listed equipment has been/will be purchased and placed in service.
The Kallaca (print name), agree to the following items listed below (type out all items listed
in Attachment B add additional rows if needed)."

Item(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
Pulse oximeters	5	58700	29359
Ambulance Child Restraint	- 5	38399	1919.45
			,
1			
		2 10 3	U AZ V E. H. II
		i i i	
To	otal Cost of All I	tems Purchased	4854.95

- 1. I am the Authorized Agent for this Ambulance Service. We are the zoned 911 provider in the County we are requesting the grant for. Agree to utilize these grant dollars for trauma-related services with the 911-zone EMS agency described in the application for the grant.
- 2. Agree that if there is equipment purchased with grant dollars and is to be sold, the Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911-zone EMS Agency.
- 3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the local 911-zoned EMS Response system.
- 4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically, for CY 2024-2025, the organization agrees to participate in its respective EMS Region trauma system plan; and all Regional Trauma Advisory Committee meetings.
- Applying organization agrees it is compliant with the Department of Public Health State
 Office of EMS data submission requirements. The State Office of EMS will determine
 compliance.

- Applying organization agrees to make available, at all reasonable times during FY 2024, the records for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
- 7. Applying organization shall preserve and make available its records for a period of five (5) years from the date of final payment under this agreement or for such period (if any) as is required by applicable statue.

AFFIDAVIT OF AUTHORIZED AGENT

Personally appeared before me, the undersigned officer duly authorized to administer oaths, the affiant, after being duly sworn, stated under oath as follows:

- 1. THAT the affiant is the Authorized Agent for the Applying Organization, is over the age of eighteen years, and has personal knowledge of the facts contained in this Affidavit.
- 2. THAT the Applying Organization is the zoned 911 provider in the County for which grant funds are requested.
- 3. THAT the Applying Organization understands that peak staffed 911 response ambulance means the peak number of ambulances that are scheduled and staffed on a consistent basis.

Date: 10-31-23

State of Georgia	
County of De Kalb	
Signed and sworn to (or affirmed) before me on October 31, 2023	
Date 11 d 111	
by Darrell tullum	
Printed name(s) of individual(s) making statement	
who proved to me on the basis of satisfactory evidence to be the person(s) who	
appeared before me.	
Personally Known or	
✓ Produced Identification	
Type of ID D L	
Mera State	
Signature of notary public	
Treva L. Armstrong	
(Name of notary, typed, stamped or printed)	
Notary Public State of Georgia	Stamp/Seal
My commission expires: 11-11-2023	



Signature of Af

Treva L Armstrong NOTARY PUBLIC Newton County, Georgia My Commission Expires November 11, 2023

ATTACHMENT C



EMS Trauma Care Related Equipment Grant

Revised 8/25/23

Adult and Pediatric Airway head mannequins

Ambulance Child Restraint devices

Apple iPad

Automatic Chest Compression System

Bariatric Ambulance Ramp

Batteries and Battery Chargers-for cardiac monitors, stretchers, two-way radios, and the like

Blood Cooling Devices

Blood Temperature Monitor

Blood Warming Tube

Combi Extrication Tool

Commercial Washing Machine

Commercially made Chest Decompression Needles

Commercially made Eye Irrigation Devices

Commercially made Pelvic Stabilization Devices

Commercially made Tourniquet Devices

Disposable CPAP units

Driving Simulator

Eject Helmet Removal System

Emergency Cricothyrotomy Kit (non-surgical crico kit)

External Blood Clotting Supplies

Impedance Threshold devices (ITD)

Infusion Pumps

Intraosseous Supplies Capnography

Image Trent Kno2 Software

IV Warmers

Jump Bags

Laptop/Toughbooks

Motorola Minitor VI Pagers

Narcotics Lock Box

Portable, lightweight, patient lifting device (Binder Lift)

Pressure infusion bags

Pulse oximeters and probes

Replacement AVLS Antennae

Rescue Advanced Life Support Skill Mannequin Trainer

Rescue/Evacuation Litter

Resuscitation Items

Scoop Stretcher

Stair Chair

Tablets

Thermometers

Transport Ventilator

Two-way Radios

Utility Terrain Vehicle

Video Laryngoscopy Rescue/Evacuation Litter

Service Name:	Vehicle Inspection Form: Ground Ambul Tag#:	uile	Туре:
		W. 65 (10)	- 1
VIN#	Call Sign:		VID#:
Inspection Type:	Initial Anniversary Renewal	□ Unsc	heduled
VID # displayed on Left and Right si	ide of vehicle:(No less than 3")	□ Yes	□ No
Service name displayed on Left and	Right side of vehicle:(No less than 3")	□ Yes	□ No
	Interior - Cab		
Odometer Reading:	Make:	Model:	
Windshield free of cracks, starbursts	s, or spider webbing greater than 3" (GA Code § 40-8-73 (2010))	□ Yes	□ No
Proof of insurance (GA Code § 40-6-	10 (2020)):	□ Yes	□ No
Air Conditioner Operational (Front):		□ Yes	□ No
Heating Operational (Front):		□ Yes	□ No
Doors Operational from the inside a	nd outside:	□ Yes	□ No
Door Locks Operational (Front):		□ Yes	□ No
Seatbelts Operational (Driver):		□ Yes	□ No
Seatbelts Operational (Passenger):		□ Yes	□ No
Two-Way Communication System:		□ Yes	□ No
Vehicle Horn Operational		□ Yes	□ No
Wipers Operational		□ Yes	□ No
Mirrors Visible and without defect (I	Driver and Passenger side)	□ Yes	□ No
	Exterior Lighting		
Headlights Operational (Left and Rig	tht) High and Low beam	□ Yes	□ No
Turn Signal Operational (Front - Left	and Right)	□ Yes	□ No
Turn Signal Operational (Rear - Left	and Right)	□ Yes	□ No
Hazard Lights Operational (Front and	d Rear)	□ Yes	□ No
Tail Lights Operational (Left and Rigl	ht)	□ Yes	□ No
Reverse Light Operational (Left and	Right)	□ Yes	□ No
Brake Lights Operational (Left, Righ	t, Center if applicable)	□ Yes	□ No
Reverse/Back up Alarm Operational		□ Yes	□ No
	Safety - Tires/Brakes		
	per DOT recommendation(Left - Front)	□ Yes	□ No
	per DOT recommendation(Right - Front)	□ Yes	□ No
	per DOT recommendation(Left - Rear Outside)	□ Yes	□ No
	per DOT recommendation(Left - Rear Inside)	□ Yes	□ No
	per DOT recommendation(Right - Rear Outside)	□ Yes	□ No
	per DOT recommendation(Right - Rear Inside)	□ Yes	□ No
Brakes Operational		□ Yes	□ No
Rear Bumper and Step intact and op	perational	□ Yes	□ No
	Emergency Lights/Siren		
All Warning Lights Operational (All S		□ Yes	□ No
If blue warning lights are used, a val			
Scene/Flood Lights Operational (All	Sides)	□ Yes	□ No
Siren Operational		□ Yes	□ No

□ No
□ No
□ No
npliant
□ No
□ No
□ No
□ No
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l livo
□ No
□ No
□ No
= No
□ No
□ No
□ No
L 140
□ No
□ No

	Respiratory Equipment (continued)		
Quantity	Item/Description	Com	pliant
1	Oxygen: Fixed system with at least two wall-mounted oxygen outlets and one flowmeter. The system shall also include a yoke, pressure reducer gauge and an approved cylinder-retaining device that meets DOT standards. The system shall have a capacity of at least 2,000 liters of oxygen and be capable of delivering an oxygen flow of at least 15 liters per minute OR If oxygen system is not a fixed system; the vehicle must have capacity of at least 2,000 liters of oxygen, 2 regulators with pressure gauge and flowmeter capable of delivering an oxygen flow of at least 15 liters per minute with access to the oxygen operational control in the patient care compartment. Each cylinder must have no less than 600 psi. All Cylinders must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No
1	Oxygen: portable unit consisting of at least a "D" cylinder or equivalent, yoke, regulator with pressure gauge and flowmeter, and cylinder wrench or hand wheel. The cylinder must have no less than 600 psi. The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a quick release fitting shall be furnished to allow the use of the portable unit outside the vehicle. All Cylinders must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No
1	Oxygen: full spare cylinder for use with the above portable oxygen unit of at least a "D" cylinder for use with the above portable oxygen unit. All Cylinders, including those in bags or carrying cases must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No
	Bandaging/Dressings		
Quantity	Item/Description		pliant
2	Triangular Bandages	□ Yes	□ No
2	Universal Dressings approximately 10 inches by 30 inches Clean wrapped sheets or sterile burn sheets	□ Yes	□ No
12	Non-sterile gauze pads, 4 inches by 4 inches	□ Yes	□ No
6	Bandages, soft roller, self adhering type, assorted sizes (2 inch - 6 inch) (Minimum 4 yards/each)	□ Yes	□ No
4	Bandages, elastic, of assorted sizes (2 inch-6 inch)	□ Yes	□ No
2	Occlusive dressing, sterile, individually wrapped, minimum of 4 inches by 3 inches	□ Yes	□ No
4	Adhesive Tape – Rolls, Assorted Sizes minimum 1 inch wide	□ Yes	□ No
2	Commercially made Arterial Tourniquet	□ Yes	□ No
1	Heavy Duty Bandage Shears	□ Yes	□ No
	Diagnostic Equipment		
Quantity	Item/Description	Com	pliant
1 each	Manual Aneroid Sphygmomanometer, with pediatric, adult, AND large adult size cuffs	□ Yes	□ No
1	Stethoscope	□ Yes	□ No
1	Glucose monitoring instrument, with minimum 5 each of strips, lancets, alcohol preps	□ Yes	□ No
1	Pulse oximetry device with adult and pediatric size clips Non-Mercury Thermometer; if patient contact type must have disposable covers or be	□ Yes	□ No
1	disposable.	□ Yes	□ No
1	Penlight	□ Yes	□ No
	Immobilization/Extraction Devices		

Quantity	ltem/Description	Com	pliant
4	Extremity Immobilization Devices: 2 full arms and 2 full legs. Must be capable of	□ Yes	□ No
	immobilizing the joint above and the joint below the fracture.	L 1.03	
1	Short Spinal Extrication Device (KED or equivalent)	□ Yes	□ No
1	Pediatric Immobilization device (must be manufactured for pediatric use only) with at least 3 straps	□ Yes	□ No
2	Spine Boards, Long (at least 16 inches wide by 72 inches long), each with at least 3 straps or equivalent - one Spine Board may be replaced with a scoop stretcher	□ Yes	□ No
2	Lateral Cervical Immobilization Devices (may be commercial devices, foam blocks, or sheet rolls)	□ Yes	□ No
6	Cervical Immobilization collars, hard type, 4 adult assorted sizes/adjustable and 2 pediatric assorted sizes/adjustable	□ Yes	□ No
2	Traction Splints, universal lower extremity adjustable OR one adult and one pediatric lower extremity adjustable	□ Yes	□ No
1	Equipment for the safe transport of pediatric patients, as approved by the local Medical Director with guidelines provided by the Department	□ Yes	□ No
1	Spring Loaded Center Punch	- Voc	= No
		□ Yes	□ No
1 pair	Gloves, work gloves or leather gloves	□ Yes	□ No
1 each	Flathead and Phillips screwdriver, minimum 6 inches	□ Yes	□ No
	Patient Safety/Comfort/Care		
Quantity	Item/Description	Com	pliant
1	Multi-Level Stretcher with at least one complete set of shoulder/chest straps, and two sets of lower extremity straps. (Buckels must be metal "seatbelt type" and straps must not be cut, frayed, or have holes) Must be capable of securing adult and pediatric patients. Safety/Catch hook must be in place and functional. Mattress must be impervious and free of rips and tears.	□ Yes	□ No
4	Mattress covers; disposable or fabric sheets	□ Yes	□ No
1	Pillow, disposable, or pillow with single use covers. Rolled sheets are acceptable substitutes	□ Yes	□ No
2	Blankets	□ Yes	□ No
1	Waterproof Patient Covers (Water impervious blankets will count as both blankets and waterproof patient covers)	□ Yes	□ No
2	Emesis basins or emesis bags	□ Yes	□ No
4	Restraints, 2 ankle and 2 wrist, leather or nylon or disposable	□ Yes	□ No
1	Urinal	□ Yes	□ No
1	Bedpan		
6	Surgical face masks	□ Yes	□ No
1	Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or	□ Yes	□ No
1	equivalent Obstetrical Kit: Receiving blanket, sterile bulb aspirator, sterile scissors or scalpel blade, 4 inch gauze pads, 2 cord clamps, plastic bag for placenta, APGAR scoring card. All items are to be in a container with identifying label showing contents.	□ Yes	□ No
	Provider Safety		
Quantity	Item/Description	Com	pliant
1	Flashlight	□ Yes	□ No
1	Sharps container, minimum 1 quart size or equivalent	□ Yes	□ No
1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged, with current NFPA inspection tag, secured with appropriate restraint device	□ Yes	□ No
6	N95 Particulate mask, minimum of 2 sizes	□ Yes	□ No
10000000000	Provider Safety (continued)		
		in the state of the state of	
Quantity	Item/Description	Com	pliant

4	gowns/coveralls	□ Yes	□ No
60	Nitrile (non-latex) Exam gloves, 30 each of at least 2 sizes	□ Yes	□ No
1	U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
1	FEMA Job Aid or other Resource Handbook providing information on chemical, biological, nuclear agents (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
Min 2	ANSI compliant Reflective safety wear for each crewmember	□ Yes	□ No
	Miscellaneous Equipment		
Quantity	Item/Description	Com	pliant
1	Automatic or Semi-automatic External Defibrillator with Adult and Pediatric pads or Pediatric Dose Attenuator. (cardiac monitor/defibrillator for Cardiac Technician or Paramedic staffing)	□ Yes	□ No
1	Sealed and/or locked IV Solution/Medication Kit. The contents and expiration date of each pharmaceutical within the kit must be immediately available physically or electronically. The EARLIEST expiration date must be affixed to the outside of the kit or immediately electronically available. This kit must be maintained in a temperature controlled environment and not be left unsecured.	□ Yes	□ No
1	A length-based resuscitation tape or reference material that provide appropriate guidance for pediatric drug dosing and equipment sizing based on length or age	□ Yes	□ No
1	Agency Protocol Manual (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
2	Irrigation Liquids 1000ml or equivalent packaging	□ Yes	□ No
Min 10	Triage Tags- SMART compliant	□ Yes	□ No
1	Disinfectant solution	□ Yes	□ No
	Advanced Life Support Equipment - Cardiac Technician or P		
Quantity			Compliant
Quantity	Advanced Life Support Equipment - Cardiac Technician or P	aramedic	Compliant
Quantity The am	Advanced Life Support Equipment - Cardiac Technician or Post	aramedic one Cardiac T	Compliant echnician or
Quantity The am	Advanced Life Support Equipment - Cardiac Technician or P Item/Description bulance must have all of the above required equipment. When staffed by at least	aramedic one Cardiac T	Compliant echnician or
Quantity The am Parame	Advanced Life Support Equipment - Cardiac Technician or P Item/Description bulance must have all of the above required equipment. When staffed by at least edic the additional equipment listed below is required if specified by Medical Direct ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in motion. Cardiac monitors must be capable of 12 lead ECG acquisition by 2025.	one Cardiac Tector Approve	Compliant echnician or d Protocols.
Quantity The am Parame	Advanced Life Support Equipment - Cardiac Technician or P. Item/Description bulance must have all of the above required equipment. When staffed by at least edic the additional equipment listed below is required if specified by Medical Direct ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in	one Cardiac Tector Approve	Compliant echnician or d Protocols.
Quantity The am Parame 1	Advanced Life Support Equipment - Cardiac Technician or P Item/Description bulance must have all of the above required equipment. When staffed by at least edic the additional equipment listed below is required if specified by Medical Direct ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in motion. Cardiac monitors must be capable of 12 lead ECG acquisition by 2025. Sealed and/or locked Drug Kit. The contents and expiration date of each pharmaceutical within the kit must be immediately available physically or electronically. The EARLIEST expiration date must be affixed to the outside of the kit or immediately available electronically. This kit may be combined with the Medication Kit listed above. Must be maintained in temperature-controlled environment and must not be left unsecured.	one Cardiac Tector Approved	Compliant echnician or d Protocols.



Prehospital Emergency Care



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Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement

John Lyng, Kathleen Adelgais, Rachael Alter, Justin Beal, Bruce Chung, Toni Gross, Marc Minkler, Brian Moore, Tim Stebbins, Sam Vance, Ken Williams & Allen Yee

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RECOMMENDED ESSENTIAL EQUIPMENT FOR BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT GROUND AMBULANCES 2020: A JOINT POSITION STATEMENT

John Lyng, MD, NRP, Kathleen Adelgais, MD, MPH, Rachael Alter, BA, Justin Beal, PHRN, Bruce Chung, MD, Toni Gross, MD, Marc Minkler, BS, NRP, Brian Moore, MD, Tim Stebbins, MD, Sam Vance, MHA, EMT-P, Ken Williams, MD, Allen Yee, MD

ABSTRACT

In continued support of establishing and maintaining a foundation for standards of care, our organizations remain committed to periodic review and revision of this position statement. This latest revision was created based on a structured review of the National Model EMS Clinical Guidelines Version 2.2 in order to identify the equipment items necessary to deliver the care defined by those guidelines. In addition, in order to ensure congruity with national definitions of provider scope of practice, the list is differentiated into BLS and ALS levels of service utilizing the National Scope of Practice-defined levels of Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) as BLS, and Advanced EMT (AEMT) and Paramedic as ALS. Equipment items listed within each category were cross-checked against recommended scopes of practice for each level in order to ensure they were appropriately dichotomized to BLS or ALS levels of care. Some items may be considered optional at the local level as determined by agencydefined scope of practice and applicable clinical guidelines. In addition to the items included in this position statement our organizations agree that all EMS service programs should carry equipment and supplies in quantities as determined by the medical director and appropriate to the agency's level of care and available certified EMS personnel and as established in the agency's approved protocols. Key words: EMS; equipment; ambulance; ALS; BLS

PREHOSPITAL EMERGENCY CARE 2021;00:000-000

Received January 30, 2021 from National Association of EMS Physicians (NAEMSP), Overland Park, Kansas (JL, TG, TS); American Academy of Pediatrics (AAP), Itasca, Illinois (BM); American College of Surgeons Committee on Trauma (ACS-COT), Chicago, Illinois (BC); Emergency Medical Services for Children Innovation and Improvement Center (EIIC) (KA, RA, SV); Emergency Nurses Association (ENA), Schaumburg, Illinois (JB); National Association of State EMS Officials (NASEMSO) (MM, KW). Accepted for publication February 1, 2021.

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INTRODUCTION

The National Association of EMS Physicians along with these coauthoring associations: American Academy of Pediatrics, American College of Surgeons Committee on Trauma, EMS for Children Innovation and Improvement Center, Emergency Nurses Association, and National Association of State EMS Officials, and as also endorsed by the National Association of Emergency Medical Technicians, believe that the delivery of high-quality and effective EMS care is dependent on several factors, including but not limited to the presence of:

- providers who have been credentialed to ensure they demonstrate appropriate cognitive knowledge, affective ability, psychomotor skills, and critical thinking (1)
- clinical protocols or guidelines that are supported by the best available scientific evidence
- equipment and supplies necessary to deliver appropriate care as directed by clinical protocols/guidelines for patients of all ages

Several documents, including previous versions of this joint position paper, the National Model EMS Clinical Guidelines Version 2.2, the 2018 National EMS Scope of Practice Model, the Clinical Credentialing of EMS Providers, Physician Oversight of Pediatric Care in Emergency Medical Services, Pediatric Readiness in Emergency Medical Services Systems, and core performance measures from the U.S. Dept of Health and Human Services Health Resources and Services Administration EMS for Children (EMSC) Program have been developed to lay the foundation of several of the concepts noted above (1–9).

Ensuring that EMS providers are properly equipped to perform their clinical duties is an important function of oversight in EMS systems. In the past this regulatory oversight has been based on the publication of minimum recommended equipment standards, including prior versions of this document (2–4). These efforts have attempted to provide a listing of the minimum items recommended for Basic Life Support (BLS) and Advanced Life Support (ALS) ground ambulances.

The field of EMS medicine continues to evolve and the EMS Scope of Practice Model continues to undergo important longitudinal revisions, reflecting ongoing

improvements in clinical technology and practice (5). In effect, these advancements have caused many interventions, once limited to the scope of advanced providers, to begin transitioning into the scope of basic providers. Additionally, interventions that were once considered outside the scope of EMS medicine continue to find appropriate places in the EMS setting of care. These contemporary updates make the delivery of EMS-based interventions safer and easier for EMS providers to perform.

În 2019 our organizations undertook a review and revision of the 2014 version of this joint position statement. Part of this revision process also included review of equipment lists established by individual state/territory rules and statutes for all 56 U.S. states and territories. Our review identified that portions of either the 2014 document and/or state/territory-level equipment lists required items that:

- are no longer clinically recommended because they have been demonstrated to be either harmful, lacking efficacy, or have been replaced by clinically superior options. [ex: Military Anti Shock Trousers (MAST), syrup of ipecac];
- are no longer correctly dichotomized to BLS vs ALS levels of care [ex: CPAP, nebulized medications];
- fail to include equipment that evidence-based guidelines suggest should be available on ground ambulances [ex: Commercial arterial tourniquets are currently lacking on 29 state/territory lists]; and that
- require arbitrary quantities of items.

Establishing recommended equipment standards has value in helping build consistency across the EMS system of care. Documents such as this can be used to help guide both agency leadership and frontline staff in evaluating whether their agency is properly equipped to provide care that meets recommended community requirements. However, the process of creating and revising rules, statutes, and other legislative mechanisms at the state level of government is often onerous, time consuming, and can sometimes have unpredictable results and generate unintended consequences.

Our review of existing state and territory EMS equipment regulations showed that 39 states and territories had statutory EMS equipment lists that were more than five years old. Equipment lists should serve to facilitate advances in the delivery of quality and cost-effective EMS care, not to create a barrier to EMS system improvement and development. In light of this, we offer the following recommendation to governmental entities with jurisdiction involving the practice of EMS medicine—

Ensure that legislative and/or administrative mechanisms that establish equipment standards for ground ambulances:

 avoid requiring arbitrary minimum amounts of equipment list items;

- reflect expert and evidence-based recommendations such as those provided in this document;
- undergo review and updates at intervals not to exceed five years;
- do not create unnecessary barriers to implementation of new technology at the local level;
- allow for flexibility and adaptability in order to make rapid unplanned changes in response to unpredicted equipment or medication shortages affecting local EMS agencies; and
- reinforce that all EMS agencies should carry the ageappropriate equipment, supplies, and medications necessary for their clinical providers to effectively carry out patient care as defined by the clinical protocols and guidelines that are applicable to each agency.

It cannot be overemphasized that the mere presence of certain pieces of equipment on an ambulance does not equate to individual EMS provider competence in the use of that equipment or to an EMS program's practice of high-quality and effective EMS medicine. In addition to establishing minimum equipment standards we also recommend that states consider establishing standards requiring local EMS agencies to demonstrate that their EMS providers are competent in their use of the equipment and supplies necessary to administer care within their scope of practice as defined or allowed by locally applicable clinical protocols or guidelines. Such assessment of provider competency in use of equipment has been established as a key component of EMS readiness in the joint position paper, Pediatric Readiness in Emergency Medical Services Systems, and also as a core performance measure by the U.S. Dept of Health and Human Services Health Resources and Services Administration through its EMS for Children (EMSC) Program (8, 9).

Furthermore, though the implementation of equipment lists at the state level is an important level of system oversight, it remains critically important that EMS agency medical directors evaluate that the equipment available on their agency's ambulances is appropriate for the delivery of care and transport of both pediatric and adult patients in their service area. Each agency's physician medical director should have direct involvement in the selection, approval, and deployment of the devices each agency chooses to fulfill both the clinical and regulatory equipment requirements that are germane to their agency.

In continued support of establishing and maintaining a foundation for standards of care, our organizations remain committed to periodic review and revision of this position statement. This latest revision was created based on a structured review

of the National Model EMS Clinical Guidelines Version 2.2 in order to identify the equipment items necessary to deliver the care defined by those guidelines (6). In addition, in order to ensure congruity with national definitions of provider scope of practice, the list is differentiated into BLS and ALS levels of service utilizing the National Scope of Practice-defined levels of Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) as BLS, and Advanced EMT (AEMT) and Paramedic as ALS (5). Equipment items listed within each category were crosschecked against recommended scopes of practice for each level in order to ensure they were appropriately dichotomized to BLS or ALS levels of care. Some items may be considered optional at the local level as determined by agency-defined scope of practice and applicable clinical guidelines.

In addition to the items included in this position statement our organizations agree that, as modeled in the Iowa Administrative Code, "all EMS service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the agency's level of care and available certified EMS personnel and as established in the agency's approved protocols." (10)

Finally, in addition to taking steps to determine that appropriate equipment is routinely available and that EMS providers are competent in using this equipment, our organizations also recommend that all EMS agencies include in their routine quality assurance practices efforts to evaluate that:

- their EMS providers are outfitted with all of the equipment necessary for them to perform clinical care;
- all equipment and supplies undergo appropriate preventative maintenance and routine function checks; and that
- malfunctioning or missing equipment issues are rapidly mitigated in order to preserve readiness to respond and provide patient care continuously.

LIST OF RECOMMENDED ESSENTIAL EQUIPMENT FOR BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT GROUND AMBULANCES, 2020

General Principles

This document is intended to represent minimum essential equipment recommendations and should not be used to limit the addition of items to a service's repertoire. Carriage of items that supplement those listed herein should be based on local clinical

and operational needs, including the needs of specialty transport teams, and should be left to the discretion of the physician medical director and other agency administrative and operational officers.

- Equipment should always be appropriate for the size/age of patients. Availability and use of appropriate pediatricsized equipment is necessary, not discretionary.
 - Adult-sized items should not be substituted or adapted for use on pediatric patients except where available pediatric-focused equipment has malfunctioned and where failure to provide further intervention by adapting an adult device for pediatric use would result in serious harm to the pediatric patient.
- b. Several items that were included in previous versions of this list, including items previously listed as "optional," are not included in this revision. Their absence from this list demonstrates lack of sufficient evidence to support inclusion of these items universally for all BLS and/or ALS ground ambulances but should not be interpreted to mean that such items should not be carried on any BLS and/or ALS ground ambulance. Local clinical protocols and scope of practice may dictate that such items are prudent and proper to carry.
- c. Evidence supporting inclusion of specific items in this recommended equipment list is cited where available.
- d. Certain items are included in this list based on sound judgment and logic (i.e. "portable reusable light source") rather than based on the presence of supporting evidence.
- e. Several items were identified on review of existing state/ territory equipment lists or in previous versions of this document that should no longer be carried on ground ambulances due to evidence of harm or proven lack of efficacy. These items have been identified in a section that is new in this revision of this joint position paper.
- f. Equipment specifications exist for several items contained in this document. The sources for those specifications are cited.
- g. Latex-free items should be utilized whenever possible/practical.
- h. Specific medication recommendations have been removed from this recommended equipment list due to the following:
 - The diversity of clinical protocols across the U.S., even across the same echelons of care, precludes development of an appropriately brief but comprehensive recommended medication list;
 - The frequency and unpredictable nature of medication shortages requiring frequent and rapid revision to local medication supplies preclude the development of a recommended medication list that would remain germane on a daily basis; and
 - The variability in the availability and use of therapeutic alternatives across EMS agencies precludes development of an appropriately brief but comprehensive recommended medication list.

	BASIC LIFE SUPPORT (BLS) All ages	ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages	SUPPORT (ALS) 'L'LUS the following) ges
CATEGORY	Adult-specific Pediatric-specific	Adult-specific	Pediatric-specific
Airway, Ventilation, and Oxygenation	Oxygen supply, portable and on-board Devices capable of delivering oxygen in a titratable manner through nasal, partial face, or full-face mask routes in sizes to fit neonates through adults Oropharyngeal airways in sizes to fit neonates to adults Manual and/or powered suction device(s) with rigid oral and flexible pharyngeal/tracheal suction catheters in sizes to fit neonates to adults A device capable of providing non-invasive positive pressure ventilation (NIPPV) Self-inflating manual ventilation devices and masks to fit neonates to adults [11] [12] PEDIATRIC SPECIFIC Bulb suction	 Direct and/or Video laryngoscopy equipment appropriate for neonates to adults^a Magill forceps Supraglottic airways in sizes to fit neonates to adults^b 	upment appropriate for nates to adults ^b
Bleeding, Hemorrhage Control, Shock Management, and Wound Care	 Commercial arterial tourniquets Wound packing material^c Gauze sponges Adhesive bandages Adhesive tape Occlusive dressing (aka "chest seal") Fluid for irrigation of wounds 	Chest Decompression needles 14g or larger diameter, minimum length 3.25 inches (8.25cm) or commercial chest decompression device [13] [14] [15] [16] [17] [18] [19]	Chest Decompression needles: 14g diameter, maximum length 1.5 inches (3.8 cm) for patients less than 56 inches (144 cm) long [20] 23g diameter, maximum length 0.75 inches (2cm) for newborns
Cardiovascular & Circulation Care	Automatic External Defibrillator (AED) with adult and pediatric or combination pads	A device capable of performing automatic and/or manual defibrillation, cardiac rhythm monitoring (in at least three leads), 12 lead ECG acquisition, and transcutaneous pacing	atic and/or manual defibrillation, three leads), 12 lead ECG acquisition,
Diagnostic Tools	 Glucometer Pulse Oximeter with sensors to fit neonates to adults Stethoscope Blood Pressure Cuffs in sizes to fit neonates to adults Thermometer 	Continuous waveform capnography	(Continued)

	BASIC LIFE SUPPORT (BLS) All ages	ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages
CATEGORY	Adult-specific Pediatric-specific	Adult-specific Pediatric-specific
Infection Control	 Items necessary for Universal & Standard Precautions [21] Waterless hand cleanser Sharps container Supplies for collection or absorption of patient vomit, urine, and/or feces Biohazardous materials collection bags Products appropriate for cleaning and disinfecting surfaces and equipment Items necessary for the following Transmission-based Precautions [22] [23] [24]: Contact precautions: examination gloves, eye protection, gowns Droplet precautions: surgical masks and eye protection Airborne precautions: N95 facemasks in providerappropriate sizes AND eye protection OR Powered Air-Purifying Respirator (PAPR) General trash collection bags 	No additional ALS recommendations
Medications	Medications that are germane to approved agency BLS protocols	 Medications that are germane to approved agency ALS (and/or higher level) protocols
Medication Delivery and Vascular Access	Devices and supplies needed to administer medications via routes (Oral, Inhaled, Intramuscular, Intranasal) included in locally approved scope of practice and locally applicable protocol(s) and in sizes to fit neonates to adults. Supplies for application of antiseptic to skin PEDIATRIC SPECIFIC Tools that provide precalculated weight-based dosing and predude the need for calculation by EMS providers can reduce dosing errors. [25]	Devices and supplies needed to administer medications via routes (Oral, Inhaled, Intramuscular, Intranasal, Intravenous, Intraosseous) included in locally approved scope of practice and locally applicable protocol(s) in sizes to fit neonates to adults so isotonic crystalloid fluids and administration tubing capable of adjustable fluid delivery rate A device to provide pressure infusion of IV fluids PEDIATRIC SPECIFIC A device to provide pressure infusion of fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid
		(5)

LS)	cific	ations	ations	ations (Continued)
ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages	Pediatric-specific	No additional ALS recommendations	No additional ALS recommendations	No additional ALS recommendations
	Adult-specific			
BASIC LIFE SUPPORT (BLS) All ages	Adult-specific Pediatric-specific	PEDIATRIC SPECIFIC Newborn delivery supplies: 2 unbilical cord clamps Tool for cutting unbilical cord Bulb suction Infant head cover Towels Blanket Gauze dressings Material or device intended to maintain body temperature	 Splinting material or commercial devices for immobilization of orthopedic extremity injuries including but not limited to: Femoral splinting materials which may include either simple non-traction devices or devices that provide femoral traction.⁴ [26] [27] Pelvic splinting materials which may include either a commercial pelvic circumferential compression device (PCCD) designed specifically to splint the pelvis, or a dedicated bedsheet and towel clips to perform circumferential pelvic antishock sheeting [28] [29] [30] [31] [32] Cold packs Elastic bandages 	Extrication board/device [33] Materials or devices that can be utilized to provide spinal motion restriction of the cervical, thoracic, and lumbar spine for neonates to adults Portable stretcher or litter Collapsible "stair chair" Wheeled multi-level gurney PEDIATRIC SPECIFIC PEDIATRIC specific restraint system or age/size-appropriate car safety seaf [34] [35]
	CATEGORY	Neonatal Care	Orthopedic Injury Care	Patient Packaging, Evacuation, and Transport

		BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages
CATEGORY	Adult-specific	Pediatric-specific	Adult-specific	Pediatric-specific
Safety	 Fire Extinguisher (5lb Al ANSI Class 2 or 3 reflect Impact-resistant eye prot Nonflammable reflective warning devices Portable reusable light se 	Fire Extinguisher (5lb ABC) [36] ANSI Class 2 or 3 reflective vest or outerwear [37] Impact-resistant eye protection (ANSI Z87.1) [38] Nonflammable reflective and/or illuminated roadside warning devices Portable reusable light source		No additional ALS recommendations
Temperature Management and Heat-loss Prevention	• • •	Blankets Towels Heat packs		No additional ALS recommendations
Miscellaneous items	Bandage/trauma shears A device that allows for the field and EMS comm medical control, and rece Triage Marking System (that is interoperable with entities and that follows Dept of Health and Hum Preparedness and Respon	Bandage/trauma shears A device that allows for two-way communication between the field and EMS communications/dispatch centers, direct medical control, and receiving hospitals Triage Marking System (colored tape, tags, or other system) that is interoperable with other local healthcare system entities and that follows recommendations from the U.S. Peppt of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) [39]		No additional ALS recommendations

Items that should no longer be carried on BLS or ALS ground ambulances due to evidence of harm or proven lack of clinical efficacy

Military Antishock Trousers (MAST), aka Pneumatic Antishock Garment (PASG) [40]

Syrup of Ipecac [41]

Taryngoscopy equipment is included to facilitate ALS provider identification and mechanical removal of upper airway foreign bodies using Magill forceps, regardless of whether the ALS agency includes pediatric or adult endotracheal intubation within their ALS provider scope of practice.

^bDepending on locally approved scope of practice and locally applicable protocol(s) other invasive airways (endotracheal tubes, needle or surgical cricothyrotomy supplies) may also be carried but are not recommended to be universally required on all ALS ground ambulances.

⁴draction is not a necessary or required element of prehospital stabilization of suspected femur fracture(s) and is often contraindicated [26] [27]. Wound packing material may include plain gauze and/or hemostatic dressings.

Devices used for extrication, such as backboards, should not be used for transport. Whenever feasible, patients should be removed from extrication devices prior to transport. Spinal Motion Restriction can be maintained by

securing the patient to the transport stretcher. [33].
Restraint devices should meet applicable crash-testing standards, as they are developed and published, and should appropriately meet individual patient weight, length, and developmental status needs [34] [35]

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ATTACHMENT D

	-		FY 2024	FY 2024
Region	Agency Name	County	Ambulance	GTCNC Award
			Count	Amount
1	Ambucare, LLC	Haralson	7	\$ 5,217.19
1	Metro Atlanta	Bartow	11	\$ 8,198.45
1	Bartow County Fire Puckett EMS	Bartow	2	\$ 1,490.63
1	Atrium Floyd EMS	Chattaga	5	\$ 3,726.57
1	Cherokee County Emergency Services	Chattooga Cherokee	25	\$ 3,726.57 \$ 18,632.83
1	Dade County EMS	Dade	5	\$ 3,726.57
1	CHI Memorial Hospital EMS	Dade	2	\$ 1,490.63
1	Fannin County Fire and EMS	Fannin	7	\$ 5,217.19
1	Atrium Floyd Emergency Medical Services	Floyd	19	\$ 14,160.95
1	Redmond Regional EMS	Floyd	13	\$ 9,689.07
1	Gilmer County Fire and EMS	Gilmer	6	\$ 4,471.88
1	Gordon County Ambulance-Adventist	Gordon	9	\$ 6,707.82
1	Adventist Health	Миггау	7	\$ 5,217.19
1	Metro Atlanta	Paulding	11	\$ 8,198.45
1	Pickens County EMS	Pickens	8	\$ 5,962.51
1	Redmond Regional EMS	Polk	6	\$ 4,471.88
1	Walker County Fire CHI Memorial Hospital EMS	Walker Walker	1 10	\$ 745.31
1	Hamilton EMS	Whitfield	13	\$ 7,453.13 \$ 9,689.07
2	Banks County Fire and EMS	Banks	7	\$ 9,689.07
2	Central Emergency Med Services Inc	Forsyth	10	\$ 7,453.13
2	Dawson County Emergency Services	Dawson	7	\$ 5,217.19
2	Forsyth County EMS	Forsyth	1	\$ 745.31
2	Franklin County EMS	Franklin	7	\$ 5,217.19
2	Habersham County EMS	Habersham	10	\$ 7,453.13
2	Hall County Fire Services	Hall	22	\$ 16,396.89
2	Hart County EMS	Hart	9	\$ 6,707.82
2	Lumpkin County Emergency Services	Lumpkin	7	\$ 5,217.19
2	Rabun County EMS	Rabun	8	\$ 5,962.51
2	Stephens County Emergency Medical Services	Stephens	6	\$ 4,471.88
2	Towns County EMS	Towns	5	\$ 3,726.57
2	Union County EMS	Union	7	\$ 5,217.19
3	Northeast Georgia Physicians Group, INC Atlanta Fire Rescue Department	White	6	\$ 4,471.88
3	City of Forest Park Fire EMS	Fulton Clayton	10 5	\$ 7,453.13
3	City of Morrow Fire and EMS	Clayton	3	\$ 3,726.57 \$ 2,235.94
3	Clayton County Fire and Emergency Services	Clayton	23	\$ 17,142.21
3	Metro Atlanta	Cobb	38	\$ 28,321.91
3	Puckett EMS	Cobb	26	\$ 19,378.15
3	Dekalb County Fire	Dekalb	7	\$ 5,217.19
3	American Medical Response	Dekalb	60	\$ 44,718.80
3	Douglas County Fire and EMS	Douglas	12	\$ 8,943.76
3	American Medical Response	Fulton	29	\$ 21,614.09
3	City of Hapeville	Fulton	3	\$ 2,235.94
3	Grady EMS	Fulton	108	\$ 80,493.84
3	Gwinnett County Fire/EMS	Gwinnett	49	\$ 36,520.35
3	National EMS	Newton	7	\$ 5,217.19
3	Piedmont Newton Hospital EMS National EMS	Newton	0	\$ -
3 4		Rockdale	11	\$ 8,198.45
4	Butts County Fire Department Coweta County EMS	Butts Coweta	7 14	\$ 5,217.19
4	Fayette County Department of Fire Services & Emergency Services	Fayette	8	\$ 10,434.39 \$ 5,962.51
4	Heard County Emergency Services	Heard	6	\$ 5,962.51 \$ 4,471.88
4	Henry County Fire Rescue	Henry	20	\$ 14,906.27
4	AmeriPro EMS	Lamar	2	\$ 1,490.63
4	Meriwether County EMS	Meriwether	11	\$ 8,198.45
4	Peachtree City Fire Department	Fayette	6	\$ 4,471.88
4	AmeriPro EMS	Pike	3	\$ 2,235.94
4	Spalding Regional Medical Center EMS	Spalding	12	\$ 8,943.76
4	American Medical Response	Troup	18	\$ 13,415.64
4	AmeriPro EMS	Upson	6	\$ 4,471.88
4	West Georgia Ambulance Service	Carroll	15	\$ 11,179.70
4	West Point Fire Department	Troup	2	\$ 1,490.63

5	Grady EMS	Baldwin	7	\$	5,217.19
5	Atrium Health Navicent EMS	Bibb	23	\$	17,142.21
5	Community Ambulance MGAS Holdings, INC	Bibb	14	\$	10,434.39
5	Heartland EMS	Bleckley	12	\$	8,943.76
5	Community Ambulance MGAS Holdings, INC	Crawford	2	\$	1,490.63
5	Dodge County EMS	Dodge	6	\$	4,471.88
5	Hancock County EMS	Hancock	2	\$	1,490.63
5	Houston County EMS	Houston	16	\$	11,925.01
5	Jasper County EMS	Jasper	4	\$	2,981.25
5	Johnson County EMS	Johnson	4	\$	2,981.25
5	Atrium Helath Navicent EMS	Jones	1	\$	745.31
5	Laurens County EMS	Laurens	12	\$	8,943.76
5	Monroe County EMS	Monroe	6	\$	4,471.88
5	Montgomery-Toombs-Montgomery EMS	Montgomery	1	\$	745.31
	Peach County	Peach	4	\$	2,981.25
5	Heartland EMS	Pulaski	3	\$	2,235.94
5	Putnam County EMS	Putnam	5	\$	3,726.57
5	Telfair County EMS	Telfair	5	\$	3,726.57
5	Atrium Health Navicent EMS	Treutlen	2	\$	1,490.63
5	Atrium Health Navicent EMS	Twiggs	1	\$	745.31
5	Washington County EMS	Washington	5	\$	3,726.57
5	Wheeler County Ambulance Service	Wheeler	3	\$	2,235.94
5	Wilcox County EMS Heartland EMS	Wilcox	4	\$	2,981.25
6		Wilkinson	3	\$	2,235.94
6	Burke County EMA	Burke	13	\$	9,689.07
6	Gold Cross EMS, INC Emanuel County EMS	Columbia Emanuel	11 5	\$	8,198.45
6	Gold Cross EMS, INC	Jefferson		\$	3,726.57
5	Jenkins County Ambulance Service	Jenkins	3	\$	2,981.25
5	Lincoln County OES	Lincoln	4	\$	2,235.94 2,981.25
5	McDuffie County EMS	McDuffie	6	\$	4,471.88
6	Central Emergency Med Services Inc	Richmond	15	\$	11,179.70
6	Screven County EMS	Screven	4	\$	2,981.25
6	Warren County EMS	Warren	3	\$	2,235.94
6	Wilkes County EMS	Wilkes	5	\$	3,726.57
7	Unified Government of Cusseta-Chattahoochee County EMS	Chattahoochee	2	\$	1,490.63
7	AmeriPro EMS	Clay	1	\$	745.31
7	Columbus Fire and Emergency Medical Services	Muscogee	10	\$	7,453.13
7	EMS Care Ambulance	Muscogee	5	\$	3,726.57
7	Harris County EMS	Harris	8	\$	5,962.51
7	Macon County EMS	Macon	4	\$	2,981.25
7	Marion County EMS	Marion	3	\$	2,235.94
7	Community Ambulance MGAS Holdings, INC	Muscogee	5	\$	3,726.57
7	AmeriPro EMS	Quitman	1	\$	745.31
7	AmeriPro EMS	Randolph	3	\$	2,235.94
7	Schley County EMS	Schley	3	\$	2,235.94
7	Stewart County EMS	Stewart	3	\$	2,235.94
7	Talbot County EMS	Talbot	3	\$	2,235.94
7	Taylor County EMS	Taylor	4	\$	2,981.25
7	Webster County Fire/EMS	Webster	2	\$	1,490.63
8	Grady EMS	Baker	2	\$	1,490.63
8	AmeriPro EMS	Ben Hill	3	\$	2,235.94
8	Berrien County EMS	Berrien	4	\$	2,981.25
8	Grady EMS	Brooks	4	\$	2,981.25
8	Calhoun County EMS	Calhoun	2	\$	1,490.63
8	Colquitt County EMS	Colquitt	7	\$	5,217.19
8	Colquitt/Miller County Fire/EMS	Miller	5	\$	3,726.57
8	Grady EMS	Cook	6	\$	4,471.88
8	Crisp County EMS	Crisp	7	\$	5,217.19
8	Grady EMS	Decatur	5	\$	3,726.57
8	Dooly County EMS	Dooly	4	\$	2,981.25
8	Dougherty County EMS	Dougherty	14	\$	10,434.39
8	South Georgia Medical Center	Echols	0	\$	1 1 1 - 11
8	Grady County EMS	Grady	5	\$	3,726.57
8	Irwin County EMS	Irwin	4	\$	2,981.25
8	South Georgia Medical Center	Lanier	4	\$	2,981.25
	Lee County EMS	Lee	8	\$	5,962.51
8	LifeBrite of Early County	LCC		1 4	2,235.94

8	South Georgia Medical Center	Lowndes	14	\$ 10,434.39
8	Grady EMS	Mitchell	6	\$ 4,471.88
8	Grady EMS	Seminole	2	\$ 1,490.63
8	Gold Star EMS	Sumter	4	\$ 2,981.25
8	Terrell County EMS	Terrell	4	\$ 2,981.25
8	Thomas County EMS	Thomas	11	\$ 8,198.45
8	Tift County Fire and Rescue	Tift	8	\$ 5,962.51
8	Turner County EMS	Turner	4	\$ 2,981.25
8	Worth County EMS	Worth	5	\$ 3,726.57
9	Alma Bacon County EMS	Bacon	5	\$ 3,726.57
9	Appling County EMS	Appling	5	\$ 3,726.57
9	Atkinson County EMS	Atkinson	2	\$ 1,490.63
9	Brantley County EMS	Brantley	6	\$ 4,471.88
9	Bryan County EMS	Bryan	15	\$ 11,179.70
9	Bulloch County EMS	Bulloch	9	\$ 6,707.82
9	Camden County EMS	Camden	9	\$ 6,707.82
9	Candler County EMS	Candler	5	\$ 3,726.57
9	Charlton County EMS	Charlton	6	\$ 4,471.88
9	Mercy Ambulance	Chatham	46	\$ 34,284.41
9	Clinch County EMS-Gold Star	Clinch	4	\$ 2,981.25
9	Coffee Regional Medical Center EMS	Coffee	8	\$ 5,962.51
9	Effingham County EMS	Effingham	11	\$ 8,198.45
9	Evans County EMS	Evans	5	\$ 3,726.57
9	Excelsior Ambulance	Long	5	\$ 3,726.57
9	Glynn County Fire	Glynn	11	\$ 8,198.45
9	Jeff Davis County EMS	Jeff Davis	4	\$ 2,981.25
9	Jekyll Island Fire/EMS	Glynn	3	\$ 2,235.94
9	Liberty County EMS	Liberty	9	\$ 6,707.82
9	McIntosh County EMS	Mcintosh	4	\$ 2,981.25
9	Pierce County EMS	Pierce	3	\$ 2,235.94
9	Tattnall County EMS	Tattnall	6	\$ 4,471.88
9	Toombs-Toombs-Montgomery EMS	Toombs	9	\$ 6,707.82
9	Ware County EMS	Ware	6	\$ 4,471.88
9	Wayne County EMS	Wayne	5	\$ 3,726.57
10	Barrow County Fire and EMS	Barrow	9	\$ 6,707.82
10	Northeast Georgia Physicians Group	Ваггом	0	\$ -
10	National EMS	Clarke	16	\$ 11,925.01
10	Elbert County EMS	Elbert	7	\$ 5,217.19
10	Greene County EMS	Greene	8	\$ 5,962.51
10	Jackson County EMS	Jackson	13	\$ 9,689.07
10	Madison County EMS	Madison	8	\$ 5,962.51
10	National EMS	Morgan	4	\$ 2,981.25
10	National EMS	Oconee	4	\$ 2,981.25
10	Oglethorpe County EMS	Oglethorpe	4	\$ 2,981.25
10	Walton County EMS	Walton	9	\$ 6,707.82
			1508	\$1,123,932.44



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STATE OF GEORGIA

Department of Public Health 2 Peachtree Street, NW 15th Floor Atlanta GA 30303-3141

****Four thousand eight hundred fifty-four and 95/100 Dollar ****

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STATE OF GEORGIA

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Invoice Number Invoice Date Voucher ID Gross Amount Discount Taken
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Belinda B. Reaves Manager, Capital & Grants