From: GTC Business Ops <GTCBusinessOps@gtc.ga.gov>
Sent: Monday, December 2, 2024 9:00:00 AM
To: GTC Business Ops <GTCBusinessOps@gtc.ga.gov>
Subject: GTC Application Open | FY 2025 Grant Awards for EMS Trauma-Related Equipment

December 2, 2024

The Georgia Trauma Commission (GTC) is pleased to offer an FY 2025 grant opportunity to purchase trauma-related equipment for 911-response peak ambulances. The GTC EMS Committee has allocated $1,648,265.17 for this grant.

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle. The total peak vehicle count for FY 2024 is 926, providing up to $1,779.98 per peak-demand staffed ambulance (**ATTACHMENT A**). You may update your peak ambulance number for next year's grant cycle, FY 2026, on your electronic application. Reported peak numbers will be reviewed and may be subject to further inquiry.

Please submit your electronic grant application by using the following link:
FY 2025 EMS Equipment Grant Application Form

- You will be asked to upload your notarized equipment list affidavit (**ATTACHMENT B**) within the electronic application. Once you successfully submit it using the link, you will receive an automatic confirmation of receipt from Smartsheet Automation. Please note that a separate application must be submitted for each applying county.

Application Deadline is January 31, 2025. Late applications will be returned to the sender.

Grant funds must be used to purchase equipment on one or more of the following 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

If you wish to purchase trauma-related equipment *not listed* in any of the lists above, you may submit a special equipment request form by December 20, 2024, for EMS Committee review by using the following link: **Special Equipment Request Form**

Approved grant applications will be processed for payment within 45 days of receipt. We will keep you informed about the status of your application throughout the grant cycle.

Attachments:
- Notice Letter
- A_FY25 Approved Grant Awards
- B_Equipment Affidavit (must be uploaded to electronic application)
- C_Approved Trauma-Related Equipment Lists (1-3)
- FY 25 EMS Eqp. Grant Frequently Asked Questions (FAQ for reference)
- FY 25 EMS Eqp. Grant Checklist (for reference)

We look forward to serving the EMS community with this grant award opportunity. If you have any questions, please contact the GTC office at gtcbusinessops@gtc.ga.gov or 706-841-2800.

Important Dates

December 2, 2024	**GTC EMS Grant application opens** for all qualifying Georgia agencies
December 20, 2024	GTC Deadline for special equipment purchase requests
January 31, 2025	**GTC EMS Grant application closes**

Grant details are also posted on our website: https://trauma.ga.gov/fy2025ems

Kindest Regards,
Gabby

GTC Business Operations Shared Team Email (Invoices, Grants, Contracts)
Georgia Trauma Care Network Commission
248 W. Jefferson Street | Madison, GA | 30650
Office: 706-841-2800 | gtcbusinessops@gtc.ga.gov
trauma.georgia.gov

GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION

FY 2025 Grant Awards for EMS Trauma-Related Equipment
Application Checklist

- ☐ Review your agency's grant award **(ATTACHMENT A)**
- ☐ Review approved equipment lists **(ATTACHMENT C)**
- ☐ Determine equipment you will purchase or applicable equipment for reimbursement
- ☐ If trauma-related equipment is not listed on approved equipment lists, submit a special request form before December 20, 2024
- ☐ Review and complete the equipment list affidavit **(ATTACHMENT B)** for each applying county.
  - ☐ List applicable equipment and totals
  - ☐ Review grant terms
  - ☐ Sign as the affiant
  - ☐ Notarize affidavit
- ☐ Complete the electronic grant application for each applying county before January 31, 2025 deadline.
  - ☐ Complete agency information
  - ☐ Upload completed and notarized affidavit
  - ☐ Submit the application; a confirmation email will be sent from Smartsheet Automation

Questions? Please contact gtcbusinessops@gtc.ga.gov

Important Dates

December 2, 2024	**GTC EMS grant application opens** for all qualifying Georgia agencies
December 20, 2024	GTC deadline for special equipment purchase requests
January 31, 2025	**GTC EMS grant application closes**

GEORGIA TRAUMA COMMISSION

December 2, 2024

Notice of FY 2025 Grant Awards for EMS Trauma-Related Equipment

The Georgia Trauma Commission (GTC) is pleased to offer an FY 2025 grant opportunity to purchase trauma-related equipment for 911-response peak ambulances. The GTC EMS Committee has allocated $1,648,265.17 for this grant.

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle. The total peak vehicle count for FY 2024 is 926, providing up to $1,779.98 per peak-demand staffed ambulance (**ATTACHMENT A**). You may update your peak ambulance number for next year's grant cycle, FY 2026, in your application. Reported peak numbers will be reviewed and may be subject to further inquiry.

Please submit grant applications by using the following link:
https://app.smartsheet.com/b/form/3d71f62afe1a4aa4b5eb0c2e515a2988

You will be asked to upload your notarized equipment list affidavit (**ATTACHMENT B**) within the electronic application. Please complete your application on or before January 31, 2025. Late applications will be returned to the sender. PDF applications are available upon request.

Grant funds must be used to purchase equipment on one or more of the following 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

- If you wish to purchase trauma-related equipment not listed in any of the lists above, you may submit a special equipment request form by December 20, 2024, for EMS Committee review by using the following link: https://app.smartsheet.com/b/form/a38e668d88f44320b358a72065b16971

Approved grant applications will be processed for payment within 45 days of receipt. We will keep you informed about the status of your application throughout the grant cycle.

We look forward to serving the EMS community with this grant award opportunity. If you have any questions, please contact the GTC office at gtcbusinessops@gtc.ga.gov or 706-841-2800.

Sincerely,

Elizabeth Atkins

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director, Georgia Trauma Care Network Commission

Important Dates

December 2, 2024	**GTC EMS grant application opens** for all qualifying Georgia agencies
December 20, 2024	GTC deadline for special equipment purchase requests
January 31, 2025	**GTC EMS grant application closes**

GEORGIA TRAUMA COMMISSION

FY 2025 EMS Trauma-Related Equipment Grant
Approved Funding Distribution

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle.

REGION	AGENCY	COUNTY	PEAK COUNT	ALLOCATION
1	Adventist Health	Murray	4	$7,119.94
1	Ambucare, LLC	Haralson	4	$7,119.94
1	Atrium Floyd EMS	Floyd	11	$19,579.82
1	Atrium Floyd EMS	Chattooga	5	$8,899.92
1	Bartow County Fire	Bartow	2	$3,559.97
1	Cherokee County Emergency Services	Cherokee	17	$30,259.73
1	CHI Memorial Hospital EMS	Walker	5	$8,899.92
1	Dade County EMS	Dade	2	$3,559.97
1	Fannin County Fire and EMS	Fannin	5	$8,899.92
1	Gilmer County Fire and EMS	Gilmer	4	$7,119.94
1	Gordon County Ambulance-Adventist	Gordon	5	$8,899.92
1	Hamilton EMS	Whitfield	10	$17,799.84
1	Metro Atlanta	Paulding	10	$17,799.84
1	Metro Atlanta	Bartow	10	$17,799.84
1	Pickens County EMS	Pickens	4	$7,119.94
1	Puckett EMS	Catoosa	5	$8,899.92
1	Redmond Regional EMS	Polk	6	$10,679.90
1	Redmond Regional EMS	Floyd	4	$7,119.94
2	Banks County Fire and EMS	Banks	4	$7,119.94
2	Central Emergency Med Services Inc	Forsyth	10	$17,799.84
2	Dawson County Emergency Services	Dawson	4	$7,119.94
2	Franklin County EMS	Franklin	4	$7,119.94
2	Habersham County EMS	Habersham	6	$10,679.90
2	Hall County Fire Services	Hall	16	$28,479.74
2	Hart County EMS	Hart	5	$8,899.92
2	Lumpkin County Emergency Services	Lumpkin	4	$7,119.94
2	Rabun County EMS	Rabun	3	$5,339.95
2	Stephens County Emergency Medical Services	Stephens	3	$5,339.95
2	Towns County EMS	Towns	3	$5,339.95
2	Union General Ambulance Service, Inc	Union	4	$7,119.94
2	White County | Northeast Georgia Physicians Group, INC	White	4	$7,119.94
3	American Medical Response	Fulton	20	$35,599.68
3	American Medical Response	Dekalb	41	$72,979.34
3	Atlanta Fire Rescue Department	Fulton	5	$8,899.92
3	Central Emergency Med Services Inc	Newton	5	$8,899.92
3	City of Forest Park Fire EMS	Clayton	3	$5,339.95
3	City of Hapeville	Fulton	2	$3,559.97
3	City of Morrow Fire and EMS	Clayton	2	$3,559.97
3	Clayton County Fire and Emergency Services	Clayton	14	$24,919.78
3	Dekalb County Fire	Dekalb	5	$8,899.92
3	Douglas County Fire and EMS	Douglas	7	$12,459.89
3	Grady EMS	Fulton	55	$97,899.12
3	Gwinnett County Fire/EMS	Gwinnett	33	$58,739.47
3	Metro Atlanta	Cobb	25	$44,499.60
3	National EMS	Rockdale	8	$14,239.87
3	Puckett EMS	Cobb	19	$33,819.70
4	American Medical Response	Troup	6	$10,679.90
4	AmeriPro EMS	Upson	4	$7,119.94
4	AmeriPro EMS	Pike	2	$3,559.97
4	AmeriPro EMS	Lamar	2	$3,559.97
4	Butts County Fire Department	Butts	4	$7,119.94

GEORGIA TRAUMA COMMISSION

FY 2025 EMS Trauma-Related Equipment Grant
Approved Funding Distribution

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle.

REGION	AGENCY	COUNTY	PEAK COUNT	ALLOCATION
4	Coweta County EMS	Coweta	9	$16,019.86
4	Fayette County Department of Fire Services & Emergency Services	Fayette	6	$10,679.90
4	Heard County Emergency Services	Heard	3	$5,339.95
4	Henry County Fire Rescue	Henry	14	$24,919.78
4	Meriwether County EMS	Meriwether	4	$7,119.94
4	Peachtree City Fire Department	Fayette	6	$10,679.90
4	Spalding Regional Medical Center EMS	Spalding	6	$10,679.90
4	West Georgia Ambulance Service	Carroll	6	$10,679.90
4	West Point Fire Department	Troup	1	$1,779.98
5	Atrium Health Navicent EMS	Twiggs	1	$1,779.98
5	Atrium Health Navicent EMS	Treutlen	1	$1,779.98
5	Atrium Health Navicent EMS	Bibb	11	$19,579.82
5	Atrium Health Navicent EMS	Baldwin	4	$7,119.94
5	Atrium Helath Navicent EMS	Jones	1	$1,779.98
5	Community Ambulance MGAS Holdings, INC	Crawford	1	$1,779.98
5	Community Ambulance MGAS Holdings, INC	Bibb	9	$16,019.86
5	Dodge County EMS	Dodge	4	$7,119.94
5	Hancock County EMS	Hancock	2	$3,559.97
5	Heartland EMS	Wilkinson	1.5	$2,669.98
5	Heartland EMS	Pulaski	1.5	$2,669.98
5	Heartland EMS	Bleckley	2	$3,559.97
5	Houston County EMS	Houston	10	$17,799.84
5	Jasper County EMS	Jasper	2	$3,559.97
5	Johnson County EMS	Johnson	2	$3,559.97
5	Laurens County EMS	Laurens	5	$8,899.92
5	Monroe County EMS	Monroe	4	$7,119.94
5	Montgomery-Toombs-Montgomery EMS	Montgomery	1	$1,779.98
5	Peach County	Peach	3	$5,339.95
5	Putnam County EMS	Putnam	3	$5,339.95
5	Telfair County EMS	Telfair	2	$3,559.97
5	Washington County EMS	Washington	3	$5,339.95
5	Wheeler County Ambulance Service	Wheeler	1	$1,779.98
5	Wilcox County EMS	Wilcox	2	$3,559.97
6	Burke County EMA	Burke	12	$21,359.81
6	Central Emergency Med Services Inc	Richmond	15	$26,699.76
6	Emanuel County EMS	Emanuel	3	$5,339.95
6	Gold Cross EMS, INC	Jefferson	2	$3,559.97
6	Gold Cross EMS, INC	Columbia	7	$12,459.89
6	Jenkins County Ambulance Service	Jenkins	2	$3,559.97
6	Lincoln County OES	Lincoln	2	$3,559.97
6	McDuffie County EMS	McDuffie	4	$7,119.94
6	Screven County EMS	Screven	4	$7,119.94
6	Warren County EMS	Warren	1	$1,779.98
6	Wilkes County EMS	Wilkes	2	$3,559.97
7	AmeriPro EMS	Randolph	2	$3,559.97
7	AmeriPro EMS	Quitman	1	$1,779.98
7	AmeriPro EMS	Clay	1	$1,779.98
7	Columbus Fire and Emergency Medical Services	Muscogee	6	$10,679.90
7	Community Ambulance MGAS Holdings, INC	Muscogee	5	$8,899.92
7	EMS Care Ambulance	Muscogee	5	$8,899.92
7	Harris County EMS	Harris	4	$7,119.94

GEORGIA TRAUMA COMMISSION

FY 2025 EMS Trauma-Related Equipment Grant
Approved Funding Distribution

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle.

REGION	AGENCY	COUNTY	PEAK COUNT	ALLOCATION
7	Macon County EMS	Macon	2	$3,559.97
7	Marion County EMS	Marion	2	$3,559.97
7	Schley County EMS	Schley	1	$1,779.98
7	Stewart County EMS	Stewart	2	$3,559.97
7	Talbot County EMS	Talbot	2	$3,559.97
7	Taylor County EMS	Taylor	2	$3,559.97
7	Unified Government of Cusseta-Chattahoochee County EMS	Chattahoochee	1	$1,779.98
7	Webster County Fire/EMS	Webster	1	$1,779.98
8	AmeriPro EMS	Mitchell	3	$5,339.95
8	AmeriPro EMS	Ben Hill	3	$5,339.95
8	Berrien County EMS	Berrien	2	$3,559.97
8	Calhoun County EMS	Calhoun	1	$1,779.98
8	Colquitt County EMS	Colquitt	3	$5,339.95
8	Crisp County EMS	Crisp	3	$5,339.95
8	Dooly County EMS	Dooly	2	$3,559.97
8	Dougherty County EMS	Dougherty	7	$12,459.89
8	Early Medical Center EMS	Early	2	$3,559.97
8	Gold Star EMS	Sumter	3	$5,339.95
8	Gold Star EMS	Cook	3	$5,339.95
8	Grady County EMS	Grady	3	$5,339.95
8	Irwin County EMS	Irwin	2	$3,559.97
8	Lee County EMS	Lee	5	$8,899.92
8	South Georgia Medical Center	Lowndes	10	$17,799.84
8	South Georgia Medical Center	Lanier	2	$3,559.97
8	South Georgia Medical Center	Brooks	2	$3,559.97
8	Survival Flight EMS	Seminole	2	$3,559.97
8	Survival Flight EMS	Miller	2	$3,559.97
8	Survival Flight EMS	Decatur	3	$5,339.95
8	Survival Flight EMS	Baker	1	$1,779.98
8	Terrell County EMS	Terrell	3	$5,339.95
8	Thomas County EMS	Thomas	7	$12,459.89
8	Tift County Fire and Rescue	Tift	4	$7,119.94
8	Turner County EMS	Turner	4	$7,119.94
8	Worth County EMS	Worth	4	$7,119.94
9	Alma Bacon County EMS	Bacon	3	$5,339.95
9	Appling County EMS | Appling Healthcare System	Appling	4	$7,119.94
9	Atkinson County EMS	Atkinson	1	$1,779.98
9	Brantley County EMS	Brantley	3	$5,339.95
9	Bryan County EMS	Bryan	7	$12,459.89
9	Bulloch County EMS	Bulloch	6	$10,679.90
9	Camden County EMS	Camden	6	$10,679.90
9	Candler County EMS	Candler	2	$3,559.97
9	Charlton County EMS	Charlton	3	$5,339.95
9	Coffee Regional Medical Center EMS	Coffee	4	$7,119.94
9	Effingham County EMS	Effingham	5	$8,899.92
9	Evans County EMS	Evans	2	$3,559.97
9	Excelsior Ambulance	Long	5	$8,899.92
9	Glynn County Fire	Glynn	7	$12,459.89
9	Gold Star EMS	Clinch	2	$3,559.97
9	Jeff Davis County EMS	Jeff Davis	4	$7,119.94
9	Jekyll Island Fire/EMS	Glynn	1	$1,779.98

GEORGIA TRAUMA COMMISSION

FY 2025 EMS Trauma-Related Equipment Grant
Approved Funding Distribution

The Georgia Trauma Commission will use the FY 2024 reported peak numbers for this grant cycle.

REGION	AGENCY	COUNTY	PEAK COUNT	ALLOCATION
9	Liberty County EMS	Liberty	5	$8,899.92
9	McIntosh County EMS	Mcintosh	2	$3,559.97
9	Mercy Ambulance	Chatham	30	$53,399.52
9	Pierce County EMS	Pierce	2	$3,559.97
9	Tattnall County EMS	Tattnall	3	$5,339.95
9	Toombs-Toombs-Montgomery EMS	Toombs	3	$5,339.95
9	Ware County EMS	Ware	4	$7,119.94
9	Wayne County EMS	Wayne	3	$5,339.95
10	Barrow County Fire and EMS	Barrow	6	$10,679.90
10	Elbert County EMS	Elbert	4	$7,119.94
10	Greene County EMS	Greene	4	$7,119.94
10	Jackson County EMS	Jackson	8	$14,239.87
10	Madison County EMS	Madison	5	$8,899.92
10	National EMS	Oconee	2	$3,559.97
10	National EMS	Morgan	2	$3,559.97
10	National EMS	Clarke	14	$24,919.78
10	Oglethorpe County EMS	Oglethorpe	3	$5,339.95
10	Walton County EMS	Walton	7	$12,459.89

GEORGIA TRAUMA COMMISSION

ATTACHMENT B

"I am the Authorized Agent for _____(*Applying Organization*).
I, _____(*print name*), do affirm the following listed equipment has been/will be purchased and placed in service. I,_____(*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
Total Cost of All Items Purchased			

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. The applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically, for CY 2025, the organization agrees to participate in its respective EMS Region trauma system plan and attend 50% of the Regional Trauma Advisory Committee quarterly meetings.

5. 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.

6. The applying organization agrees to make the records available, at all reasonable times during FY 2025, for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.

7. The 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 the applicable statute.

8. The applying organization is contracted to remain the 911-zone provider through June 30, 2025.

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 ambulances the peak number of ambulances that are scheduled and staffed consistently.
4. THAT failure to comply with grant terms may result in a three (3) year Georgia Trauma Commission funding probation period for the Applying Organization.

_____ Date: _____
Signature of Affiant

State of Georgia
County of _____
Signed and sworn to (or affirmed) before me on _____
Date
by,
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_____

_____
Signature of notary public

_____
(Name of notary, typed, stamped or printed)
Notary Public State of Georgia
My commission expires:_____

Stamp/Seal

GEORGIA TRAUMA COMMISSION

EMS Equipment Grant Frequently Asked Questions (FAQ)

GRANT APPLICATION

To whom do I need to send my grant application?

Applications will be submitted via the following link:
https://app.smartsheet.com/b/form/3d71f62afe1a4aa4b5eb0c2e515a2988
Upon completion, you will receive an email confirmation of receipt from Smartsheet Automation. If desired, agencies may request a PDF copy of the application to complete.

Do I need to mail a copy of my grant application?

No, we no longer require mailed copies.

What happens after I submit my grant application?

The applicant will receive an email confirmation of receipt from Smartsheet Automation. Each application will be sent to the Georgia Trauma Commission's Finance Operations Officer (FOO) for review. After review, the FOO will submit a Purchase Order (PO) to the Department of Public Health (DPH) to obtain the funds for your grant. PO submission and approval by DPH can take 7-14 business days. After the PO is granted, the Georgia Trauma Commission sends the application to the Executive Director for signature and the Business Operations Manager (BOM) submits the request to DPH for payment. The applicant will receive a notification that the application is in payment process. Once payment is sent out, the applicant will receive another final notification of payment.

When will be the next grant opportunity?

EMS equipment grant applications timeframes are determined by the GTC EMS Committee and may vary each year. Please ensure your contact information is up to date with the DPH Office of EMS and Trauma (OEMST).

Why wasn't I emailed about this grant?

We obtain our contact information from your DPH OEMST regional directors. If you need to update your contact information, please reach out to your regional director to update. Please make sure to visit our website for grant announcements.

Can I submit my application after the deadline?

No, we have hard cut-off dates to ensure we assign the funds by the State's Fiscal Year Deadline.

Can I include shipping/freight in the costs?

Yes

Is it ok if my request is over or under the allotted amount?

Yes, if you are over, you will only receive up to the agency's award amount. If you are under, you will receive the amount applied for

My peak count has changed from last year; can I update my count?

We are using the peak count provided during last year's application for this allocation. Agencies can note their updated peak count for next year's grant cycle within the grant application.

What about my total ambulance count?

The GTC has shifted to the peak-demand staffed ambulance counts moving forward.

What is a "peak count"?

The peak number of ambulances that are scheduled and staffed on a consistent basis.

We are planning to leave the zone. Can we still apply for grant funding?

This grant is intended for agencies remaining in the zone.

What is the RTAC, and why does a liaison need to attend?

Regional Trauma Advisory Committees (RTAC) are administrative bodies within each EMS region comprised of trauma healthcare stakeholders focused on improving the Georgia Trauma System. An RTAC aims to develop, implement, and monitor a regional trauma system plan to facilitate a network within a region.

Each region's RTAC meets quarterly. Some RTACs have discovered an absence of local EMS agency participation. The Georgia Trauma Commission will require 50% (2 of 4) meeting participation as a grant recipient. Each RTAC Coordinator will keep track of meeting attendance to ensure compliance with grant terms.

Who can be an RTAC attendance liaison?

Any representative within the local EMS agency can act as a liaison. As long as the agency is represented, they will receive attendance credit.

Why are you asking me about IV-fluid warmers?

The GTC is exploring the possibility of another focused equipment grant to ensure 911-response ambulances are equipped with evidence-based life-saving trauma equipment

EQUIPMENT

Can I submit an item that has already been ordered?

Yes, you can list items purchased within the year as a reimbursement.

What if the item we want isn't on the approved lists?

You can submit items for approval by filling out a Special Request Form and submitting by the deadline for special request. Please note, the special request deadline occurs ***before*** *the grant application due date.*

What happens after I submit my Special Request Equipment Form?

Special Requests are compiled and submitted to the GTC EMS Committee for review. The committee will vote on approval or denial of each item. You will be notified of the outcome by Georgia Trauma Commission Staff.

Can I submit a special request after the deadline?

No, the deadline ensures the EMS Committee has time to approve or deny requests during their quarterly meeting.

Does the equipment I purchase have to be a specific brand/type?

No, if the equipment classifies as what is listed on the approved list, we will accept the request.

Do I need to keep a copy of equipment purchased with grant funds?

Yes, the 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.

PAYMENT

How long will it take to receive our grant funds?

It can take up to 45 days after confirmation of receipt. The longest wait is during the Purchase Order approval from the State; we cannot expedite this State process.

Can I change my method of payment from check to direct deposit?

Yes, you will need to fill out the vendor management form, W9, and provide a void check. Please note that this process may delay the disbursement of funds as it will need to go through a separate approval process through the State Accounting Office. Please reach out to gtcbusinessops@gtc.ga.gov for the vendor forms.

If you have any other questions, do not hesitate to reach out to the Georgia Trauma Commission Office, gtcbusinessops@gtc.ga.gov

GEORGIA TRAUMA COMMISSION

EMS Trauma Care Related Equipment Grant
GTC-Approved Equipment List

Revised 10/21/2024

ALS Equipment

- IV Fluid Warming System
- Equipment for Prehospital Blood Products Administration
- Chest Decompression Needles
- Disposable CPAP units
- Emergency Cricothyrotomy Kit
- Impedance Threshold devices (ITD)
- Infusion Pumps
- Intraosseous Supplies
- EtCO2 Monitoring Equipment
- Pressure Infusion bags
- Transport Ventilator
- Video Laryngoscopy

Patient Movement, Extrication, Transport

- Ambulance Child Restraint devices
- Bariatric Ambulance Ramp
- Combi Extrication Tool
- Eject Helmet Removal System
- Portable, lightweight, patient lifting device (Binder Lift)
- Rescue/Evacuation Litter
- Scoop Stretcher
- Stair Chair
- *Spine Board

Other Approved Trauma Equipment Purchases

- **Automatic Chest Compression System
- *Commercially made Chest Seals
- Commercially made Eye Irrigation Devices
- Commercially made Pelvic Stabilization Devices
- Commercially made Tourniquet Devices
- External Blood Clotting Supplies
- *Extremity Immobilization Devices
- Jump Bags
- Narcotics Lock Box
- Patient Warming Devices
- Pulse oximeters and probes
- Resuscitation Items
- *RTF/MCI Triage bags
- *Traction Splint

Technology Equipment

- Image Trend Kno2 Software
- Laptop/Toughbook
- Motorola Monitor VI Pagers
- Replacement AVLS Antennae
- Tablets
- Two-way Radios
- Batteries and Battery Chargers-for cardiac monitors, stretchers, two-way radios, etc.

Training Equipment

- Adult & Pediatric Airway Trainers
- Advanced Life Support Skill Mannequin Trainer
- Driving Simulator

* Indicates an item added to the original approved list
**Unless contraindicated

Georgia Office of Emergency Medical Services and Trauma

Vehicle Inspection Form: ***Ground Ambulance***

Service Name:	Tag#:	Type:
VIN #	Call Sign:	VID#:

Inspection Type:	□ Initial	□ Anniversary	□ Renewal	□ Unscheduled

VID # displayed on ***Left*** and ***Right*** side 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, 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 and 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 (Driver and Passenger side)	□ Yes	□ No
Exterior Lighting		
Headlights Operational (Left and Right) 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 Rear)	□ Yes	□ No
Tail Lights Operational (Left and Right)	□ Yes	□ No
Reverse Light Operational (Left and Right)	□ Yes	□ No
Brake Lights Operational (Left, Right, Center if applicable)	□ Yes	□ No
Reverse/Back up Alarm Operational	□ Yes	□ No
Safety - Tires/Brakes		
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Left - Rear Inside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT recommendation(Right - Rear Inside)	□ Yes	□ No
Brakes Operational	□ Yes	□ No
Rear Bumper and Step intact and operational	□ Yes	□ No
Emergency Lights/Siren		
All Warning Lights Operational (All Sides)	□ Yes	□ No
If blue warning lights are used, a valid DPS Permit must be present		
Scene/Flood Lights Operational (All Sides)	□ Yes	□ No
Siren Operational	□ Yes	□ No

Interior - Patient Compartment		
Air Conditioner Operational (Rear):	☐ Yes	☐ No
Heating Operational (Rear):	☐ Yes	☐ No
All Doors Operational from the inside and outside:	☐ Yes	☐ No
All Door Locks Operational (Rear):	☐ Yes	☐ No
Seatbelts Operational (All patient compartment seats):	☐ Yes	☐ No
All Patient Compartment Lights Operational (Hi/Lo)	☐ Yes	☐ No
Exhaust Fan Operational	☐ Yes	☐ No
Cleanliness of Interior (Area should be free of blood, dirt, and debris, etc)	☐ Yes	☐ No
All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.	☐ Yes	☐ No

Respiratory Equipment			
Quantity	Item/Description	Compliant	
1	Fixed Suction unit or a Mounted Electric Suction unit that works on vehicle power and battery power. The aspirator system shall achieve a minimum of 5.8 psi (300mmHg) vacuum within 4 seconds after the suction tube is closed. Mounted devices must meet the requirements of SAE J3043 (Ambulance Equipment Mount Device or Systems).	☐ Yes	☐ No
1	Portable Suction - Mechanical or Battery Powered, If battery powered the aspirator system shall achieve a minimum of 5.8 psi (300mmHg) vacuum within 4 seconds after the suction tube is closed	☐ Yes	☐ No
4	Sterile Suction Catheters - assorted sizes	☐ Yes	☐ No
2	Rigid Suction Catheters in original sealed packaging	☐ Yes	☐ No
2	Suction tubing in original sealed packaging	☐ Yes	☐ No
2	Bag Valve Mask Resuscitator - Adult, disposable, with transparent adult mask and tubing. The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.	☐ Yes	☐ No
2	Pediatric Bag Valve Mask Resuscitator -BVM with ***Infant AND Pediatric Mask*** , disposable with tubing. *(Can be 2 of each, Infant BVM and Pediatric BVM or Can be 2 Pediatric BVM with 2 infant mask and 2 pediatric masks)* The valve must operate in cold weather, and the unit must be capable of use with an oxygen supply. The unit must be capable of delivering approximately 100% oxygen.	☐ Yes	☐ No
4	Adult Oxygen Mask with Reservoir	☐ Yes	☐ No
4	Pediatric Oxygen Mask with Reservoir	☐ Yes	☐ No
3	Nebulizer Kit each having the ability to provide aerosolized treatment for adult and pediatric patient.	☐ Yes	☐ No
4	Nasal Cannula	☐ Yes	☐ No
1 each	Nasopharyngeal Airways - assorted sizes, must include 20F, 24F, 28F, 30F, 32F, 34F, with water soluble lubricant	☐ Yes	☐ No
1 each	Oropharyngeal Airways - assorted sizes, must include 40mm (00), 50mm (0), 60mm (1), 80mm (3), 90mm(4), 100mm (5), 110mm (6)	☐ Yes	☐ No
1 each	Blind Insertion Airway Devices (device not intended to be placed into trachea) in assorted adult sizes per manufacturer (i.e. Combi tube sizes 37mm, 41mm OR King Airway sizes 3, 4, 5, OR i-gel sizes 3, 4, 5 or LMA sizes 3, 4, 5 or equivalent per Service Medical Director) to include water soluble lubricant	☐ Yes	☐ No

Respiratory Equipment (continued)			
Quantity	Item/Description	Compliant	
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	Compliant	
2	Triangular Bandages	☐ Yes	☐ No
2	Universal Dressings approximately 10 inches by 30 inches	☐ Yes	☐ No
2	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	Compliant	
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	☐ Yes	☐ No
1	Non-Mercury Thermometer; if patient contact type must have disposable covers or be disposable.	☐ Yes	☐ No
1	Penlight	☐ Yes	☐ No
Immobilization/Extraction Devices			

Quantity	Item/Description	Compliant	
4	Extremity Immobilization Devices: 2 full arms and 2 full legs. Must be capable of immobilizing the joint above and the joint below the fracture.	☐ Yes	☐ No
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	☐ 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	Compliant	
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	☐ Yes	☐ No
6	Surgical face masks	☐ Yes	☐ No
1	Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent	☐ Yes	☐ No
1	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	Compliant	
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

Provider Safety (continued)

Quantity	Item/Description	Compliant

4	Personal Protection Equipment sets to include: face shield/goggles, surgical masks, 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	Compliant	
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 Paramedic			
Quantity	Item/Description	Compliant	
The ambulance must have all of the above required equipment. When staffed by at least one Cardiac Technician or Paramedic the additional equipment listed below is required if specified by Medical Director Approved Protocols.			
1	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)	☐ Yes	☐ No
1	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.	☐ Yes	☐ No
1	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.	☐ Yes	☐ No

Comments: _____

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

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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 agency-defined 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

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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.

In 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 age-appropriate 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 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 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.

a. Equipment should always be appropriate for the size/age of patients. Availability and use of appropriate pediatric-sized 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.

CATEGORY	BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) *(All BLS equipment PLUS the following)* All ages	
	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 • Nasopharyngeal 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]	
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		*ADULT SPECIFIC* • 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]	*PEDIATRIC SPECIFIC* • 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	
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)

CATEGORY	BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) *(All BLS equipment PLUS the following)* All ages	
	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 provider-appropriate 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 pre-calculated weight-based dosing and preclude 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 • 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 suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid

(Continued)

CATEGORY	BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) *(All BLS equipment PLUS the following)* All ages	
	Adult-specific	Pediatric-specific	Adult-specific	Pediatric-specific
Neonatal Care		***PEDIATRIC SPECIFIC*** Newborn delivery supplies: • 2 umbilical cord clamps • Tool for cutting umbilical cord • Bulb suction • Infant head cover • Towels • Blanket • Gauze dressings • Material or device intended to maintain body temperature	No additional ALS recommendations	

Orthopedic Injury Care	• 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.[d] [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
			No additional ALS recommendations	

Patient Packaging, Evacuation, and Transport	• Extrication board/device[e] [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 seat[f] [34] [35]	No additional ALS recommendations	

(Continued)

CATEGORY	BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) *(All BLS equipment PLUS the following)* All ages	
	Adult-specific	Pediatric-specific	Adult-specific	Pediatric-specific
Safety	• 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 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. Dept 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]				

[a]Laryngoscopy 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.

[b]Depending 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.

[c]Wound packing material may include plain gauze and/or hemostatic dressings.

[d]Traction is not a necessary or required element of prehospital stabilization of suspected femur fracture(s) and is often contraindicated [26] [27].

[e]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].

[f]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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