

## RECOMMENDED EMERGENCY MEDICAL SERVICES EQUIPMENT LIST

Regulations relating to the licensure of Emergency Medical Services, Title 172 NAC 12, require the Emergency Medical Services Board to develop a recommended list of equipment and supplies for services. The following list of equipment and supplies are recommended items for providing patient care by Nebraska licensed Emergency Medical Services. This list was derived in conjunction of a published list of equipment in Pre-Hospital Emergency Care, 2013. All equipment lists are subject to approval from the services Physician Medical Director.

<p><b>Personal Protection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full Peripheral Eye Protection Or Goggles, Face Shields for all Attendants</li> <li><input type="checkbox"/> Face Protection – i.e. Surgical Masks</li> <li><input type="checkbox"/> Respiratory Protection Approved by Physician Medical Director</li> <li><input type="checkbox"/> Disposable Synthetic Gloves for all Attendants</li> <li><input type="checkbox"/> Disposable Biohazard Bags For Non-Sharp Waste</li> <li><input type="checkbox"/> Standard Sharps Container Both Fixed and Portable</li> <li><input type="checkbox"/> Disinfectant For Solution for Cleaning Contaminated Equipment</li> <li><input type="checkbox"/> Waterless Hand Cleaner, Commercial Antimicrobial (Towelette, Spray, or Liquid)</li> <li><input type="checkbox"/> Fluid Resistant Overalls or Gowns</li> </ul> <p><b>Patient Assessment/Diagnostic Measurements</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stethoscope in Sizes to Accommodate all Patients</li> <li><input type="checkbox"/> Blood Pressure Cuffs in Sizes to Accommodate all Patients</li> <li><input type="checkbox"/> 2 Patient Care Flashlights</li> <li><input type="checkbox"/> Thermometer(s) with Low Temperature Capability</li> <li><input type="checkbox"/> Scissors for Cutting Clothing, Belts, and Boots</li> <li><input type="checkbox"/> Length Based Resuscitation Tape or Reference Material that Provides Appropriate Guidance for Pediatric Equipment Sizing and Medication Dosing</li> <li><input type="checkbox"/> Pulse Oximeter with Appropriate Adult and Pediatric Probes</li> </ul> <p><b>Suction Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suction Aspirator Capable of Minimum Vacuum of 300 Milliliters of Mercury, with Continuous Negative Pressure to the Patient – If the Suction Unit is an Integral Part of the Ambulance, a Portable Mechanical Aspirator with Catheter(s) Must Also be Provided</li> <li><input type="checkbox"/> Wide Bore Tubing</li> <li><input type="checkbox"/> Rigid Tip Catheters</li> <li><input type="checkbox"/> French 6f – 16f Catheters – At Minimum One Between 6f – 10f and One Between 10f – 16f</li> <li><input type="checkbox"/> Bulb Suction for Infants with Saline Drops</li> </ul>	<p><b>Airway Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pocket Mask with One-Way Valve and Oxygen Inlet</li> <li><input type="checkbox"/> Disposable Oropharyngeal Airways in Appropriate Adult, Child, and Infant Sizes (00-5)</li> <li><input type="checkbox"/> Disposable Nasopharyngeal Airways in Adult and Child Sizes (12f – 34f)</li> <li><input type="checkbox"/> Water Soluble Lubricant</li> <li><input type="checkbox"/> Bag Valve Masks (BVM) in Adult, Child, &amp; Infant Sizes Equipped with Operable Pressure Relief Valves and Transparent Masks, with Oxygen Reservoir/Accumulator. The Pediatric BVM Shall Have Masks for Neonate, Infant, and Child.</li> <li><input type="checkbox"/> Single Use, Transparent, Non-Rebreather Oxygen Masks in Adult and Pediatric Sizes</li> <li><input type="checkbox"/> Nasal Cannulae in Adult and Pediatric Sizes</li> <li><input type="checkbox"/> Permanent Oxygen Unit, Placed in a Permanent Mounting, with a Minimum Capacity of 1500 Liters and Equipped with a Reduction Gauge and Flow Meter Equipped with Reduction Gage and Flow Meter</li> <li><input type="checkbox"/> Portable Oxygen Unit, with a Minimum Capacity of 300 Liters, Capable of Delivering Oxygen Flows of at Least 15 Liters per Minute and Equipped with a Yoke, Pressure Gage, and Flow Meter.</li> <li><input type="checkbox"/> Spare Portable Oxygen Tank of at Least 300 Liter Capacity</li> </ul> <p><b>Bleeding Control and Wound Management</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal Trauma Dressing</li> <li><input type="checkbox"/> Sterile Gauze in Various Sizes</li> <li><input type="checkbox"/> Gauze Rolls in Assorted Sizes</li> <li><input type="checkbox"/> Triangular Bandages</li> <li><input type="checkbox"/> Occlusive Dressings or Equivalent</li> <li><input type="checkbox"/> Sterile Water or Saline Solutions for Irrigation</li> <li><input type="checkbox"/> Arterial Tourniquet</li> <li><input type="checkbox"/> Sterile Burn Sheets or Medical Director Approved Burn Care Supplies</li> <li><input type="checkbox"/> Adhesive Tape             <ul style="list-style-type: none"> <li><input type="checkbox"/> 1" &amp; 2" Hypoallergenic</li> <li><input type="checkbox"/> 1" &amp; 2" Adhesive</li> </ul> </li> </ul>
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**Immobilization**

- Rigid Cervical Immobilization Devices in Appropriate Adult, Child, and Infant Sizes
- Head Immobilization Device (NOT SANDBAGS) – Firm Padding **OR** Commercially Available Device
- Upper and Lower Extremity Immobilization Device(s):
  - Ridged or Vacuum Splinting that Will Provide Support Constructed from Radiolucent Material with the Ability to Immobilize Above and Below Appropriate Fracture Site in Appropriate Adult and Child Sizes
  - Lower Extremity Traction Splint in Appropriate Adult and Child Sizes
- Impervious Radiolucent Long Backboard with 3 Straps
- Short Backboard with Straps. This Device is Capable of Immobilizing the Head, Neck, and Spine
- Pediatric Spinal Immobilization Device
- Pelvic Stabilization Equipment Approved by Service Physician Medical Director

**Cardiac Other Medical Care**

- One Automatic or Semi-Automatic External Defibrillator
- Age Appropriate Defibrillator Pads

**Care Of Ingested Poisons – Physician Medical Director Approved Treatment Policies**

- These Could Include Supportive Measures

**Obstetrics and Gynecology**

- Commercially Available Comprehensive OB Kit; **OR**
- OB Kit Separate Sterile Kit Including:
  - Towels
  - 4x4 Dressings
  - Cord Clamps And Ties
  - Sterile Scissors or Other Cutting Utensil
  - Bulb Suction
  - Sterile Gloves
  - Blanket
  - Thermal Absorbent Blanket and Head Cover
  - Appropriate Heat Reflective Material to Cover Infant

**Communication**

- Two-Way Communication Between Ground Ambulance, Dispatch, And Medical Control, and Receiving Facility – i.e. Cell Phone, Mobile Radio, etc.

**Medications**

- Approved By Physician Medical Director and Found in Title 172 NAC 11

**Miscellaneous Equipment**

- Device Capable for Pediatric Immobilization
- Ocular Irrigation Device
- Hot Pack(s)
- Cold Pack(s)
- Triage Tags
- Emesis Bags/Basin
- Urinal
- Bedpan
- ANSI II Reflective Vests for all Members Responding
- DOT Emergency Response Guide

**Extrication Equipment – Suggested for EMS Services that do not have a Fire Department or Specialized Rescue Team or Organization Responding to All Motor Vehicle or Farm Related Incidents.**

- Hacksaw with Extra Blade
- Phillips Screwdriver
- Regular Screwdriver
- Pliers
- Adjustable Wrench
- Hammer
- Chisel(s)
- Tin Snips
- Crow Bar or Mechanized or Mechanically Operated Air or Hydraulic Shears
- ABC Fire Extinguisher, 2A 10BC Minimum Rating
- Leather Gloves for Extrication

**Transport Equipment – Not Required for Agencies Licensed as Non-Transport**

- Wheeled Ambulance Cot with Mattress and Three Restraints, including One Additional Set to Restrain over the Shoulder
- Stair Chair or Carry Chair
- Infant Car Seat or Commercially Available Pediatric Securing Device
- Blankets
- Sheets – At Least One Change Per Cot
- Pillows
- Towels

**Additional Equipment – If Approved by Physician Medical Director**

- Glucometer with Reagent Strips and Single-Use Lancets
- CPAP Equipment
- Nebulizer Equipment
- Equipment to Capture Out-Of-Hospital 12 Lead
- Advanced Airway (Non-Visualized Approved by Title 172 NAC 11)
- If Monitoring IV Solutions, Intravenous Fluid Bag Pole or Roof Hook

**ADDITIONAL EQUIPMENT LIST FOR ADVANCED LIFE SUPPORT SERVICES ONLY**

<p><b>Airway and Ventilation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Videolaryngoscopy Capability – King Vision (Will Replace Adult Laryngoscope Blade), Glidescope, etc.; <b>OR</b></li> <li><input type="checkbox"/> Laryngoscope Handle with Extra Batteries and Bulb</li> <li><input type="checkbox"/> Laryngoscope Blades, Sizes:             <ul style="list-style-type: none"> <li><input type="checkbox"/> 0-4, Straight (Miller), and</li> <li><input type="checkbox"/> 1-4, Curved</li> </ul> </li> <li><input type="checkbox"/> Endotracheal Tubes             <ul style="list-style-type: none"> <li><input type="checkbox"/> 2.5mm-8.0mm (1 Each, Including Half Sizes)</li> </ul> </li> <li><input type="checkbox"/> 10ml Non-Luer Lock Syringes</li> <li><input type="checkbox"/> Stylettes For Endotracheal Tubes, Adult and Pediatric</li> <li><input type="checkbox"/> Magill Forceps, Adult and Pediatric</li> <li><input type="checkbox"/> End-Tidal CO2 Detection Capability, Adult and Pediatric</li> <li><input type="checkbox"/> Rescue Airway Device – (i.e. King LT, Combi-Tube, Etc.) Both Adult and Pediatric Sizes</li> <li><input type="checkbox"/> Needle Cricothyrotomy Capability and/or Cricothyrotomy Capability</li> <li><input type="checkbox"/> Nasogastric Tubes</li> </ul> <p><b>Other Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nebulizer</li> <li><input type="checkbox"/> CPAP Equipment</li> <li><input type="checkbox"/> Soft Restraints</li> <li><input type="checkbox"/> Glucometer with Reagent Strips and Single-Use Lancets</li> <li><input type="checkbox"/> Long, Large-Bore Needles or Angiocatheters             <ul style="list-style-type: none"> <li><input type="checkbox"/> Should be at Least 3.25" in Length for Needle Decompression in Large Adults</li> </ul> </li> </ul>	<p><b>Vascular Access</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Isotonic Crystalloid Solutions</li> <li><input type="checkbox"/> Antiseptic Solution</li> <li><input type="checkbox"/> Alcohol Wipes or Povidone-Iodine Wipes Preferred</li> <li><input type="checkbox"/> Intravenous Fluid Bag Pole or Roof Hook</li> <li><input type="checkbox"/> Intravenous Catheters, 14G-24G</li> <li><input type="checkbox"/> Intraosseous Capabilities             <ul style="list-style-type: none"> <li><input type="checkbox"/> Intraosseous Needles; <b>OR</b></li> <li><input type="checkbox"/> Devices Appropriate for Placing Intraosseous Needles</li> </ul> </li> <li><input type="checkbox"/> Syringes of Various Sizes</li> <li><input type="checkbox"/> Venous Tourniquets</li> <li><input type="checkbox"/> Needles, Various Sizes (Including Appropriate Sizes for Intramuscular Injections)</li> <li><input type="checkbox"/> Intravenous Administrations Sets (Microdrip and Macrodrip)</li> <li><input type="checkbox"/> Intravenous Armboards, Adult and Pediatric</li> </ul> <p><b>Cardiac</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Portable, Battery Operated Monitor/Defibrillator             <ul style="list-style-type: none"> <li><input type="checkbox"/> With – Tape Write-Out/Recorder, Defibrillator Pads, Quick-Look Paddles, or Hands-Free Patches, Electrocardiogram Leads, Adult and Pediatric Appropriate Sizes</li> </ul> </li> <li><input type="checkbox"/> Transcutaneous Cardiac Pacemaker, Appropriate for Adult and Pediatric</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sufficient Medications to Satisfy Treatments According to Protocol's as Approved by the Service's Physician Medical Director</li> </ul>
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**Name of Service:** \_\_\_\_\_

**Type of Service (Please Circle):**    **Basic**    **Advanced**

**Name of Physician Medical Director:** \_\_\_\_\_

**Signature of Physician Medical Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_