



Emergency Medical Services Agency Prehospital Care Manual **Policy 302**

PREHOSPITAL CARE ASSETS MINIMUM INVENTORY REQUIREMENTS

Effective Date January 22, 2008
Replaces January 22, 2007

Resources
None

I. Purpose

To establish minimum inventory requirements for all prehospital care assets in the County of Santa Clara.

II. Definitions (Assets)

Air Ambulance – Any Santa Clara County permitted air ambulance, either basic or advanced life support in accordance with Title 22 Regulations. Staffed with one nurse and one additional nurse or paramedic.

ALS Ambulance – Any Santa Clara County approved advanced life support ambulance staffed by at least one paramedic and one EMT or paramedic.

ALS Unit (Non-Transport) – Any unit charged with emergency medical response at the advanced life support level that is not designed for the transport of a patient including fire engines, trucks, Quick Response Vehicles, etc. Staffing must include at least one paramedic.

BLS Ambulance – Any Santa Clara County approved basic life support ambulance staffed with at least two EMT's.

BLS Unit (Non-Transport) – Any unit charged with emergency medical response at the basic life support level that is not designed for the transport of a patient including fire engines, trucks, supervisors units, etc. Staffing must include at least one EMT.

CCT Ambulance – Any Santa Clara County approved ambulance permitted to provide critical care interfacility transportation. Categories include:

CCT-Paramedic Units must be staffed with at least one CCT-Paramedic, who is responsible for providing critical care, and at least one additional EMT or Paramedic.



CCT-Nurse Units must be staffed with at least one nurse meeting policy requirements, and two additional crewmembers at no less than the EMT level. Additional equipment not identified in this policy may be carried as authorized by the provider’s medical director for use by the nurse.

If a critical care transport unit nurse has completed a system orientation and is trained to the same operational level as Santa Clara County EMT’s; the unit may be alternately staffed by one EMT or paramedic, and one nurse who is responsible for all patient care.

EMS Field Supervisor – A non-transport unit utilized for filling command and control responsibilities. This unit may or may not be utilized for the provision of patient care. Only permitted EMS Supervisor Vehicles, staffed with accredited personnel, may fill ICS positions and/or serve as an Ambulance Strike Team Unit Leader.

III. Requirements

The quantities identified in Schedule A represent the minimum amounts that must be carried at all times in order for the unit to be in service. The EMS Agency may authorize exceptions to the minimum requirements in times of disaster, during multi-casualty incidents, etc.

Schedule A – Key	
	Strike Team Go-Bag – May be stored in regional locations rather than on the unit.
	Heads Up – New Item Required in the next year.



Policy 302 – Schedule A Minimum Inventory List

Type of Asset	EMS Field Supervisor	BLS Non Transport	BLS Ambulance	ALS Non Transport	ALS Ambulance	Air Ambulance	CCT-Nurse Ambulance	CCT-Paramedic Ambulance
Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
2A,10BC Fire Extinguisher (air unit equivalent acceptable, fire service apparatus exempt)	1	1	1	1	1	1	1	1
9 Foot Webbed Belt or equivalent (must secure the chest, pelvis, and legs)	0	3	6	6	6	3	6	6
AC Power Inverter	0	0	0	0	0	0	1	1
Activated Charcoal Slush	0	0	0	1	1	0	1	1
Adenosine 6 mg	0	0	0	5	5	3	5	5
Adhesive Tape Rolls (1 inch and 2 inch)	3	3	3	3	3	2	3	3
Adult Nasal Cannula	1	2	5	2	5	0	5	5
Albuterol 2.5 mg/3 cc Saline	0	0	0	10	10	4	10	10
Alcohol or Benzoin Preparation Pads	10	10	10	10	10	10	10	10
Armboard (adult size, may be cut for smaller needs)	0	0	0	1	1	0	1	1
Atropine 1 mg preload	0	0	0	6	6	4	6	6
Atropine 1mg/cc (20 mg total)	0	0	0	1	1	1	1	1
Automatic External Defibrillator (AED) <u>(Must be compliant with AHA 2005 Guidelines for CPR & Emergency Cardiovascular Care)</u>	1	1	1	0	0	0	0	0



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Automatic External Defibrillation Pads (Adult / Peds)	2 / 1	2 / 1	2 / 1	0	0	0	0	0
Bacteriocidal / Verucidal Hand Wipes or equivalent (box of 25 or equivalent) (Air Ambulance Providers box of 6)	1	1	1	1	1	1	1	1
Bag Valve Mask Resuscitator (suitable for pediatrics, children, adults with connection tubing)	1	1	2	1	2	2	2	2
Blankets	5	2	5	2	5	1	5	5
Blood Pressure Cuff (must provide for infants, children, and adults)	1	1	1	1	1	1	1	1
Blue Helmets (Fire/Public Safety exempt)	1	2	2	2	2	0	2	2
Boussignac Continuous Positive Airway Pressure (CPAP) Device <u>(CPAP device requires O2 regulator capable of delivering 25 LPMs)</u> <u>*Requirement is optional starting January 22, 2008 and will be mandatory starting January 20, 2009</u>	0	0	0	1*	1*	1*	0	1*
Broselow Tape	0	0	0	1	1	1	1	1
Calcium Chloride 1 gm	0	0	0	1	1	1	1	1
Capnography Device (colormetric or waveform)	0	0	0	1	1	1	1	1
Chemical Activated Cold Packs	0	3	3	3	3	1	3	3



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Type of Asset	EMS Field Supervisor	BLS Non Transport	BLS Ambulance	ALS Non Transport	ALS Ambulance	Air Ambulance	CCT-Nurse Ambulance	CCT-Paramedic Ambulance
Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Chemical Activated Heat Packs (exempt if electric warming blanket used)	0	3	3	3	3	2	3	3
Chewable Baby Aspirin (bottle) (Air Ambulance Providers will carry 650 mg)	0	0	0	1	1	1	1	1
Collapsible gurney with straps to secure the patient to the gurney and fastening device to secure to the aircraft or ambulance.	0	0	1	0	1	0	1	1
Conductive Gel or Pads (moist 4" X 4" pads not acceptable, not required if using multifunction pads)	0	0	0	2	2	2	2	2
County Approved Mechanical Infusion Pump	0	0	0	0	0	0	1	1
County Approved Mechanical Ventilator	0	0	0	0	0	0	1	1
County Approved Mobile Radio (private ambulance services only)	1	1	1	1	1	1	1	1
County Approved Portable Radio (private ambulance services only - includes a spare battery per portable, no spare required for air units)	6	1	1	1	1	1	1	1
County Approved UHF Radio Pager (Private ground ambulance services only – * EOA Contractor ALS ambulances must be equipped with 2 pagers)	1	1	1	1	1 2*	0	1	1
Cuffed Endotracheal Tubes with Stylet (each size: 6.0, 7.0, 8.0, 9.0 mm - .5 sizes also recommended/not required)	0	0	0	2	2	2	2	2
Dextrose 50% 25gm	0	0	0	2	2	2	2	2



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Diphenhydramine 50mg	0	0	0	2	2	1	2	2
Disposable Sheets	0	0	4	0	4	0	4	4
Dopamine 400 mg (premix bag in D5W or NS; or preload to mix)	0	0	0	1	1	1	1	1
“DOT” Approved Child Safety Restraint (may or may not be a child seat)	0	0	1	0	1	0	1	1
“DOT” Emergency Response Guidebook (must be current edition, may be electronic)	1	1	1	1	1	1	1	1
Drinking Water in 8-12oz Individual Containers or equivalent (for patient use and secondary rehab functions)	20 - 5	2	5	2	5	0	5	5
Dual Lumen Airway Management Device (Combitube) (Adult / Small Adult each)	0	0	0	1	1	1	1	1
ECG Electrodes (must include adult & pediatric sizes / total # listed is per unit, combined)	0	0	0	30	30	12	30	30
Epinephrine Auto-injector (Adult) 0.3 mg	0	0	0	1	1	0	0	1
Epinephrine Auto-injector (Peds) 0.15 mg	0	0	0	1	1	0	0	1
Epinephrine 1:1,000 30 ml (or equivalent packaging)	0	0	0	0	0	1	1	0
Epinephrine 1:10,000 10 ml/preload	0	0	0	5	5	3	5	5



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Fire Scope Field Operations Guide (FOG) (must be hardcopy of current edition)	1	1	1	1	1	0	1	1
Flat Stretcher (includes Redibed, flats, scoops)	0	0	1	0	1	0	1	1
French Suction Catheters (assorted sizes 6-15)	0	0	2	2	2	1	2	2
Furosemide 80 mg	0	0	0	2	2	1	2	2
Glucagon 1 mg or equivalent	0	0	0	1	2	1	2	2
Glucose Reagent Strips (bottle) (electronic meter & strips permissible, venous/capillary samples)	0	0	0	1	1	1	1	1
Handheld GPS (must include spare batteries)	1	0	0	0	0	0	0	0
Handheld Nebulizer (inspiratory-activation style recommended)	0	0	0	2	5	1	5	5
ICS 219 Resources Status Cards (T-Cards)	2	2	2	2	2	3	2	2
Infection Control Kit (must include one N95 mask for each crewmember)	0	1	1	1	1	1	1	1
Infectious Waste Bags	2	2	5	2	5	2	5	5
Injection Needles (size 21 G and 25 G)	0	0	0	2	2	2	2	2
Intranasal Atomizer (manufactured by MAD®)	0	0	0	2	2	2	0	2
Intraosseous Needles (16G)	0	0	0	2	2	2	2	2



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Intraosseous (IO) Needle Insertion Device (FDA Approved) <i>*Optional beginning January 22, 2008 and mandatory beginning January 20, 2009.</i>	0	0	0	1	1	1	0	1
IV Catheters (sizes 14,16, 18, 20, 22, 24 G – each)	0	0	0	3	3	3	3	3
IV Tubing Sets (each of micro and macro)	0	0	0	2	2	2	2	2
Lancets (must auto secure lancet after use)	0	0	0	5	5	5	5	5
Laryngoscope (assorted straight/curved blades for infants, children, and adults with a spare set of batteries/bulb)	0	0	0	1	1	1	1	1
Lateral Head Support Devices	0	2	2	2	2	1	2	2
Latex or Nitrile Gloves (assorted sizes to fit all crew members; <i>two sets of latex-free, per size required per unit</i>)	NA	NA	NA	NA	NA	NA	NA	NA
Leather Work Gloves (pair - recommend one pair provided to each employee to ensure sizing)	1	0	2	0	2	0	2	2
Lidocaine 1 gm or Premixed bag (*Optional)	0	0	0	1*	1	1	1	1
Lidocaine 100 mg	0	0	0	2	4	2	4	4
Long Plastic Radio-Lucent Spine Board (see Schedule B)	0	1	2	1	2	1	2	2
Magill Forceps (adult & peds sizes)	0	0	0	1	1	1	1	1



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Map covering all of Santa Clara County that utilizes the same grid coordinate system used by County Communications (air unit exempt)	1	1	1	1	1	0	1	1
Mark I Auto-injector (patient use primary)	20	0	0	6	6	6	6	6
Meals Ready to Eat (MREs)	36- 3	0	0	0	0	0	0	0
Midazolam 5 mg / 1 ml	0	0	0	3	3	3	3	3
Morphine Sulfate 10 mg	0	0	0	3	3	1	3	3
N95 Masks (may be part of the infection control kit - minimum of one per crewmember)	2	2	2	2	2	3	2	2
Naloxone 2 mg (20 mg total, any packaging permissible)	0	0	0	5	5	5	5	5
Nasopharyngeal Airways Kit	0	1	1	1	1	1	1	1
Needle Cricothyrotomy Kit (non-surgical, may be prefabricated)	0	0	0	1	1	1	1	1
Nitroglycerine Oral Spray (plus one spare)	0	0	0	1	1	1	1	1
Non-Rebreather Oxygen Masks (A=adult and C=child)	A-1 C-1	A-3 C-1	A-3 C-1	A-3 C-1	A-3 C-1	A-2 C-1	A-3 C-1	A-3 C-1
Normal Saline 0.9% - 1000 cc IV bags (warmer recommended/not required)	1	0	0	3	4	2	4	4
Normal Saline 0.9% - 250 cc IV bags	0	0	0	2	2	1	2	2



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
OB Kit	0	1	1	1	1	1	1	1
Occlusive Dressings	4	4	4	4	4	4	4	4
Oral Glucose (25 gram tube)	2	2	2	2	2	0	2	2
Oropharyngeal Airways Kit	1	1	1	1	1	1	1	1
Oxygen Regulator (capable of delivering oxygen at flow rates from <u>2-15 LPM</u>) ☛ <u>*Beginning January 22, 2009, regulators must be able to dispense at a maximum of 25 liters per minutes.</u>	1	1	1	1*	1*	1*	1	1*
Oxygen Regulator (capable of delivering oxygen at flow rates from <u>2-25 LPM</u> to support use of the Boussignac Continuous Positive Airway Pressure (CPAP) device. ☛ <u>**Optional beginning January 22, 2008 and mandatory beginning January 20, 2009. Regulators dispensing at a maximum of 15 liters per minutes cannot support the CPAP device.</u>	0	0	0	1**	1**	1**	0	1**
Peripheral Vascular Locks (Optional)	0	0	0	0	0	0	0	0
Pillows (must be disposable or have disposable covers)	0	0	1	0	1	0	1	1
Portable Battery Operated Light (includes at least one set of spare batteries)	2	2	2	2	2	1	2	2
Portable Cardiac Monitor / Defibrillator with one spare battery & paper roll	0	0	0	1	1	1	1	1



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Portable Oxygen Cylinder (D or E size with at least 500 PSI of Oxygen)	1	1	1	1	1	1	1	1
Portable Suction Device (a bulb syringe is not sufficient for this requirement)	0	1	1	1	1	1	1	1
Pulse Oximeter (ALS & CCT assets may use a device that is included in the cardiac monitor)	0	0	0	1	1	1	1	1
Quick Reference Guide – Fire Service Officers	1	1	1	1	1	NA	NA	NA
Quick Reference Guide – Private EMS Service Providers	1	1	1	1	1	1	1	1
Rigid Cervical Collars (each: infant, child and adult / *if unisized, a total of 4 required)	0	2*	2*	2*	2*	1	2*	2*
Santa Clara County Approved Patient Care Report (PCR) (Hardcopy for disaster / MCI response)	100	5	20	5	20	0	20	20
Santa Clara County Prehospital Care Manual (may be electronic or kept in quarters, except for a hardcopy of Multiple Patient Management Plan (EMS#811) which is required on every apparatus)	1	1	1	1	1	1	1	1
Set of Ankle and Wrist Restraints (Hard leather or Velcro – not Posey restraints)	0	0	1	0	1	0	1	1
Sharps Container	0	0	0	1	1	1	1	1
Sleeping Bags	2 - 0	0	0	0	0	0	0	0



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Sodium Bicarbonate 8.4% 50 mEq	0	0	0	2	2	2	2	2
Sodium Chloride 0.9% flush for injection, 10-25 cc (Optional)	0	0	0	0	0	0	0	0
Sodium Thiosulfate 25%, 50ml vial	0	0	0	1	2	1	0	2
Splints (Pneumatic or rigid extremity)	0	4	4	4	4	2	4	4
State of California Thomas Brothers Map (hardcopy required)	6	0	1	0	1	0	1	1
Sterile 4 Inch Gauze Rolls	6	6	6	6	6	2	6	6
Sterile 4 X 4 Inch Gauze Pads	12	12	12	6	12	4	12	12
Stethoscope	1	1	1	1	1	1	1	1
Suction Wands	0	2	2	2	2	2	2	2
Syringes with Luer-Lock (1, 3, 10, and 30ccm – air units may carry one 16 cc syringe)	0	0	0	2	2	2	2	2
Thermometer – Digital Oral or Tympanic	0	0	0	1	1	1	1	1
Tourniquets	0	0	0	1	1	1	1	1
Towels	0	0	2	0	2	0	2	2
Traction Splint (Adult & Peds required – may be one device)	0	0	1	0	1	1	1	1



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Minimum Inventory Requirements	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty
Trauma Dressings (10 x 30 inches in dimension or larger)	2	2	2	2	2	2	2	2
Trauma Shears	1	2	2	2	2	1	2	2
Triage Tags (California Fire Chief's Association version)	50	20	20	20	20	5	20	20
Triangular Bandages	2	4	4	4	4	1	4	4
Uncuffed Endotracheal Tubes with Stylet (each size: 2.5, 3.0,3.5, 4.0, 4.5, 5.0, 5.5 mm)	0	0	0	1	1	1	1	1
Urinal	0	0	1	0	1	0	1	1
Vehicle mounted oxygen delivery system, including regulator capable of delivering flow rates from <u>2 -15 LPM</u> , with a least 500 PSI of Oxygen in an M or H size oxygen cylinder or an onboard liquid oxygen system (LOX) 🔴: *Beginning January 20, 2009, regulators must be able to dispense at a maximum of 25 liters per minutes.	0	0	1	0	1*	1*	1	1*
Vehicle mounted oxygen delivery system, including regulators capable of dispensing oxygen at a flow rate of 2 to <u>25 liters per minute</u> in support of the Boussignac Continuous Positive Airway Pressure (CPAP) device. Must carry at least 500 PSI of Oxygen in an M or H size oxygen cylinder or an onboard liquid oxygen system (LOX) 🔴: **Optional beginning January 22, 2008 and mandatory beginning January 20, 2009. Regulators dispensing at a maximum of 15 liters per minutes cannot support the CPAP device. Optional but, recommended for BLS and CCT-Nurse Ambulances.	0	0	1	0	1**	1**	1	1**



Policy 302 – Schedule B Spine Boards Requirements

I. Purpose

To establish minimum replacement levels for radio translucent spine boards requirements for prehospital care assets in the County of Santa Clara.

II. Requirements

- A. For the purpose of this schedule, the prehospital care assets identified in Policy 302, Section II have been included in this program.
- B. Each provider agency shall supply and maintain radio translucent spine boards that have been approved by the Santa Clara County Emergency Medical Services Agency.
- C. Replacement requirements are determined by the County.
- D. The following replenishment schedule specifies the minimum number of radio translucent spine boards that each provider shall place into service annually.

Number of Assets	Annual Replenishment Requirement
1 to 10	2
11 to 20	4
21 to 30	6
31 to 40	8
41 to 50	10
51 to 60	12
61 to 70	14
71 to 80	16
81 to 90	18
91 to 100	20
101 and Greater	25

- E. Each provider agency shall demonstrate annually by submitting evidence to the County, that the provider has placed the minimum required radio translucent spine boards into service.