



## GEORGIA TRAUMA COMMISSION

September 24, 2019

### **Notice of Grant Awards for EMS Trauma Related Equipment for Increase of GTCNC FY 2020 Budget**

The Georgia Trauma Care Network Commission (GTCNC) would like to say **THANK YOU** for everyone that applied for the FY 2019 EMS Trauma Related Equipment Grant cycles. The GTCNC through the EMS Subcommittee on Trauma (Subcommittee) dispersed a total of \$1,115,119 grant awards during FY 2019.

The GTCNC through the Subcommittee has approved another grant award opportunity using FY 2020 funding for your EMS agency "GRANTEE" for funds to be used for purchase(s) of Trauma Related Equipment to equip ambulances. The total amount of funds to be awarded is \$944,000 statewide. Our current ambulance count yielded 1,300 ambulances or reimbursement of \$726.15 per ambulance. *These funds will be distributed on a reimbursement basis only. Attachment D contains the award amount per grantee contained herein. PLEASE SPEND ALL YOUR ELIGIBLE FUNDS!*

Attached please find the following documents:

- Attachment A - Grant Application
- Attachment B - Instructions for the required notarized affidavit.
- Attachment C - Approved equipment lists.
- Attachment D - Awards by Region/Service.

The deadline to submit completed grant packets including your agency applications, affidavit and copy of invoice or purchase order for reimbursement is on or before **December 1, 2019**

**PLEASE NOTE:** We will accept emailed ([gtcbusinessops@gtcnc.org](mailto:gtcbusinessops@gtcnc.org)) or faxed (706-841-1980) grant packets to begin processing, but **MUST** have the originals via mail. Applications received after this date will be returned to the sender. Completed grant packets **must** be mailed or delivered to:

FY 2018 EMS Equipment Grant: Georgia Trauma Commission  
410 Chickamauga Ave, Suite 332 Rossville, Georgia 30741

This grant can be used by the GRANTEE to purchase equipment that is on the required list for ambulance licensure by the Georgia State Office of EMS and Trauma within the Joint Policy Statement or the Commission approved list both in Attachment C. The purpose of the FY 2020 EMS Equipment Grant is to reimburse EMS Agencies for equipment purchased from the approved equipment lists found in Attachment C. This has been updated with the approved most recent equipment grant cycle.

Attachment D provided gives a list of EMS agencies and award amounts by Region. This list has been reviewed and confirmed by the Georgia Office of EMS and Trauma. If you see a discrepancy in the amount of 911 ambulances for your agency, please let us know and we will make every effort to adjust that in future grant opportunities.

In an effort to be more efficient and make timely for reimbursements payments to our Grantees, the GTCNC strongly encourages the use of ACH. Our policy mirrors the State Accounting Office policy regarding ACH payments. Please contact us if there are any questions about ACH payments.

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

Sincerely,

Billy Kunkle, Deputy Director  
Georgia Trauma Care Network Commission  
[billy@gtcnc.org](mailto:billy@gtcnc.org)

Ecc: Dennis Ashley, MD, Commission chairman



**GEORGIA TRAUMA COMMISSION EMS TRAUMA RELATED EQUIPMENT GRANT  
APPLICATION FORM**

Name of Grant: FY 2020 GTC EMS Trauma Related Equipment Grant Program

Applying Organization Legal Name:

Doing Business As "DBA" (if differs from Legal Name):

Mailing Address:

City: State: ZIP Code: County:

Phone: Fax: E-mail:

Federal Tax ID Number:

GA EMS Provider License Number:

**EMS DIRECTOR OF APPLYING ORGANIZATION**

Name/Title:

Phone: E-mail:

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact  
Person(s) listed above)**

Name/Title:

Phone: E-mail:

**Please answer each question:**

**QUESTION**

**ANSWER FIELD**

Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.

Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.

Which county or counties is the Applying Organization requesting funds for?

*I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.*

**SIGNATURE:**

**TITLE:**

**DATE:**

**This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.**



**GEORGIA TRAUMA  
COMMISSION**

**Attachment B:**

Provide a notarized affidavit on applying organization’s letterhead that affirms the following:

“I am the Director of \_\_\_\_\_ (name your EMS Agency here). I, \_\_\_\_\_ (print name), do affirm the following listed equipment has been 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
<b>Total Cost of All Items Purchased</b>			

1. 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, Georgia Trauma Commission will approve the disposal before the disposal is effected.
  - 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 2019-2020, the organization agrees to participate in its respective EMS Region trauma system plan development; and all Regional Trauma Advisory Committee 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. Applying organization agrees to make available, at all reasonable times during FY 2020, 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 statute.

\_\_\_\_\_  
Signature of Affiant Date: \_\_\_\_\_

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

## ATTACHMENT C



### EMS Trauma Care Related Equipment Grant

#### **Additional Approved Supplies List:**

Adult Intraosseous Supplies  
Capnography  
External Blood Clotting Supplies  
Impedance Threshold devices (ITD)  
Eject Helmet Removal System  
Scoop Stretcher  
Pediatric Resuscitation Items  
Commercially made Pelvic Stabilization Devices  
Commercially made Tourniquet Devices  
Commercially made Eye Irrigation Devices  
Pressure infusion bags  
Commercially made Chest Decompression Needles  
Commercial Washing Machine  
Emergency Cricothyrotomy Kit (non-surgical crico kit)  
Pulse oximeters and probes  
Transport Ventilator  
Laptop/Toughbooks  
Video Laryngoscopy  
Rescue/Evacuation Litter  
Rescue Advanced Life Support Skill Mannequin Trainer  
Jump Bags  
Thermometers  
Infusion Pumps  
Stair Chair  
Replacement AVLS Antennae  
Portable, lightweight, patient lifting device (Binder Lift)  
Bariatric Ambulance Ramp  
Narcotics Lock Box  
Two-way Radios  
Pediatric Ambulance Child Restraint devices  
Batteries & Battery Chargers – for cardiac monitors, stretchers, two-way radios and the like  
Adult & Pediatric Airway head mannequins  
Combi Extrication Tool  
Disposable CPAP units  
Utility Terrain Vehicle  
Automatic Chest Compression System

# JOINT POLICY STATEMENT

## EQUIPMENT FOR GROUND AMBULANCES

American Academy of Pediatrics  
 American College of Emergency Physicians  
 American College of Surgeons Committee on Trauma  
 Emergency Medical Services for Children  
 Emergency Nurses Association  
 National Association of EMS Physicians  
 National Association of State EMS Officials

Four decades ago, the Committee on Trauma of the American College of Surgeons (ACS) developed a list of standardized equipment for ambulances. In 1988, the American College of Emergency Physicians (ACEP) published a similar list. The two organizations collaborated on a joint document published in 2000, and the National Association of EMS Physicians (NAEMSP) participated in the 2005 revision. The 2005 revision included resources needed on emergency ground ambulances for appropriate homeland security. All three organizations adhere to the principle that emergency medical services (EMS) providers at all levels must have the appropriate equipment and supplies to optimize out-of-hospital delivery of care. The document was written to serve as a standard for the equipment needs of emergency ground ambulance services both in the United States and Canada.

EMS providers care for patients of all ages who have a wide variety of medical and traumatic conditions. The 2009 revision included updated pediatric recommendations developed by members of the Federal Emergency Medical Services for Children (EMSC) Stakeholder Group and endorsed by the American Academy of Pediatrics (AAP). The EMSC program has developed several performance measures for the program's state partnership grantees. One of the performance measures evaluates the availability of essential pediatric equipment and supplies for basic life

support (BLS) and advanced life support (ALS) patient care units. This document is used as the standard for this performance measure. The National Association of State EMS Officials and the Emergency Nurses Association have participated in the latest revision process. The recommendations in this document specifically pertain to ALS and BLS emergency ground ambulance services in the United States.

For purposes of this document, the following definitions have been used: a neonate is 0–28 days old, an infant is 29 days to 1 year old, and a child is >1 year through 11 years old with delineation into the following developmental stages:

Toddlers (1–3 years old)  
 Preschoolers (3–5 years old)  
 Middle childhood (6–11 years old)  
 Adolescents (12–18 years old)

These standard definitions are age based. Length-based systems have been developed to more accurately estimate the weight of children and predict appropriate equipment sizes, medication doses, and guidelines for fluid volume administration.

## PRINCIPLES OF OUT-OF-HOSPITAL CARE

The goal of out-of-hospital care is to minimize further systemic injury and manage life-threatening conditions through a series of well-defined and appropriate interventions and to embrace principles that ensure patient safety. High-quality, consistent emergency care demands continuous quality improvement and is directly dependent on the effective monitoring, integration, and evaluation of all components of the patient's care.

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Declaration of Interest: Organizations participating in this joint policy statement, and their representatives to the working group that drafted it, report no conflicts of interest.

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Integral to this process is medical oversight of out-of-hospital care by using preexisting patient care protocols (indirect medical oversight), which are evidence based when possible, or by medical control via voice and/or video communication (direct medical oversight). The protocols that guide patient care should be established collaboratively by medical directors for ground ambulance services, adult and pediatric emergency medicine physicians, adult and pediatric trauma surgeons, and appropriately trained basic and advanced emergency medical personnel. Current recommendations of the Institute of Medicine (IOM) encourage each EMS agency to have a pediatric coordinator to specifically coordinate the capability of the service to care for non-adult patients.

## EQUIPMENT AND SUPPLIES

The current guidelines provide a recommended core list of supplies and equipment that should be stocked on ground ambulances to provide the accepted standards of patient care. Equipment requirements will vary, depending on the certification or licensure levels of the providers (as defined by the National EMS Scope of Practice Model 2007 [www.ems.gov/education/EMSScope.pdf](http://www.ems.gov/education/EMSScope.pdf)), local medical direction and jurisdiction, population densities, geographic and economic conditions of the region, and other factors.

The National EMS Scope of Practice Model defines and describes four certification or licensure levels of EMS provider: emergency medical responder (EMR), emergency medical technician (EMT), advanced EMT (AEMT), and paramedic. Each level represents a unique role, set of skills, and knowledge base. The National EMS Scope of Practice Model establishes a framework that ultimately determines the range of skills and roles that an individual possessing a state EMS license is authorized to do in a given EMS system. Individual state EMS rules or regulations that limit provider scope of practice may impact the need for availability of certain pieces of equipment.

The current equipment list is derived from a number of sources, which may be found in the reference list at the end of the document. The use of a proprietary name that is inextricably linked with its product should not be construed as an endorsement.

The following list is divided into equipment for basic life support (BLS) and advanced life support (ALS) emergency ground ambulances. ALS ambulances must have all of the equipment on the required BLS list as well as equipment on the required ALS list. This list represents a consensus of recommendations for equipment and supplies that will facilitate patient care in the out-of-hospital setting.

## REQUIRED EQUIPMENT FOR BLS EMERGENCY GROUND AMBULANCES

- A. Ventilation and Airway Equipment
  1. Portable and fixed suction apparatus with a regulator, per federal specifications
    - Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6F–16F, are commercially available (have one between 6F and 10F and one between 12F and 16F)
  2. Portable oxygen apparatus, capable of metered flow with adequate tubing
  3. Portable and fixed oxygen supply equipment
    - Variable flowmeter
  4. Oxygen administration equipment
    - Adequate-length tubing; transparent mask (adult and child sizes), both non-rebreathing and valveless; nasal cannulas (adult, child)
  5. Bag-valve mask (manual resuscitator)
    - Hand-operated, self-expanding bag; adult (>1000 mL) and child (450–750 mL) sizes, with oxygen reservoir/accumulator, valve (clear, operable in cold weather), and mask (adult, child, infant, and neonate sizes)
  6. Airways
    - Nasopharyngeal (16F–34F; adult and child sizes)
    - Oropharyngeal (sizes 0–5; adult, child, and infant sizes)
  7. Pulse oximeter with pediatric and adult probes
  8. Saline drops and bulb suction for infants
- B. Monitoring and Defibrillation
 

BLS ground ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator. The AED should have pediatric capabilities, including child-sized pads and cables OR dose attenuator with adult pads.
- C. Immobilization Devices
  1. Cervical collars
    - Rigid for children ages 2 years or older; child and adult sizes (small, medium, large, and other available sizes) OR pediatric and adult adjustable cervical collars
  2. Head immobilization device (not sandbags)
    - Firm padding or commercial device
  3. Upper and lower extremity immobilization devices
    - Joint-above and joint-below fracture (sizes appropriate for adults and children) rigid support, constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood, or plastic)



4. Impervious backboards (long, short; radiolucent preferred) and extrication device
  - Short extrication/immobilization device (e.g., KED)
  - Long transport (head-to-feet length) with at least 3 appropriate restraint straps (chin strap alone should not be used for head immobilization) and with padding for children and handholds for moving patients
- D. Bandages/Hemorrhage Control
  1. Commercially packaged or sterile burn sheets
  2. Bandages
    - Triangular bandages
  3. Dressings
    - Sterile dressings, including gauze sponges of suitable size
    - Abdominal dressing
  4. Gauze rolls
    - Various sizes
  5. Occlusive dressing or equivalent
  6. Adhesive tape
    - Various sizes (including 1" and 2") hypoallergenic
    - Various sizes (including 1" and 2") adhesive
  7. Arterial tourniquet (commercial preferred)
- E. Communication
 

Two-way communication device between ground ambulance, dispatch, medical control, and receiving facility
- F. Obstetrical Kit (commercially packaged are available)
  1. Kit (separate sterile kit)
    - Towels, 4" × 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, blanket
  2. Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn infant)
- G. Miscellaneous
  1. Access to pediatric and adult patient care protocols
  2. A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length OR age
  3. Sphygmomanometer (pediatric and adult regular size and large cuffs)
  4. Adult stethoscope
  5. Thermometer with low-temperature capability
  6. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots
  7. Cold packs
  8. Sterile saline solution for irrigation
  9. Two functional flashlights
  10. Blankets
  11. Sheets (at least one change per cot)
  12. Pillows
  13. Towels
  14. Triage tags
  15. Emesis bags or basins
  16. Urinal
  17. Wheeled cot
  18. Stair chair or carry chair
  19. Patient care charts/forms or electronic capability
  20. Lubricating jelly (water soluble)
- H. Infection Control\*
  1. Eye protection (full peripheral glasses or goggles, face shield)
  2. Face protection (e.g., surgical masks per applicable local or state guidance)
  3. Gloves, nonsterile
  4. Fluid-resistant overalls or gowns
  5. Waterless hand cleanser, commercial antimicrobial (towelette, spray, or liquid)
  6. Disinfectant solution for cleaning equipment
  7. Standard sharps containers, fixed and portable
  8. Biohazard trash bags (color coded or with biohazard emblem to distinguish from other trash)
  9. Respiratory protection (e.g., N95 or N100 mask—per applicable local or state guidance)

\*Latex-free equipment should be available

#### I. Injury-prevention Equipment

1. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances. For children, this should be according to the National Highway Traffic Administration's document: Safe Transport of Children in Emergency Ground Ambulances ([www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf))
2. Fire extinguisher
3. Department of Transportation Emergency Response Guide
4. Reflective safety wear for each crewmember (must meet American National Standard for High Visibility Public Safety Vests if working within the right of way of any federal-aid highway. Visit [www.reflectivevest.com/federalhighwayruling.html](http://www.reflectivevest.com/federalhighwayruling.html) for more information)

## REQUIRED EQUIPMENT: ADVANCED LIFE SUPPORT (ALS) EMERGENCY GROUND AMBULANCES

For paramedic services, include all of the required equipment listed above, plus the following additional equipment and supplies. For advanced EMT services (and other non-paramedic advanced levels), include all of the equipment from the above list and selected equipment and supplies from the following list, based on scope of practice, local need, and consideration of out-of-hospital characteristics and budget.

### A. Airway and Ventilation Equipment

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades, sizes:
  - a. 0–4, straight (Miller), and
  - b. 2–4, curved
3. Endotracheal tubes (if ALS service scope of practice includes tracheal intubation), sizes:
  - a. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5 mm cuffed and/or uncuffed, and
  - b. 6.0, 6.5, 7.0, 7.5, and 8.0 mm cuffed (1 each), other sizes optional
4. 10-mL non-Luer Lock syringes
5. Stylettes for endotracheal tubes, adult and pediatric
6. Magill forceps, adult and pediatric
7. End-tidal CO<sub>2</sub> detection capability (adult and pediatric)
8. Rescue airway device, such as the ETDLA (esophageal–tracheal double-lumen airway), laryngeal tube, disposable supraglottic airway, or laryngeal mask airway (as approved by local medical direction)

### B. Vascular Access

1. Isotonic crystalloid solutions
2. Antiseptic solution (alcohol wipes and povidone–iodine wipes preferred)
3. Intravenous fluid bag pole or roof hook
4. Intravenous catheters, 14G–24G
5. Intraosseous needles or devices appropriate for children and adults
6. Latex-free tourniquet
7. Syringes of various sizes
8. Needles, various sizes (including suitable sizes for intramuscular injections)
9. Intravenous administration sets (microdrip and macrodrip)
10. Intravenous arm boards, adult and pediatric

### C. Cardiac

1. Portable, battery-operated monitor/defibrillator

- With tape write-out/recorder, defibrillator pads, quick-look paddles or electrode, or hands-free patches, electrocardiogram leads, adult and pediatric chest attachment electrodes, adult and pediatric paddles

2. Transcutaneous cardiac pacemaker, including pediatric pads and cables

- Either stand-alone unit or integrated into monitor/defibrillator

### D. Other Advanced Equipment

1. Nebulizer
2. Glucometer or blood glucose measuring device with reagent strips
3. Long large-bore needles or angiocatheters (should be at least 3.25" in length for needle chest decompression in large adults)

### E. Medications

Drug dosing in children should use processes minimizing the need for calculations, preferably a length-based system. In general, medications may include:

1. Cardiovascular medication, such as 1:10,000 epinephrine, atropine, antidysrhythmics (e.g., adenosine and amiodarone), calcium channel blockers, beta-blockers, nitroglycerin tablets, aspirin, vasopressor for infusion
2. Cardiopulmonary/respiratory medications, such as albuterol (or other inhaled beta agonist) and ipratropium bromide, 1:1000 epinephrine, furosemide
3. 50% dextrose solution (and sterile diluent or 25% dextrose solution for pediatrics)
4. Analgesics, narcotic and nonnarcotic
5. Anti-epileptic medications, such as diazepam or midazolam
6. Sodium bicarbonate, magnesium sulfate, glucagon, naloxone hydrochloride, calcium chloride
7. Bacteriostatic water and sodium chloride for injection
8. Additional medications, as per local medical director

## OPTIONAL EQUIPMENT

The equipment in this section is not mandated or required. Use should be based on local needs and resources.

### A. Optional Equipment for BLS Ground Ambulances

1. Glucometer or blood glucose test strips (per state protocol and/or local medical control approval)

2. Infant oxygen mask
  3. Infant self-inflating resuscitation bag
  4. Airways
    - a. Nasopharyngeal (12F, 14F)
    - b. Oropharyngeal (size 00)
  5. CPAP/BiPAP capability
  6. Neonatal blood pressure cuff
  7. Infant blood pressure cuff
  8. Pediatric stethoscope
  9. Infant cervical immobilization device
  10. Pediatric backboard and extremity splints
  11. Femur traction device (adult and child sizes)
  12. Pelvic immobilization device
  13. Elastic wraps
  14. Ocular irrigation device
  15. Hot packs
  16. Warming blanket
  17. Cooling device
  18. Soft patient restraints
  19. Folding stretcher
  20. Bedpan
  21. Topical hemostatic agent/bandage
  22. Appropriate CBRNE PPE (chemical, biological, radiological, nuclear, explosive personal protective equipment), including respiratory and body protection; protective helmet/jackets or coats/pants/boots
  23. Applicable chemical antidote auto-injectors (at a minimum for crew members' protection; additional for victim treatment based on local or regional protocol; appropriate for adults and children)
- B. Optional Equipment for ALS Emergency Ground Ambulances
1. Respirator, volume-cycled, on/off operation, 100% oxygen, 40–50 psi pressure (child/infant capabilities)
  2. Blood sample tubes, adult and pediatric
  3. Automatic blood pressure device
  4. Nasogastric tubes, pediatric feeding tube sizes 5F and 8F, sump tube sizes 8F–16F
  5. Size 1 curved laryngoscope blade
  6. Gum elastic bougies
  7. Needle cricothyrotomy capability and/or cricothyrotomy capability (surgical cricothyrotomy can be performed in older children in whom the cricothyroid membrane is easily palpable, usually by puberty)
  8. Rescue airway devices for children
  9. Atomizers for administration of intranasal medications

## OPTIONAL MEDICATIONS

- A. Optional Medications for BLS Emergency Ambulances

1. Albuterol
  2. Epi-pen
  3. Oral glucose
  4. Nitroglycerin (sublingual tablet or paste)
  5. Aspirin
- B. Optional Medications for ALS Emergency Ground Ambulances
1. Intubation adjuncts, including neuromuscular blockers

## INTERFACILITY TRANSPORT

Additional equipment may be needed by ALS and BLS out-of-hospital care providers who transport patients between facilities. Transfers may be made to a lower or higher level of care, depending on the specific need. Specialty transport teams, including pediatric and neonatal teams, may include other personnel, such as respiratory therapists, nurses, and physicians. Training and equipment needs may be different depending on the skills needed during transport of these patients. There are excellent resources available that provide detailed lists of equipment needed for interfacility transfer, such as *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* from the AAP and *The Interfacility Transfer Toolkit for the Pediatric Patient* from the EMSC, ENA, and the Society of Trauma Nurses.

Any ground ambulance that, either by formal agreement or by circumstance, may be called into service during a disaster or mass casualty incident to treat and/or transport any patient from the scene to the hospital or to transfer between facilities any patient other than those within their designated specialty population should carry, at a minimum, all equipment, adult and pediatric, listed under "Required Equipment for All Emergency Ground Ambulances."

## EXTRICATION EQUIPMENT

In many cases, optimal patient care mandates appropriate and safe extrication or rescue from the patient's situation or environment. It is critical that EMS personnel possess or have immediate access to the expertise, tools, and equipment necessary to safely remove patients from entrapment or hazardous environments. It is beyond the scope of this document to describe the extent of these. Local circumstances and regulations may affect both the expertise and tools that are maintained on an individual ground ambulance, and on any other rescue vehicle that may be needed to accompany an ambulance to an EMS scene. The tools and equipment carried on an individual ground ambulance need to be thoughtfully determined by local features of the EMS system with explicit plans to deploy the needed resources when extrication or rescue is required.

## Select Readings

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<b>FY 2020 GTCNC EMS Trauma Related Equipment Grant</b>			
<b>Total Approved Award Amount</b>	<b>\$ 944,000.00</b>		
<b>Total Amount of Ambulances</b>	<b>1300</b>		
<b>Amount per Ambulance</b>	<b>\$ 726.15</b>		
<b>Agency Name</b>	<b>Region</b>	<b>FY 2020 Ambulance Count</b>	<b>FY 2020 GTCNC Award Amount</b>
Bartow County Fire	1	2	\$1,452.31
Bartow County EMS-Metro Atlanta	1	10	\$7,261.54
Catoosa-Puckett EMS	1	3	\$2,178.46
Chattooga-Redmond Regional EMS	1	6	\$4,356.92
Cherokee County Emergency Services	1	22	\$15,975.38
Dade County EMS	1	2	\$1,452.31
Dade-Puckett EMS	1	5	\$3,630.77
Fannin County Fire and EMS	1	7	\$5,083.08
Floyd-Redmond Regional EMS	1	7	\$5,083.08
Floyd Emergency Medical Services	1	18	\$13,070.77
Gilmer County Fire and EMS	1	8	\$5,809.23
Gordon County Ambulance	1	8	\$5,809.23
Ambucare, INC	1	6	\$4,356.92
Murray EMS	1	7	\$5,083.08
Paulding-Metro Atlanta	1	10	\$7,261.54
Pickens County EMS	1	8	\$5,809.23
Polk-Redmond Regional EMS	1	9	\$6,535.38
Walker-Puckett EMS	1	20	\$14,523.08
Whitfield-Hamilton EMS	1	13	\$9,440.00
Banks County Fire and EMS	2	6	\$4,356.92
Dawson County Emergency Services	2	5	\$3,630.77
Central Emergency Med Services Inc	2	8	\$5,809.23
Franklin County EMS	2	7	\$5,083.08
Habersham County EMS	2	9	\$6,535.38
Hall County Fire Services	a	22	\$15,975.38
Hart County EMS	2	8	\$5,809.23
Lumpkin County Emergency Services	2	5	\$3,630.77
Rabun County EMS	2	7	\$5,083.08
Stephens County Emergency Medical Services	2	6	\$4,356.92
Towns County EMS	2	4	\$2,904.62
Union County EMS	2	7	\$5,083.08
White County EMS	2	6	\$4,356.92
Clayton County Fire and Emergency Services	3	22	\$15,975.38
City of Forest Park Fire EMS	3	5	\$3,630.77
City of Morrow Fire and EMS	3	3	\$2,178.46
Cobb-Puckett EMS	3	22	\$15,975.38
Cobb-Metro Atlanta	3	35	\$25,415.38
Dekalb-American Medical Response	3	35	\$25,415.38
Dekalb County Fire	3	2	\$1,452.31
Douglas County Fire and EMS	3	7	\$5,083.08
Piedmont Newton Hospital EMS	3	5	\$3,630.77
Fulton-American Medical Response	3	26	\$18,880.00
Fulton-Grady EMS	3	50	\$36,307.69
Fulton-City of Hapeville	3	2	\$1,452.31
Gwinnett County Fire/EMS	3	43	\$31,224.62
Rockdale-National EMS	3	10	\$7,261.54

<b>FY 2020 GTCNC EMS Trauma Related Equipment Grant</b>			
<b>Total Approved Award Amount</b>	<b>\$ 944,000.00</b>		
<b>Total Amount of Ambulances</b>	<b>1300</b>		
<b>Amount per Ambulance</b>	<b>\$ 726.15</b>		
<b>Agency Name</b>	<b>Region</b>	<b>FY 2020 Ambulance Count</b>	<b>FY 2020 GTCNC Award Amount</b>
Butts County Fire Department	4	6	\$4,356.92
West Georgia Ambulance Service	4	13	\$9,440.00
Coweta County EMS	4	15	\$10,892.31
Peachtree City Fire Department	4	5	\$3,630.77
Fayette County Department of Fire Services	4	6	\$4,356.92
Heard County EMA	4	5	\$3,630.77
Henry County Fire Department	4	22	\$15,975.38
Lamar-Community Ambulance MGAS Holdings, INC	4	4	\$2,904.62
Meriwether County EMS	4	6	\$4,356.92
Pike-Grady EMS	4	3	\$2,178.46
Spalding Regional Medical Center EMS	4	10	\$7,261.54
West Point Fire Department	4	2	\$1,452.31
Troup-American Medical Response	4	12	\$8,713.85
Upson-Community Ambulance MGAS Holdings, INC	4	7	\$5,083.08
Baldwin-Grady EMS	5	6	\$4,356.92
Bibb-Community Ambulance MGAS Holdings, INC	5	20	\$14,523.08
Bibb-The Medical Center of Central Georgia, INC	5	23	\$16,701.54
Bleckley-Heartland EMS	5	14	\$10,166.15
Crawford-Community Ambulance MGAS Holdings, INC	5	2	\$1,452.31
Dodge County EMS	5	4	\$2,904.62
Hancock-Grady EMS	5	3	\$2,178.46
Houston County EMS	5	16	\$11,618.46
Jasper County EMS	5	3	\$2,178.46
Johnson County EMS	5	3	\$2,178.46
Jones-The Medical Center of Central Georgia, INC	5	1	\$726.15
Laurens County EMS	5	11	\$7,987.69
Monroe County EMS	5	6	\$4,356.92
Montgomery-Toombs-Montgomery EMS	5	2	\$1,452.31
Peach County	5	4	\$2,904.62
Pulaski-Heartland EMS	5	3	\$2,178.46
Putnam County EMS	5	5	\$3,630.77
Telfair County EMS	5	5	\$3,630.77
Treutlen-The Medical Center of Central Georgia, INC	5	2	\$1,452.31
Twiggs-The Medical Center of Central Georgia, INC	5	1	\$726.15
Washington County EMS	5	4	\$2,904.62
Wheeler County Ambulance Service	5	2	\$1,452.31
Wilcox County EMS	5	4	\$2,904.62
Wilkinson-Heartland EMS	5	2	\$1,452.31
Burke County EMA	6	12	\$8,713.85
Columbia-Gold Cross EMS, INC	6	7	\$5,083.08
Emanuel County EMS	6	5	\$3,630.77
Jefferson-Gold Cross EMS, INC	6	4	\$2,904.62
Jenkins County Ambulance Service	6	3	\$2,178.46
Lincoln County OES	6	3	\$2,178.46
McDuffie County EMS	6	6	\$4,356.92
Richmond-Gold Cross EMS, INC	6	15	\$10,892.31

<b>FY 2020 GTCNC EMS Trauma Related Equipment Grant</b>			
<b>Total Approved Award Amount</b>	<b>\$ 944,000.00</b>		
<b>Total Amount of Ambulances</b>	<b>1300</b>		
<b>Amount per Ambulance</b>	<b>\$ 726.15</b>		
<b>Agency Name</b>	<b>Region</b>	<b>FY 2020 Ambulance Count</b>	<b>FY 2020 GTCNC Award Amount</b>
Screven County EMS	6	4	\$2,904.62
Warren County EMS	6	3	\$2,178.46
Wilkes County EMS	6	5	\$3,630.77
Chattahoochee-Community Ambulance MGAS Holdings, INC	7	1	\$726.15
Clay-Grady EMS	7	1	\$726.15
Harris County EMS	7	6	\$4,356.92
Macon County EMS	7	3	\$2,178.46
Marion County EMS	7	3	\$2,178.46
Columbus Fire and Emergency Medical Services	7	11	\$7,987.69
EMS Care Ambulance	7	3	\$2,178.46
Muscogee-Community Ambulance MGAS Holdings, INC	7	2	\$1,452.31
Quitman-Grady EMS	7	2	\$1,452.31
Randolph-Grady EMS	7	3	\$2,178.46
Schley County EMS	7	3	\$2,178.46
Stewart County EMS	7	3	\$2,178.46
Talbot County EMS	7	2	\$1,452.31
Taylor County EMS	7	3	\$2,178.46
Webster County Fire/EMS	7	2	\$1,452.31
Baker-Grady EMS	8	2	\$1,452.31
Ben Hill County EMS-Grady EMS	8	6	\$4,356.92
Berrien County EMS	8	4	\$2,904.62
Brooks-Grady EMS	8	8	\$5,809.23
Calhoun County EMS	8	2	\$1,452.31
Colquitt County EMS	8	7	\$5,083.08
Cook-Grady EMS	8	3	\$2,178.46
Crisp County EMS	8	7	\$5,083.08
Decatur-Grady EMS	8	5	\$3,630.77
Dooly County EMS	8	4	\$2,904.62
Dougherty County EMS	8	12	\$8,713.85
LifeBrite of Early County	8	3	\$2,178.46
Echols-South Georgia Medical Center	8	0	\$0.00
Grady County EMS	8	4	\$2,904.62
Inwin County EMS	8	4	\$2,904.62
Lanier-South Georgia Medical Center	8	3	\$2,178.46
Lee County EMS	8	8	\$5,809.23
Lowndes-South Georgia Medical Center	8	13	\$9,440.00
Colquitt/Miller County Fire/EMS	8	4	\$2,904.62
Mitchell-Grady EMS	8	5	\$3,630.77
Seminole-Grady EMS	8	3	\$2,178.46
Sumter-Gold Star EMS	8	7	\$5,083.08
Terrell County EMS	8	4	\$2,904.62
Thomas County EMS	8	10	\$7,261.54
Tift County Fire and Rescue	8	7	\$5,083.08
Turner County EMS	8	4	\$2,904.62
Worth County-Grady EMS	8	5	\$3,630.77
Appling County EMS	9	4	\$2,904.62

<b>FY 2020 GTCNC EMS Trauma Related Equipment Grant</b>			
<b>Total Approved Award Amount</b>	<b>\$ 944,000.00</b>		
<b>Total Amount of Ambulances</b>	<b>1300</b>		
<b>Amount per Ambulance</b>	<b>\$ 726.15</b>		
<b>Agency Name</b>	<b>Region</b>	<b>FY 2020 Ambulance Count</b>	<b>FY 2020 GTCNC Award Amount</b>
Atkinson County EMS	9	2	\$1,452.31
Alma Bacon County EMS	9	5	\$3,630.77
Brantley County EMS	9	6	\$4,356.92
Bryan County EMS	9	9	\$6,535.38
Bulloch County EMS	9	9	\$6,535.38
Camden County EMS	9	8	\$5,809.23
Candler County EMS	9	5	\$3,630.77
Charlton County EMS	9	4	\$2,904.62
Chatham-Mercy Ambulance	9	37	\$26,867.69
Chatham-Southside Emergency Transport	9	1	\$726.15
Chatham County	9	1	\$726.15
Clinch County EMS	9	3	\$2,178.46
Coffee Regional Medical Center EMS	9	7	\$5,083.08
Effingham County EMS	9	5	\$3,630.77
Evans County EMS	9	5	\$3,630.77
Jekyll Island Fire/EMS	9	2	\$1,452.31
Glynn County Fire	9	7	\$5,083.08
Jeff Davis County EMS	9	4	\$2,904.62
Liberty Regional EMS	9	8	\$5,809.23
Excelsior Ambulance	9	3	\$2,178.46
McIntosh County EMS	9	4	\$2,904.62
Pierce County EMS	9	4	\$2,904.62
Tattnall County EMS	9	6	\$4,356.92
Toombs-Toombs-Montgomery EMS	9	6	\$4,356.92
Ware County EMS	9	6	\$4,356.92
Wayne County EMS	9	5	\$3,630.77
Barrow County Fire and EMS	10	8	\$5,809.23
Clarke-National EMS	10	15	\$10,892.31
Elbert County EMS	10	6	\$4,356.92
Greene County EMS	10	8	\$5,809.23
Jackson County EMS	10	12	\$8,713.85
Madison County EMS	10	7	\$5,083.08
Morgan-National EMS	10	4	\$2,904.62
Oconee-National EMS	10	4	\$2,904.62
Oglethorpe County EMS	10	3	\$2,178.46
Walton County EMS	10	8	\$5,809.23
		<b>1300</b>	<b>\$944,000.00</b>