

RHODE ISLAND
CENTER FOR
EMERGENCY MEDICAL
SERVICES (CEMS)

RI Emergency Medical
Services Ambulance
and Ambulance Service
Licensure & Inspection
Manual



October 1, 2019

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PART I - GENERAL INFORMATION

I.1 - INTRODUCTION

I.1.1 - Purpose

This manual is intended to provide ambulance services with guidance to ensure that all EMS vehicles (herein referred to as ambulances) and services are properly licensed and inspected as required by the State of Rhode Island. The Rhode Island Department of RIDOH, Center for EMS, herein referred to as RIDOH, is the agency charged with regulating and coordinating emergency medical services within the State of Rhode Island. All information provided in this document is intended to supplement the *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*, as amended, as well as any applicable statutes, policies, procedures and orders.

I.1.2 - Regulation

As established by Rhode Island General Laws and the *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*, no person shall operate, maintain, or otherwise use any aircraft, motor vehicle or any other means of transportation as an ambulance without a current Rhode Island Ambulance License.

Ambulance is defined as any vehicle equipped and/or used to provide emergency treatment and/or transportation of the sick and injured. Accordingly, any vehicle provisioned with medical equipment and supplies for patient care per the *Rhode Island Statewide Emergency Medical Services Protocols*, other than basic first aid, must be duly licensed as described herein.

I.1.3 - Conditions

A licensed ambulance must be fully stocked and equipped at all times in accordance with the minimum equipment standards defined herein, as applies to the ambulance's license class. Regardless of inspection, any deficiency (i.e., an inoperable piece of equipment or missing medication) not corrected within the permitted correction period renders the vehicle unsuitable for patient care and shall be corrected before the vehicle may again be used as an ambulance. If extraordinary or unusual circumstances impact compliance, a service may apply for a variance specific to Section 2.11 of the *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*.

I.2 - ANNUAL INSPECTION

All licensed ambulances are subject to inspection for the purpose of annual licensure.

I.2.1 - Scheduling

The annual inspection may be scheduled **at any time** during the year, subject to the discretion and availability of the Field Technician; generally this will be during normal working hours, Monday through Friday, 9:00am to 4:00pm. Annual Inspections are conducted independently from the vehicle and service renewal cycle.

I.2.2 - Availability

A vehicle is expected to be available for annual inspection upon seven (7) business days' notice; exceptions will be considered on a case-by-case basis. However, this notice does not apply to spot inspections as described below. The Field Technician will generally attempt to inspect all vehicles from a given service during one visit, except for services with multiple locations across the state. During inspection, each vehicle is expected to be in "run last" status, meaning that it will not be dispatched to an emergency call unless no other unit is readily available within the service. Services should plan accordingly to ensure coverage of their district during inspection.

I.2.3 - Representative

A service representative shall be available to meet and assist the Field Technician during the inspection. This individual shall be an EMT and must be familiar with the vehicle or vehicles being inspected.

I.2.4 - License Renewal

License renewal application and payment, if applicable, shall be received by RIDOH prior to inspection.

I.2.5 - Inspection at Class

Each vehicle will be inspected, at the class of primary licensure indicated on the vehicle application (i.e., not their reserve class if the vehicle has both a primary and reserve class). For example, if the vehicle is licensed as an A-1C, it must have all the required equipment on the vehicle at the time of the inspection. If not, said vehicle will be inspected and licensed at the classification determined by the EMS Field Technician. If the service wishes to re-license the vehicle as an A-1C, the service will be charged a re-inspection fee.

I.3 - RANDOM/SPOT INSPECTION

A RIDOH Field Technician may inspect, at any time and without prior notice, any ambulance, equipment and/or supplies at any time and any place. Such inspections will typically occur at the hospital, after completing a run, or in quarters unless significant reason exists to do otherwise.

The Field Technician may spot check random items or may conduct a full inspection following the same format as an annual inspection. The Field Technician will also verify licensure and status of the vehicle and crew.

The Field Technician will not needlessly detain any ambulance that legitimately has an emergency call pending or if the inspection would conflict with a service's operational constraints (i.e., change-of-shift). Otherwise, the ambulance crew shall notify their service via telephone or two-way radio that they are out of service for inspection and assist the Field Technician as needed.

If a vehicle satisfactorily passes a random full inspection, RIDOH may, at its sole discretion, substitute this inspection for the normal scheduled annual inspection.

No fee is assessed for random/spot inspection unless the inspection is substituted for the normal scheduled annual inspection.

I.4 - NEW VEHICLE INSPECTION

Prior to obtaining an initial Ambulance License, all vehicles must be inspected and meet all RIDOH requirements for new vehicles, including inspection for U.S. General Services Administration KKK-A-1822 Standards or another standard referenced in the *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]* for transporting vehicle, as applicable. Inspections for new ambulances are scheduled subject to the availability of the Field Technician.

I.4.1 - New Ambulance Definition

A new ambulance is one that a service is licensing for the first time; that is, an "initial license" as opposed to a renewal. Thus a used vehicle will be considered "new" for licensing purposes if the service has previously never licensed it.

As defined in *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*, at no time may the Ambulance License of a vehicle be transferred from one vehicle to another, or from one owner to another. Should vehicle ownership be transferred from one entity to another, any existing Ambulance License is immediately void and the receiving service must apply for a new license for that vehicle before it can be placed in service as an ambulance.

I.4.2 - New Vehicle Inspection & Licensing Process

An application for initial Ambulance License and payment, if applicable, must be received by RIDOH prior to inspection. If the vehicle passes inspection, the vehicle may be used pending processing of initial Ambulance License and said license will be issued by RIDOH within five (5) business days. Should extenuating circumstances delay issuing the new license, RIDOH will provide the service with written permission to continue using the vehicle as an ambulance pending receipt of the Ambulance License. A vehicle will not be issued an Ambulance License until it has passed an initial inspection. If one or more deficiencies are found, they must be corrected as described in Deficiencies below or permission to use vehicle will lapse automatically at the end of the correction period (see Deficiencies below).

I.5 - DEFICIENCIES

Deficiencies are any items that do not fully satisfy RIDOH minimum requirements as described herein or as listed on the Ambulance Inspection Report. Items may not be considered acceptable if they are damaged, discolored or their original packaging is compromised in any way, subject to the Field Technician's discretion. Additionally, medications and supplies WILL NOT be considered acceptable if the manufacturer's expiration date has been surpassed, as consistent with United States Food and Drug Administration (FDA) standards, and other applicable guidelines. Furthermore, any equipment, supplies, or medications not permitted for EMS use under the vehicle's license class shall be removed before a Certificate of Inspection can be issued.

I.5.1 - Categories of Deficiencies

Deficiencies will fall into one of two categories:

- Immediate Failures: those that preclude the vehicle's further use for EMS functions until corrected (e.g., lack of cardiac defibrillator, lack of an oxygen cylinder).
- Correctable Failures: those for which a period of time is allowed to correct, as shown on the Ambulance Inspection Report. This period of time is referred to as the "suggested correction period."

I.5.2 - Correcting Deficiencies

For those deficiencies that the service is able to correct immediately (e.g., replacement of an expired medication), the Field Technician will exercise reasonable discretion in permitting the service to do so. This generally means that the service shall be able to correct the deficiency within the time frame of the remainder of the inspection. When a deficiency is corrected during the inspection, the Field Technician will update the Ambulance Inspection Report accordingly; otherwise the deficiency will remain in effect.

I.5.3 - Other General Deficiencies Guidelines

It shall at no time be acceptable to move equipment or supplies from one vehicle to another during the inspection process unless a surplus of equipment exists on the vehicle from which the equipment is transferred, and the Field Technician approves the transfer. If one or more deficiencies are found during the inspection, the Field Technician will issue the service representative a notice of deficiency clearly indicating:

- Which items are deficient
- The length of the permitted correction period is for each item

I.5.4 - License Suspension due to Deficiency

As stated on the notice of deficiency:

- The license of the vehicle will be automatically suspended at the end of the specified correction period should the service fail to correct all deficiencies and/or fail to notify RIDOH in writing thereof
- Once the license of the vehicle has been suspended, the service may not use the vehicle for EMS functions until:
 - All noted deficiencies are corrected
 - RIDOH has been notified of the correction in writing
 - A written reinstatement notice from RIDOH is received

I.6 - RE-INSPECTION

Should a vehicle be found deficient in three (3) or more items from the Immediate or 24-Hour Correction list, a complete re-inspection of the vehicle will be required, unless waived by the Chief of EMS. A fee will be assessed for all re-inspections (except for exempt services) and must be paid prior to the re-inspection.

I.7 - INSPECTION REPORT

At the conclusion of any inspection, the service will be provided with a copy of the Ambulance Inspection Report as applicable.

I.8 - AMBULANCE LICENSE

Appropriate licensure of all ambulances is the sole responsibility of the ambulance service. Additionally, an Ambulance License is only valid in conjunction with a current Ambulance Service License in good standing.

I.8.1 - Basic Requirements

Detailed requirements for an Ambulance License are described in *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*, as amended. These requirements include an inspection being completed prior to re-licensure. New vehicles must also pass a new vehicle inspection as described herein.

I.8.2 - Renewal

License renewal paperwork is generally sent out ninety (90) days before expiration. If this paperwork is not received for a particular vehicle(s), it is the responsibility of the service to obtain new forms from RIDOH and submit them on time with payment, if applicable. License renewal paperwork and payment, if applicable, shall be submitted AT LEAST sixty (60) days prior to the Ambulance License expiration date or RIDOH will not guarantee license renewal before expiration date.

I.8.3 - Lapse of License

Should an Ambulance License lapse or expire, due to non-renewal or failure to correct a deficiency, the vehicle MAY NOT be used as an ambulance per Rhode Island General Law 23-4.1 unless otherwise notified in writing by RIDOH. The only exception, in general, will be in the case when completed renewal paperwork has been submitted to RIDOH punctually, all inspections are completed and RIDOH is delayed in processing the license.

I.8.4 - Surrender of License

When an ambulance is permanently removed from service, the ambulance service shall notify RIDOH and surrender the Ambulance License, as required by the *Rules and Regulations Relating to Emergency Medical Services [216-RICR-20-10-2]*. This includes vehicles transferred to another service, in which case the acquiring service shall apply for a new Ambulance License.

I.9 - TECHNICAL ASSISTANCE

The Center for EMS staff is available to ambulance services for consultation, advice and/or questions regarding inspection, licensure, new vehicle specifications, etc.

I.10 - ENFORCEMENT

The following are applicable to the enforcement of all policies and procedures prescribed herein.

I.10.1 - Actions

Should a vehicle be found deficient during an inspection, the service representative present will be issued an inspection report, including a notice of deficiency, as described in *Deficiencies*. This notice will indicate the date upon which the Ambulance License of the vehicle will automatically be suspended, or, in the case of new vehicles, when permission is granted to use, should all deficiencies not be corrected and RIDOH not be notified of the corrections.

When a notice of deficiency has been issued and RIDOH has not received a notice of correction by the specified date, the license of the vehicle is automatically suspended, as described above, and the vehicle MAY NOT be used as an ambulance per Rhode Island General Law 23-4.1, unless otherwise notified in writing by RIDOH. A letter confirming the suspension will be sent to the service chief of record via certified mail.

Should RIDOH learn that a service is continuing to utilize a vehicle as an ambulance in the absence of a valid Ambulance License; a complaint will be opened against the service and disciplinary action taken, as warranted, against both the service and the personnel who knowingly use the vehicle.

I.11.1 - Notification Process

Every ambulance service is responsible for complying with all rules, regulations, statutes and other applicable standards, regardless of whether they receive formal notification from RIDOH; this shall include compliance with the provisions described in a notice of deficiency.

Notifications to RIDOH, regarding licensure changes, correction of deficiencies, etc., must be in writing via U.S. mail, fax or e-mail.

I.11.2 - Arbitration & Interpretation

All interpretation of these policies shall be at the discretion of the RI Department of RIDOH, Chief of EMS.

Should an ambulance service wish to contest any determination by the Chief of EMS, the service chief of record, or his/her designee, may submit a written summation to RIDOH for review by the Assistant Director and/or Medical Director of the RIDOH Division of Preparedness, Response, Infectious Disease and Emergency Medical Services (PRIDEMS). During an appeal, any orders from RIDOH (i.e., suspension of license, etc.) remain in full effect unless otherwise notified in writing from RIDOH.

PART II - MINIMUM EQUIPMENT REQUIREMENTS

The following list indicates the minimum equipment required for each class of ambulance license, as well as the time permitted to correct any deficiency. A detailed definition for each item listed may be found in Part II: Definitions.

✓ = REQUIRED O = OPTIONAL X = NOT PERMITTED

II.1 - General Requirements

ITEM	A-1C	A-1P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Communication with Dispatcher	✓	✓	✓	✓	✓	✓	✓	✓	Immediate
Communication with Hospital	✓	✓	✓	✓	✓	✓	O	✓	Immediate
Complete Tool Kit	✓	✓	✓	✓	✓	✓	✓	X	10 bus. days
Controlled Substance Log Book	✓	✓	✓	✓	X	X	X	✓	10 bus. days
Controlled Substance Security	✓	✓	✓	✓	X	X	X	✓	24 hours
DOT Inspection Sticker	✓	✓	✓	✓	✓	✓	✓	X	24 hours
DOT Registration	✓	✓	✓	✓	✓	✓	✓	X	Immediate
Emergency Lights	✓	✓	✓	✓	✓	✓	✓	X	Immediate
Equipment Secured	✓	✓	✓	✓	✓	✓	✓	✓	Immediate
Exhaust System	✓	✓	✓	✓	✓	✓	✓	X	10 bus. days
Fire Extinguishers (2)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Free from rust/dents	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Non-emergency exterior lighting	✓	✓	✓	✓	✓	✓	✓	✓	2 bus. days
Paint/Markings	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Patient Compartment Lighting	✓	✓	X	X	X	✓	X	✓	24 bus. hours
Patient Tracking system/ePCR	✓	✓	O	O	O	✓	O	✓	Immediate
<i>RI Prehospital Care Protocols</i>	✓	✓	✓	✓	✓	✓	✓	✓	2 bus. days
Siren	✓	✓	✓	✓	✓	✓	✓	X	Immediate
Triage/Tracking Tags (25)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Triangle Reflectors (3)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days

II.2 - BLS Supplies and Equipment

ITEM	A-1C	A-1P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Antiseptic Wipes	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Adhesive Tape	✓	✓	✓	✓	✓	✓	✓	✓	Immediate
Blood Glucose Meter (Glucometer)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Blood Pressure Cuffs (all sizes)	✓	✓	✓	✓	✓	✓	✓	✓	Immediate
Cold Packs (3)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Conforming Bandages ("Kling")	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Chest Seal Dressing (2)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Hypothermia Blanket Mylar (2)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Irrigation Supplies	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Mucosal Atomization Device (2)	✓	✓	✓	✓	✓	✓	✓	✓	24 hours
Obstetrics Kit (1)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days
Pediatric Dosing Device (1)	✓	✓	✓	✓	✓	✓	✓	✓	10 bus. days

Pelvic Binder (1)	√	√	√	√	√	√	√	√	10 bus. days
Splints (2)	√	√	√	√	√	√	√	√	10 bus. days
Sterile Burn Sheets (2)	√	√	√	√	√	√	√	√	10 bus. days
Sterile Gauze (Asst.)	√	√	√	√	√	√	√	√	10 bus. days
Stethoscopes (1)	√	√	√	√	√	√	√	√	Immediate
Syringes / needles	√	√	√	√	√	√	√	√	24 hours
Thermometers	√	√	√	√	√	√	√	√	10 bus. days
Tourniquet (4)	√	√	√	√	√	√	√	√	10 bus. days
Traction Splint (Adult)	√	√	0	0	0	√	0	√	10 bus. days
Trauma Dressings (3)	√	√	√	√	√	√	√	√	10 bus. days
Trauma Shears (1)	√	√	√	√	√	√	√	√	10 bus. days
Triangular Bandages (3)	√	√	√	√	√	√	√	√	10 bus. days
Water-Soluble Lubricant	√	√	√	√	√	√	√	√	10 bus. days

II.3 - Extrication and Transport

ITEM	A1-C	A1-P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Cervical Collars	√	√	√	√	√	√	√	√	Immediate
Cervical Immobilization Device (1)	√	√	√	√	√	√	√	√	Immediate
Child Seat (1)	√	√	0	0	0	√	0	√	10 bus. days
Long Spine Board (Adult)	√	√	0	0	0	√	0	√	Immediate
Patient Movement Device (1)	√	√	√	√	√	√	√	√	10 bus. days
Stair chair (1)	√	√	0	0	0	√	0	√	Immediate
Straps for Boards (4)	√	√	0	0	0	√	0	√	Immediate
Stretcher/Straps/Mattress	√	√	X	X	X	√	X	√	Immediate

II.4 - Airway and Ventilation

ITEM	A-1C	A1-P	A2C	A-2P	A-2A	B-1	B-2	C	Correction
Advanced Airway Device	√	√	√	√	√	√	√	√	24 hours
Bag-Valve-Masks (all sizes)	√	√	√	√	√	√	√	√	Immediate
Colorimetric verification device	√	√	√	√	√	√	√	√	24 hours
CPAP	√	√	√	√	√	√	√	√	10 bus. days
Main Oxygen Supply	√	√	0	0	0	√	0	√	Immediate
Nasopharyngeal Airways	√	√	√	√	√	√	√	√	Immediate
On-Board Suction	√	√	0	0	0	√	0	√	Immediate
Oropharyngeal Airways	√	√	√	√	√	√	√	√	Immediate
Oxygen Cannulas	√	√	√	√	√	√	√	√	24 hours
Oxygen Masks	√	√	√	√	√	√	√	√	Immediate
Oxygen Nebulizer	√	√	√	√	√	√	√	√	Immediate
Portable Oxygen Cylinder	√	√	√	√	√	√	√	√	Immediate
Portable Suction Unit Battery	√	√	0	0	0	√	0	√	Immediate
Portable Suction Unit, Manual	0	0	√	√	√	0	√	0	Immediate
Pulse oximeter	√	√	√	√	√	√	√	√	24 hours
Suction Catheters w/ Tubing	√	√	√	√	√	√	√	√	Immediate

Tongue Depressors	√	√	√	√	√	√	√	√	√	10 bus. days
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II.5 - Infection Control

ITEM	A-1C	A-1P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Biohazard Bag/Container	√	√	√	√	√	√	√	√	Immediate
Body Substance Isolation Kits	√	√	√	√	√	√	√	√	24 hours
Latex-Free Gloves	√	√	√	√	√	√	√	√	Immediate
N95 Respirators	√	√	√	√	√	√	√	√	24 hours
Sharps Receptacle	√	√	√	√	√	√	√	√	Immediate

II.6 - Cardiac Care

ITEM	A-1C	A-1P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Automatic External Defibrillator	0	0	0	0	√	√	√	0	Immediate
Cardiac Monitor & Defibrillator	√	√	√	√	X	X	X	√	Immediate

II.7 - ALS Supplies and Equipment

ITEM	A-1C	A-1P	A-2C	A-2P	A-2A	B-1	B-2	C	Correction
Constricting Bands	√	√	√	√	√	X	X	√	10 bus. days
Endotracheal Intubation Kit	0	√	0	√	X	X	X	0	10 bus. days
Intraosseous Infusion Device	√	√	√	√	√	X	X	√	10 bus. days
IV Catheters (assorted sizes)	√	√	√	√	√	X	X	√	Immediate
IV Drip Sets (10-15gtts)	√	√	√	√	√	X	X	√	Immediate
IV Fluid Warmer	√	√	0	0	0	X	X	√	10 bus. days
Padded Arm Boards	√	√	√	√	√	√	√	√	10 bus. days
Stopcock (3- or 4-way)	√	√	√	√	√	√	√	√	10 bus. days

II.8 - PARAMEDIC SUPPLIES & EQUIPMENT

Should a service wish to operate a vehicle at the paramedic level, the vehicle must be stocked with all equipment indicated as required (✓) below; additional items are optional (O). If any required paramedic equipment or medications are missing, then all other paramedic-specific medications and equipment shall be removed from the vehicle and the vehicle may not be utilized for paramedic care.

SPECIAL NOTE REGARDING PARAMEDIC-LEVEL VEHICLES: The Rhode Island Department of RIDOH does not require that a service employing Paramedics stock its vehicles at the paramedic level.

ITEM	Correction	
Cricothyrotomy Kit	✓	10 bus. days
Endotracheal Intubation Kit	✓	10 bus. days
IV Infusion Pump	✓	10 bus. days
Nasogastric Tubes	✓	10 bus. days
Pleural Decompression Kit	✓	10 bus. days
Morgan Lens	✓	10 bus. days

II.9 - MEDICATIONS

The minimum quantities for both optional and required medications, as well as the acceptable packaging for each medication (i.e., vials, prefilled syringes, etc.), are contained in the current version of the *Rhode Island Statewide Emergency Medical Services Protocols* formulary.

[A]: All private ambulance companies are excluded from carrying the emergency extrication tool kit, with exception of Class A-1C or A-1P vehicles

[B]: Immediate correction period applies to having emergency lights visible from all four corners of the vehicle, the remainder of the vehicle's emergency lights have a 10 business day correction period.

[C]: Non-transporting vehicles (A-2C, A-2P, and B-2) may be provisioned with a hand powered suction units.

[D]: Non-transporting vehicles (A-2A, and B-2) are exempt from the 12 Lead & Telemetry requirement.

II.10 -

PART III - DEFINITIONS

Where required according to *Part II: Minimum Equipment Requirements*, the following shall serve as definitions for each required item.

IMPORTANT NOTE: Not every item defined below is applicable to every vehicle. *Part II: Minimum Equipment Requirements* indicates which of the following are required, optional, or disallowed for each class of vehicle. Also, please note that should a service elect to carry an item considered optional (e.g. chest compression device), that item must fully conform to the standards described herein.

III.1 - GENERAL REQUIREMENTS

Communication with Dispatcher	Vehicle shall have as minimum a two-way voice communications system between the vehicle and its dispatcher.
Communication with Hospital	Vehicle shall have a two-way voice communications system between the vehicle and a hospital emergency department.
Complete Tool Kit	Vehicle shall have an emergency/extrication toolkit consisting of the following: <ul style="list-style-type: none">• 1 open-end adjustable wrench (preferably 12 inch)• 1 screwdriver regular blade (preferably 8 inch)• 1 screwdriver, Phillips type (preferably 8 inch)• 1 hacksaw with three (3) blades• 1 pliers, vise-grip type• 1 hammer (3 pound)• 1 crowbar (at least 24 inch or halligan tool)• 1 battery cable cutter• 2 ropes (at least ½" inch diameter, 50 feet long)• 2 pairs safety goggles• 2 pairs work gloves• 2 reflective vests/garments or equivalent (ANSI 207-2011 compliant)• 2 flashlights with batteries
Controlled Substance Log	Vehicle shall have a log of all controlled substances carried, including lot numbers, total dose given per call, hospital replacement, and any wastage. Logbook must be hardcover, bound, and have numbered pages.

Controlled Substance Security	All controlled substances on vehicle shall be stored securely with at least two (2) locks, keyed or combination. Radio-controlled locks shall be capable of manual override when out of radio contact with dispatch; for example, in case of radio failure or when responding to a major incident outside of the vehicles normal coverage area.
DOT Inspection Sticker	Vehicle shall have a current RI DOT inspection sticker where required by Rhode Island law and DOT/RI DMV regulations. In addition, a DOT inspection sticker is required for ALL transporting ambulances, regardless of registration type or vehicle age.
DOT Registration	Vehicle shall have current Certificate of Registration available for inspection. A copy of the registration is sufficient.
Emergency Lights	<p>Vehicle shall have functional emergency warning lights as required by applicable Federal KKK-A-1822 specifications. Acceptable colors for Rhode Island-licensed ambulances of all classes (including both transporting and non-transporting vehicles) shall be as follows:</p> <ul style="list-style-type: none"> • Forward and/or side-facing lights: Red and white • Rear facing lights: Red, white, amber and/or one (1) blue warning light in zone C rear per <i>NFPA 1901:13.8.12 Color of Warning Lights</i>
Equipment Secured	All supplies, equipment, tools, etc. shall be stored in enclosed compartments or fastened to secure them during vehicle motion. Equipment weighing 3lb or more mounted or stored in a driving or patient area shall be contained in an enclosed compartment capable of containing the contents when a 10G force is applied in the longitudinal, lateral, or vertical axis of the vehicle, if the equipment is secured in a bracket or mount that can contain the equipment when the equipment is subjected to those same forces.
Fire Extinguishers	Vehicle shall be equipped with at least two (2) mounted and charged fire extinguishers, dry chemical, each with a capacity of five (5) pounds or greater, approved by Underwriter's

	Laboratory (UL), with at least one (1) mounted in the patient compartment of transporting ambulances.
Free from Rust / Dents	Vehicle shall be free of rust, dents and/or other body damage that impede the function of the vehicle or render the vehicle non-roadworthy.
Non-Emergency Exterior Lighting	All exterior lighting shall be operating properly including headlamps, turn signals, brake lights, reverse lights, marker lights and clearance lights.
Paint / Markings	Vehicle shall have appropriate paint and markings as required by applicable Federal KKK-A-1822 specifications and RIDOH <i>Rules and Regulations Relating to Emergency Medical Services [R23-4.1EMS]</i> .
Patient Compartment Lighting	Vehicle shall have functional patient compartment lighting as required by applicable Federal KKK-A-1822 specifications.
Patient Tracking System/Electronic Patient Care Report	Vehicle shall be equipped with a PTS and ePCR capable laptop computer or tablet and all ancillary equipment and supplies (docking station, bar code scanner, tracking bracelets, triage tags, etc.) and all shall be in good working condition. The ePCR software must be RI CEMS approved. The service shall also maintain a viable data connectivity plan.
RI Statewide EMS Protocols	Vehicle shall have a complete copy of the current <i>Rhode Island Statewide Emergency Medical Services Protocols</i> . Protocols may be in paper form.
Siren	Vehicle shall have a functional siren as required by applicable Federal KKK-A-1822 specifications.
Triage / PTS Tracking Tags	Vehicle shall be stocked with a minimum quantity of twenty (20) bar-coded PTS bracelets and minimum of twenty-five (25) Department of RIDOH approved triage tags
Triangle Reflectors	Vehicle shall have a minimum of three (3) triangular reflectors or cones. Flares are not acceptable.

III.2 - BLS SUPPLIES & EQUIPMENT

Antiseptic Wipes	Vehicle shall be stocked with at least six (6) single-use antiseptic wipes (i.e., alcohol prep pads or equivalent).
Adhesive Tape	Vehicle shall be stocked with hypoallergenic adhesive tape.
Blood Glucose Meter (Glucometer)	Unit should have charged battery, a minimum of five (5) testing strips, antiseptic wipes, and Band-Aids/gauze. Unit shall be maintained in accordance with manufacturer's recommendations.
Blood Pressure Cuffs	Vehicle shall have manual blood pressure cuffs in, at a minimum, adult, child, infant and large adult sizes. All components must be clean and in good working condition. A blood pressure set consisting of a single sphygmomanometer with multiple cuff sizes is acceptable.
Cold Packs	Vehicle shall be stocked with a minimum of three (3) chemical cold compresses.
Conforming Bandages ("Kling")	Vehicle shall be stocked with six (6) soft roll self-adhering type bandage (i.e., Kling®). Must be sealed in original, unopened manufacturer's packaging.
Chest Seal Dressing	Vehicle shall be stocked with at least two (2) commercially prepared chest seal dressings. (SAM®, Halo®, HyFin®, FoxSeal®, or equivalent)
Hypothermia Blanket	Vehicle shall be stocked with a minimum of two (2) Mylar emergency blankets. Must be sealed in original, unopened manufacturers packaging.
Irrigation Supplies	Vehicle shall be stocked with a minimum of one (1) liter of sterile water in unbreakable container.
Mucosal Atomization Device	Vehicle shall be provisioned with at least two (2) MAD device.
Obstetrics Kit	Vehicle shall be stocked with at least one (1) sterile obstetrical kit. Must be sealed in original, unopened manufacturer's

packaging and contain:

- towels
- 4"x4" dressing
- sterile scissors or other cutting device
- bulb syringe suction
- clamps for the cord
- sterile gloves
- blanket
- thermal absorbent blanket
- head cover, or appropriate heat-reflective material to cover newborn

Pediatric Dosing Device

Vehicle shall be stocked with at least one (1) Pediatric Dosing Device (Broselow Tape®, Pedia Tape®, Pedi-Wheel® or equivalent). Device must be compliant with current American Heart Association standards, as implemented by *RI Statewide Emergency Medical Services Protocols*.

Pelvic Binder

Vehicle shall be stocked with at least one (1) pelvic binder

Trauma Shears

Vehicle shall be stocked with at least one (1) pair of trauma shears or scissors.

Splints

Vehicle shall be stocked with two (2) or more splints (may be padded board, ladder splints, malleable splints, vacuum splints, or cardboard) sized to fit both pediatric and adult patients.

Sterile Burn Sheets

Vehicle shall be stocked with two (2) or more sterile burn sheets, sealed in original, unopened manufacturer's packaging.

Sterile Gauze

Vehicle shall be stocked with sterile gauze pads in assorted sizes. Must be sealed in original, unopened manufacturer's packaging.

Stethoscopes

Vehicle shall be provisioned with at least one (1) adult-size stethoscope and one (1) pediatric-size stethoscope.

Syringes / needles

Vehicle shall be equipped with two (2) syringes each in sizes 10cc, 5cc, and 1cc, one (1) 50-60cc syringe, and two (2) 1.5" needles suitable for IM injections.

Thermometers

Vehicle shall be stocked with at least one (1) mercury-free

thermometer having the range of at least 78.0°F-111.9°F (26°C-43.9°C). Temporal or tympanic infrared thermometers are an acceptable substitute.

Tourniquet

Vehicle shall be stocked with four commercially prepared tourniquets.

Traction Splint (Adult)

Vehicle shall be provisioned with at least one (1) adult-size traction splinting device (i.e. Hare®, Sager® or equivalent).

Trauma Dressings

Vehicle shall be provisioned with at least three (3) trauma dressings. Must be sealed in original, unopened manufacturer's packaging.

Triangular Bandages

Vehicle shall be provisioned with at least three (3) cloth triangular bandages.

Water-Soluble Lubricant

Vehicle shall be stocked with at least one (1) multi-use tube or three (3) single-use packages of water soluble lubricant (e.g., K-Y Jelly® or equivalent).

III.3 - EXTRICATION & TRANSPORT

Cervical Collars

Vehicle shall be stocked with cervical collars in a range of sizes fitting the full range of patients from infants to tall adults (adjustable collars are acceptable). Collars must be clean and in good condition with no damaged parts.

Cervical Immobilization Device (Headblocks)

Vehicle shall be equipped with at least one cervical immobilization device (i.e., head blocks). The device must be clean and free of contamination.

Child Seat

Vehicle shall be equipped with a child restraint seat fitting children weighing from 20-40 pounds. The seat must be capable of being secured to the vehicle's stretcher (**a flip-down airway seat is not an acceptable substitute**). Seat must be compliant with current Federal Motor Vehicle Safety Standards (FMVSS) requirements. NOTE: Services are responsible for transporting

all patients in accordance with U.S. Department of Transportation (USDOT) and other standards, as applicable.

Long Spine Board (Adult)

Vehicle shall be equipped with at least one (1) adult-size long spine-board meeting American Academy of Orthopedic Surgeons (AAOS) standards, maintained in good condition and free of contamination.

Patient Movement Device

Vehicle shall be equipped with at least one commercially prepared patient movement device (i.e. Megamover®, Reves®, Scoop Stretcher, or equivalent).

Stair Chair

Vehicle shall be equipped with a commercially prepared stair chair with patient restraints. (e.g., Stryker Stair-PRO™, Ferno Model 40™ or equivalent.) Stair chair must operate according to manufacturer's standards and be current on maintenance/servicing as prescribed by the manufacturer.

Straps for Boards

Vehicle shall be equipped with at least four (4) 7-9' long spine board straps in good condition and free of contamination. All straps must slide smoothly in buckles and hardware shall be free of rust or other corrosion.

Stretcher / Straps / Mattress

Vehicle shall be equipped with a stretcher having a mattress at least three (3) inches thick with a waterproof non-porous covering. Stretcher must be equipped with appropriate patient restraints: three (3) mounted leg/torso straps, and two (2) shoulder straps tethered together at stretcher frame.

Patient restraints shall be compliant with all Federal Motor Vehicle Safety Standards (FMVSS) and shall incorporate metal to metal quick release buckles, be not less than two (2) inches wide, and fabricated from nylon or other materials easily cleaned and disinfected. A fold down, rigid, telescoping I.V. pole and holder shall be provided on the left side of stretcher.

Stretcher must operate according to manufacturer's standards and be current on maintenance/servicing as prescribed by the manufacturer. All stretchers should only be used with the required fastener assembly and patient restraint as prescribed by the manufacturer.

III.4 - AIRWAY & VENTILATION

Advanced Airway Device	<p>Vehicle shall be stocked with one of the following advanced airway devices:</p> <ul style="list-style-type: none">• An LMA kit that includes, at a minimum, LMA sizes 1, 2, 3, 4 and 5. LMAs must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.• An LT/LTS kit that includes, at a minimum, LTA sizes 2, 2.5, 3, 4 and 5. LTAs must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.• An I-gel airway kit that includes, at a minimum, I-gel sizes 1, 1.5, 2, 2.5, 3, 4, and 5. I-gel airways must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.• An AirQ airway kit that includes, at a minimum, AirQ airway sizes .5, 1, 1.5, 2.0, 2.5, 3.5, and 4.5. AirQ airways must be in good condition, clean, unused, and stored in manufacturer's original, sealed packaging.
Bag-Valve-Masks	<p>Vehicle shall be stocked with disposable bag-valve-masks (BVM's) in adult, pediatric, and infant sizes (at least one each.) BVM's must be clean, unused, and individually packaged with oxygen reservoir and clear masks in adult, pediatric and infant sizes.</p>
CPAP	<p>Vehicles shall be equipped with CPAP flow generator, tubing, CPAP valve and facemasks. Vehicle must have a variety of mask sizes ranging from small, medium and large adult.</p>
Main Oxygen Supply	<p>Vehicle shall be equipped with a piped medical oxygen system meeting Federal KKK-A-1822 specifications. This system must be clean, in good condition, and free of obvious leaks. The system must have a minimum of 300psi of oxygen remaining and include at least two (2) flowmeters inside the patient compartment capable of delivering oxygen at flow rates ranging from 1 to 15 liters/minute. A cylinder changing wrench shall be tethered and secured within the oxygen cylinder compartment.</p>

Nasopharyngeal Airways	Vehicle shall be stocked with at least four (4) of nasopharyngeal airways in sizes from 16 to 34 French.
On-Board Suction	Vehicle shall be equipped with a permanently-installed, electrically-powered suction aspirator system meeting KKK-A-1822 specifications.
Oropharyngeal Airways	Vehicle shall be stocked with at least three (3) oropharyngeal airways in small, medium, and large sizes (size range: 40mm to 120mm).
Oxygen Cannulas	Vehicle shall be stocked with at least one (1) nasal oxygen cannula in adult and pediatric sizes. Each must be sealed in original, unopened manufacturer's packaging.
Oxygen Masks	Vehicle shall be stocked with non-rebreather type oxygen masks in adult and pediatric sizes minimum two (2) each. Each must be sealed in original, unopened manufacturer's packaging.
Oxygen Nebulizer	Vehicle shall be stocked with at least two (2) small volume nebulizers with reservoir. Each must be sealed in original, unopened manufacturer's packaging.
Portable Oxygen Cylinder	Vehicle shall be equipped with at least one (1) portable oxygen cylinder (size D or larger). Cylinder must meet United States Department of Transportation standards for both construction and maintenance. Cylinder shall be equipped with an ASTM compliant regulator capable of delivering a range of one (1) to fifteen (15) liters per minute.
Portable Suction Unit	Vehicle shall be equipped with a battery-powered portable suction unit complete with disposable suction canister, and all necessary tubing. The battery must be fully charged and unit must operate properly when tested.
Pulse oximeter	Vehicle shall be equipped with a portable, non-invasive pulse oximeter, optionally integrated with a carbon monoxide detection unit (CO-oximeter). Unit must be in good working order, with freshly charged batteries and maintained in accordance with manufacturer's recommendations. For ALS vehicles, a pulse

oximeter integrated with the cardiac monitor is acceptable.

**Suction Catheters
w/ Tubing**

Vehicle shall be stocked with suction tubing and both rigid and flexible suction catheters. Flexible catheters must be available with a minimum of two (2) sizes ranging from 6F to 18F with at least one between 6F and 10F and one between 12F and 16F. All tubing and catheters must in clean, unopened manufacturer's packaging.).

Tongue Depressors

Vehicle shall be provisioned with at least one (1) tongue depressors Must be sealed in original, unopened manufacturer's packaging.

III.5 - INFECTION CONTROL

Biohazard bag

Vehicle shall be equipped with at least one (1) biohazard waste bag.

Body Substance Isolation Kits

Vehicle shall be stocked with disposable isolation kits (1 (one) each per crew member). Each must contain (1) gown, (1) pair protective goggles, (1) pair gloves, (1) mask, (1) head cover and (1) biohazard bag.

Latex-Free Gloves

Vehicle shall be stocked with disposable latex-free gloves in multiple sizes.

N-95 Respirators Vehicle shall be stocked with N-95 Respirator Masks (1 (one) each per crew member).

Sharps Receptacle Vehicle shall be equipped with at least one (1) rigid, disposable biohazard sharps container. Container must not be full.

III.6 - CARDIAC MONITORING & DEFIBRILLATION

Automatic External Defibrillator Vehicle shall be equipped with an FDA-approved automatic external defibrillator (AED) compliant with American Heart Association (AHA) standards in effect at the time of purchase. The unit must operate according to manufacturer's standards and be current with maintenance and servicing as prescribed by the manufacturer. The unit shall have a fully charged battery and at least one (1) set of adult pads and one (1) set of pediatric pads, if applicable, unopened and appropriate to the defibrillator, or an attenuation device, as applicable.

Cardiac Monitor & Defibrillator Vehicle shall be equipped an FDA-approved cardiac monitor with manual defibrillator function (biphasic type only), rhythm waveform display, 12 lead ECG, telemetry, pacing and synchronized cardioversion capability. If the unit has an AED capability, it shall be compliant with American Heart Association standards in effect. The unit shall operate according to manufacturer's standards and be current with maintenance and servicing, as prescribed by the manufacturer. The unit shall have a fully charged battery and either device-appropriate hands-free pads and/or paddles, in both adult and pediatric sizes, with conductive gel. The unit shall have a working strip chart recorder with an adequate supply of paper. Electrodes for ECG tracings must be available in the vehicle.

III.7 - ALS SUPPLIES & EQUIPMENT

Constricting Bands

Vehicle shall be stocked with at least two (2) latex-free IV tourniquets.

Endotracheal Intubation Kit

If equipped for oral/endotracheal intubation, kit shall include laryngoscope handles and blades in adult and pediatric sizes as follows:

- curved # 1, 2, 3, and 4
- straight # 1, 2, 3, and 4
- Note: Blades may be disposable or stainless steel. Stainless steel blades must be clean and in good condition. Handles shall have fully charged batteries and a working bulb.
- ET tubes in tubes from 2.5mm to 8mm
- Flexible stylet in adult and pediatric sizes. Tracheal tube introducer devices ("Bougie" tubes) are permitted in addition to regular stylet
- water-soluble lubricant
- 10cc syringe
- spare batteries
- spare bulbs
- adult and pediatric sized Magill (Rovenstein) forceps
- device to secure the ET tube in place
- End-tidal CO2 with waveform capability, may be built into cardiac monitor or portable device. Must include necessary adapters and sensors to confirm tube placement.

Note: Tubes and stylet shall be packaged individually in unopened, sterile manufacturer's packaging.

**Intraosseous
Infusion (IO) Kit**

Vehicle shall be provisioned with at least one (1) intraosseous infusion kit having needles sized for both adult and pediatric patients per manufacturer recommendation. Kit can be commercially prepared or assembled from the necessary components. The kit must include, at a minimum:

- one (1) manual driver or one (1) power driver
- two (2) adult sterile needles
- two (2) pediatric sterile needles
- two (2) alcohol prep pads
- one (1) gauze pad
- one (1) EZ connect IV extension set with standard luer connector.

IV Catheters

Vehicle shall be stocked with IV catheters including a minimum of two (2) each of the following sizes: 14#, 16#, 18#, 20#, 22#, and 24#. Catheters must be in clean, unopened manufacturer's original packaging.

IV Drip Sets (10-15gts)

Vehicle shall be stocked with a minimum of (2) 10-15gts intravenous solution administration sets, not including the 100mL volumetric burette defined elsewhere. Administration sets shall be in clean, unopened original manufacturer's packaging.

Padded Arm Boards

Vehicle shall be equipped with at least one (1) each adult and pediatric sized padded arm boards.

Stopcock 3- or 4-way

Vehicle shall be equipped with at least one (1) 3-way or 4-way stopcock, sealed in original, unopened manufacturer's packaging.

III.8 - PARAMEDIC EQUIPMENT

Cricothyrotomy Kit

Vehicle shall be provisioned with at least one (1) Cricothyrotomy kit that may be either commercially prepared or assembled from the necessary components. The kit shall include:

- one (1) 4.0-6.0 cuffed ET tube
- one (1) scalpel
- one (1) face mask/shield
- one (1) sterile 4x4 sterile gauze pad
- one (1) syringe
- one (1) povidone-iodine prep pad
- one (1) appropriate tube securing device

These components must be bundled together in kit form. Each component must in clean, unopened original manufacturer's packaging.

IV Infusion Pump

Vehicle shall be equipped with an IV infusion pump. PVC-free admin sets are recommended but not required.

Nasogastric Tubes

Vehicle shall be stocked with an assortment of nasogastric tubes in sizes from 8 to 16 Fr. Each must be sealed in original, unopened manufacturer's packaging.

Pleural Decompression Kit

Vehicle shall be provisioned with at least one (1) pleural decompression kit that may be either commercially prepared or assembled from the necessary components. The kit must include:

- one (1) 14# x 2" IV catheter
- one (1) 20cc syringe
- one (1) stopcock, one (1) 4"x4" sterile gauze pad
- one (1) povidone-iodine prep
- One (1) pair sterile gloves.

These components must be bundled together in kit form. Each component must in clean, unopened original manufacturer's packaging.

Morgan Lens

Vehicle shall be provisioned with at least one (1) Morgan lens. Each must be sealed in original, unopened manufacturer's packaging.

III.9 - MEDICATIONS

The **minimum** quantities for both optional and required medications, as well as the acceptable packaging for each medication (i.e., vials, prefilled syringes, etc.), are contained in the current version of the *Rhode Island Statewide Emergency Medical Services Protocols* formulary.

PART IV - AMBULANCE SERVICE INSPECTION (RESERVED)