Equipment Footnotes

The numbers correspond with the footnote numbers on the equipment checklist forms.

1. **Hypoallergenic tape**
   Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if it is.

2. **Cravats**
   If not commercially prepared and packaged, the minimum size is 36" x 36".

3. **N95 Respirator**
   N95 needs to be fit tested for a proper fit.

4. **Penlights**
   Should be disposable, AA or AAA type.

5. **Maryland Triage Tag Kit**
   Should include 25 Maryland triage tags (current) enough (red, yellow, green, and black ribbon) to triage 25 patients. This kit should also include the paperwork to be used with the barcodes in the treatment areas and transportation areas (download at miemss.org/home/documents). Triage tags can be obtained through your MIEMSS Regional Office.

6. **Oxygen**
   Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Printed material regarding the importance and the specifications of these brackets may be obtained from your local MIEMSS Regional Office. Cup and yolk assemblies are acceptable if stored inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured.

7. **Cylinders (all sizes)**
   Steel cylinders with a stamped hydrostatic test date followed by a star is acceptable for 10 years. Without any symbol, it is good for 5 years. An aluminum cylinder is good for 5 years.

8. **Oxygen**
   On-board tanks must have at least 300 psi.

9. **Line pressure**
   On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should be plus or minus by 10 psi. The gauge may be adjusted if possible or the OIC will be notified.

10. **Road Triangles**
    Flares are not an acceptable substitute.

11. **This footnote intentionally left blank.**

12. **Suction catheters**
    Assorted sizes: one must be between 6 and 12 fr. AND one between 12 and 16 fr.

13. **Stretcher mattress & pillow**
    Split or torn mattresses are unacceptable. Moisture-proof protective covers shall be provided for the mattress and for any reusable pillows.

14. **Stair chair**
    If it is stored in the patient compartment, it must be secured with non-elastic straps. Loose, heavy objects or equipment not secured in the patient compartment could cause injury if the ambulance is in a crash.

15. **Backboards**
    If wooden, must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor bloodborne pathogens.

16. **9 ft. strap**
    Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps.
17. Board splints  
Cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints. Split or torn splints are unacceptable.

18. 5 lb. fire extinguisher  
Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in outside compartment.

19. Sharps container  
Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible). For further information, see Bloodborne Facts: Protect Yourself When Handling Sharps (their website is located at: http://www.osha.gov/OshDoc/data_BloodborneFacts/bffact02.pdf) and Exposure to Blood: What Healthcare Personnel Need to Know (their website is located at: http://www.cdc.gov/HAI/pdfs/bhp/Exp_to_Blood.pdf).

20. Portable Suction  
As of 10/1/2009: Res-Q-Vac® is one manufacturer that will meet this standard. There are other manufacturers that will meet the testing standard, but currently do not offer the full range of catheters.

21. Gastric tubes  
Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended.

22. Oxygen Regulator  
Can be separate or in combination with oxygen pressure gauge.

23. Oxygen Regulator  
Can be separate or in combination with oxygen reduction valve.

24. Medications  
All medications and IV solutions should be within the manufacturer’s expiration date.

25. Dopamine  
Premixed bags are acceptable.

26. Controlled Access  
DEA controlled substances (Fentanyl, morphine, and midazolam) must be under double lock. This approach may take a number of forms reflective of operating requirements, but should be approached systematically. Inventory control tags are not an acceptable locking mechanism.

27. Items with Expiration Dates  
All medical supplies should be within the manufacturer’s expiration date.

28. Pneumothorax Kit  
Kit must include a 12 or 14 gauge catheter, Heimlich valve, appropriate connecting tubing, and skin preparation materials. An Asherman chest seal is not acceptable.

29. Linen  
Freshly laundered or disposable linen will be acceptable.

30. Child Safety Seat  
FMVSS-213 must be printed on the manufacturer’s label. Devices compliant with NHTSA 2012 are also acceptable.

31. This footnote intentionally left blank.

32. AEDs  
All AEDs purchased after January 1, 2010 must be pediatric capable. All AEDs on EMS transport units must be pediatric capable as of July 1, 2016; AEDs on ALL response units must be pediatric capable by July 1, 2016.

33. Required Documents  
Required documents must be current and may be either a print or electronic version. All should be easily accessible from the patient compartment. The pocket version of the Maryland Medical Protocols for EMS Providers is not acceptable.

34. PDR or Equivalent  
This is optional; however, must be current within two years. May be electronic.
<table>
<thead>
<tr>
<th>Footnote</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.</td>
<td>Pulse oximetry may be integrated with cardiac monitor.</td>
</tr>
<tr>
<td>36.</td>
<td>Cardiac monitor shall have synchronized cardioversion and pacing capabilities.</td>
</tr>
<tr>
<td>37.</td>
<td>Pediatric IV Arm Boards fluid resistant or disposable padded board with a maximum width of 2&quot;.</td>
</tr>
<tr>
<td>38.</td>
<td>Hemostatic impregnated dressing all hemostatic dressings must be impregnated with either chitosan or kaolin. Additionally, dressings must be in the form of either roller gauze or trauma dressings (2x2 and/or 4x4 dressings are not acceptable). Granular or gel based products applied directly to a wound are not acceptable.</td>
</tr>
<tr>
<td>39.</td>
<td>Epinephrine for BLS may be carried in one of the following forms: the auto-injector or with approval and completed training meeting the optional supplemental epinephrine 1:1,000 protocol (preloaded syringe, or in single use vial containing one mg in one mL).</td>
</tr>
<tr>
<td>40.</td>
<td>Packaging of medications or IV solutions may vary, but quantities must be met.</td>
</tr>
<tr>
<td>41.</td>
<td>Pediatric Reference Guide this guide must include equipment and medication dosage based upon age or length, such as chart or tape. It must also include current AHA Pediatric Guidelines.</td>
</tr>
<tr>
<td>42.</td>
<td>EpiPens if a unit is dedicated as ALS, EpiPens are not required. If the unit is used as a BLS and ALS unit, EpiPens or equivalent must be carried (See footnote 39).</td>
</tr>
<tr>
<td>43.</td>
<td>Biohazard Items this item should be provided for each seated position on the unit with a minimum number of two.</td>
</tr>
<tr>
<td>44.</td>
<td>AED required for the BLS First Responder certification if a monitor/defibrillator is not assigned to the unit. To be considered an ALS Engine, a monitor/defibrillator must be assigned to the unit.</td>
</tr>
<tr>
<td>45.</td>
<td>Acetaminophen do not use multidose bottle of liquid; tablets may be carried for children &gt;13, however do not satisfy the medication quantity requirements.</td>
</tr>
<tr>
<td>46.</td>
<td>IV/Medication Delivery needleless system and safe sharps recommended.</td>
</tr>
<tr>
<td>47.</td>
<td>BLS Equipment Requirements if a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto-injector and AED requirements.</td>
</tr>
<tr>
<td>48.</td>
<td>12-Lead acquisition device must be available on all ALS transport units. This applies to chase cars or ALS engines if these units are used to upgrade a BLS unit making it an ALS transport unit.</td>
</tr>
<tr>
<td>49.</td>
<td>Appropriate disinfectant solutions are effective against bloodborne pathogens and those present in other potentially infectious materials as defined by OSHA. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and M. tuberculosis (TB).</td>
</tr>
<tr>
<td>50.</td>
<td>Sphygmomanometers aneroid blood pressure cuffs that are greater than one year old should be calibrated by a trained technician at least annually and more often if: 1. Recommended by the manufacturer, or 2. Subjected to rough handling.</td>
</tr>
<tr>
<td>51.</td>
<td>Cot Safety Straps must be attached to cot with a manufacturer approved hardware.</td>
</tr>
</tbody>
</table>

53. Glucometer Supplies Kit must include lancets, test strips, alcohol wipes, and band-aids.

54. Non-Latex Equipment All personal protective equipment and patient care equipment and supplies must be non-latex.

55. Climate Control System Patient compartment air conditioner should be blowing at a temperature of at least 65 degrees or lower at the air vents.