



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

Patsy A. Hardy, FACHE, MSN, MBA  
Cabinet Secretary

October 16, 2009

To: WV EMS TSN  
EMS Agencies  
EMS Providers

From: March Tucker, Jr.  
Regulatory Section Chief

The following policy addresses EMS Vehicle Requirements, Fees and the Permit Process for each vehicle class. In addition, it also covers vehicle equipment and supply lists for Class B, C and Non-Transporting EMS vehicles. These lists will ensure that the amount of equipment and supplies on EMS vehicles are consistent and, most importantly, meets the needs of your patients during response and transportation.

EMS vehicles will be subject to an initial inspection as well as spot inspections to ensure compliance with the guidelines put forth in this policy. The process for these spot inspections is provided in the policy. The effective date is December 1, 2009.

If you have any questions, please feel free to contact me at (304) 558-3956 and I will be happy to assist in any way possible.

March Tucker, Jr.  
Regulatory Section Chief  
WV OEMS

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**BUREAU FOR PUBLIC HEALTH**  
**State Trauma and Emergency Care System**  
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## EMS Vehicle Permit Policy

- I. General EMS Vehicle Requirements:
- A. EMS vehicles must meet all requirements for each class as specified in 64 CSR 48-8.
  - B. Vehicle classifications:
    - 1. Class A: Non-transporting vehicles.
    - 2. Class B: Basic Life Support transport ambulance.
    - 3. Class C: Advanced Life Support transport ambulance.
    - 4. Class D: Critical Care Transport ambulance.
    - 5. Class E: Transport aircraft, rotor or fixed-wing.
    - 6. Class F: Multi-passenger/wheelchair transport vehicles.
  - C. Ground vehicles must be currently licensed as a motor vehicle by a State or Commonwealth if applicable for type.
  - D. Ground vehicles must have a current vehicle safety inspection by a State or Commonwealth if applicable for type.
  - E. Aircraft must be currently licensed and inspected by the Federal Aviation Administration.
  - F. Detailed requirements for EMS vehicle operational safety, personnel safety, and patient care equipment and supplies are established by the WV Office of EMS in accordance with Scope of Practice requirements, federal or state laws or regulations, program compliance requirements, best practices, and other similar guidance.
- II. Vehicle Permit Fees:
- A. Shall be \$100 annually for Class B, C, D, E and F vehicles.
  - B. There is no fee for Class A vehicles.
- III. New Vehicles:
- A. Must be inspected by WVOEMS or its designees prior to being used for patient transport.
  - B. Must be fully compliant with all applicable laws, rules and WVOEMS policy requirements prior to being issued a permit.
  - C. Vehicles which meet criteria shall be issued a permit valid for a period of twelve (12) months.
- IV. Annual Permitting Inspections;
- A. Each agency shall be visited annually for vehicle permit inspections by WVOEMS or its designee.
  - B. Inspections will be completed using standard criteria and forms established and published by WVOEMS for each class of vehicle.
  - C. A minimum percentage of the EMS vehicles operated by each EMS agency shall be inspected as follows:
    - 1. Four or less vehicles 100%
    - 2. 5 to 25 vehicles 75%
    - 3. 26 to 50 vehicles 50%
    - 4. 51 or more vehicles 25%
  - D. All Class D & E vehicles will be fully inspected.

Agency Licensing Policy 3.02.09

Effective Date: 12/1/09

Approved:



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- E. Vehicles to be inspected will be randomly selected by WVOEMS immediately prior to the site visit. Agencies will not be notified of selected vehicles prior to inspectors arriving on site.
  - F. Inspectors will issue the agency's remaining vehicles a permit without a full physical inspection provided that all selected vehicles meet all permitting criteria.
  - G. Vehicles which meet criteria shall be issued a permit valid for a period of twelve (12) months.
  - H. If selected vehicles do not meet criteria or a pattern of deficiencies or irregularities is present or suspected, any or all remaining vehicles operated by the agency may be inspected.
  - I. Vehicles which do not meet criteria will not be issued a permit:
    - 1. Such vehicles may not be used for patient care until the identified deficiencies are corrected.
    - 2. Re-inspection shall be at a time and place determined by the inspector.
- V. Spot Inspections:
- A. May be initiated by WVOEMS or its designee at any time or location, regardless of current vehicle permit status.
  - B. Shall not interfere with emergency response or patient care.
  - C. Shall be based on criteria for the crew configuration of the EMS vehicle at the time of inspection. **(EMS personnel must possess relevant credentials at the time of inspection)**
  - D. Inspections will be completed using standard criteria and forms established and published by WVOEMS for each class of vehicle.
  - E. Failed vehicles:
    - 1. Must be removed from service and not used for patient care until the identified deficiencies are corrected.
    - 2. Re-inspection shall be at a time and place determined by the inspector.
- VI. Reserve Vehicles (owned by the agency):
- A. Must have the mandatory items on the WVOEMS Weighted Inspection List on-board at the time of inspection.
  - B. Must be fully stocked as required for class and staffing when used for patient care or transportation.
- VII. Loaner Vehicles (not owned by the agency):
- A. The appropriate regional EMS field office must be notified if a loaner vehicle is utilized.
  - B. No permit inspection is required if used no longer than ten (10) days,.
  - C. Use beyond ten (10) days requires a full permitting inspection.

Agency Licensing Policy 3.02.09

Effective Date: 12/1/09

Approved: 



**Non-Transporting EMS Vehicle Equipment and Supply List**  
 Effective January 1, 2010

This is the minimum equipment and supplies required on dedicated non-transporting EMS response vehicles operated by licensed EMS agencies. All equipment must be operational. When applicable, items must be sealed and within current expiration period. Vehicles must have required equipment on-board during EMS response and patient treatment.

Qty	Item	Response Type		
		FR	BLS	ALS
<b>Airway and Ventilation</b>				
1	Pocket mask	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable suction unit, assembled and ready for use – manual units must be V-VAC <sup>®</sup> or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Large bore rigid oral suction catheter – Big Stick <sup>®</sup> or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable O <sup>2</sup> system with non-gravity dependent liter flow regulator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Adult nasal cannula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Adult non-rebreather mask	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Pediatric non-rebreather mask	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 set	Oropharyngeal airways – infant, child & adult sizes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Adult and child bag valves, self-filling with O <sup>2</sup> reservoir		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Clear masks for bag valves, adult and child sizes		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	O <sup>2</sup> connecting tubing – may be with BVM or nebulizers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Combitube <sup>®</sup> <b>OR</b> King LT <sup>®</sup> airway kits		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Adult end-tidal CO <sup>2</sup> detector		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Chest decompression kit with large bore needle, minimum 3.25" length			<input checked="" type="checkbox"/>
<b>Assessment</b>				
1	AED with adult defibrillator pads – if pediatric capable, must have pediatric pads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1 each	Blood pressure cuff, adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Stethoscope	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Glucometer with supplies (lancets must be single use, fully disposable types)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable monitor-defibrillator with printer and transcutaneous pacemaker			<input checked="" type="checkbox"/>
1	Spare battery			<input checked="" type="checkbox"/>
1 set	Adult defibrillation paddles with conductive pads or gel <b>OR</b>			<input checked="" type="checkbox"/>
1 set	Disposable adult defibrillation pads and cables			<input checked="" type="checkbox"/>
1 set	Transcutaneous pacing pads and cables			<input checked="" type="checkbox"/>
---	Adult and pediatric monitoring electrodes			<input checked="" type="checkbox"/>
<b>Immobilization Equipment</b>				
1 each	Rigid cervical collar – large, medium, small and child <b>OR</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Adult and pediatric adjustable			
2 each	Padded extremity splints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Wound Management</b>				
1	Sterile burn sheet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Sterile 10x30 multi-trauma dressings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Sterile 4x4s	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Sterile occlusive dressing, 3" x 8", or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 rolls	Self-adhering gauze bandages – Kling <sup>®</sup> or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 rolls	Adhesive tape – 1 roll must be hypoallergenic/latex-free	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Commercial arterial tourniquet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Heavy duty bandage scissors or shears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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**Non-Transporting EMS Vehicle Equipment and Supply List  
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Qty	Item	Response Type		
		FR	BLS	ALS
<b>Medications</b>				
1	<i>EpiPen</i> <sup>®</sup>		<input checked="" type="checkbox"/>	
1 bottle	Aspirin, 81 mg tablets, chewable		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Albuterol sulfate, 2.5 mg/3 ml unit dose ampules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 bottle	Nitroglycerin, 0.4 mg (1/150) tablet or spray		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Oral glucose, 15 gm		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Atropine, 1 mg, pre-loaded syringes			<input checked="" type="checkbox"/>
1	D <sup>50</sup> W, 25 gm pre-loaded syringe			<input checked="" type="checkbox"/>
6	Epinephrine, 1:10,000, 1 mg pre-loaded syringes			<input checked="" type="checkbox"/>
2	Epinephrine, 1:1,000, 1 mg			<input checked="" type="checkbox"/>
3	Lidocaine ( <i>Xylocaine</i> ), 100 mg pre-loaded syringes			<input checked="" type="checkbox"/>
---	Naloxone, 2 mg			<input checked="" type="checkbox"/>
1	Sodium bicarbonate, 50 me pre-loaded syringe			<input checked="" type="checkbox"/>
<b>OB Equipment</b>				
1	Sterile OB kit with bulb syringe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Thermal absorbent blanket, head cover and heat-reflective material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Miscellaneous</b>				
1	Flashlight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Blanket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25	WV triage tags	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	WV triage tape rolls – red, yellow, green and black	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Appropriate protocol manuals for level of response and staffing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Infection Control – Quantities and sizes of following PPE sufficient for entire crew</b>				
---	Protective eyewear— full peripheral glasses or goggles or face shield	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	NIOSH N-95 or N-100 face masks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective gowns or coveralls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Disposable exam gloves meeting NFPA 1999 requirements – assorted appropriate sizes, must include hypoallergenic/latex free types	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Disinfectant waterless hand cleaner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Biohazard trash bag	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable sharps container		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Safety – Quantities and sizes of following PPE sufficient for entire crew</b>				
---	Protective helmet meeting ANSI Z89.1 Type II, NFPA 1907-2007 or NFPA 1951-2007 standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective eyewear meeting ANSI Z87.1-2003 standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	High visibility clothing compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) meeting ANSI/ISEA 107-2004 class 3 requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective gloves, extrication-type or heavy-duty leather	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Current DOT <i>Emergency Response Guidebook</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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Qty	Item	Response Type		
		FR	BLS	ALS
<b>IV and Medication Administration Supplies</b>				
1	Medication nebulizer kit		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	IV administration sets – minidrip (60 gtt/ml)			<input checked="" type="checkbox"/>
2	IV administration sets – standard (10, 12 or 15 gtt/ml)			<input checked="" type="checkbox"/>
2	Extension sets (saline locks may meet this requirement if usable as an extension)			<input checked="" type="checkbox"/>
2	<b>OR IN LIEU OF PREVIOUS 3 ITEMS</b> Select-3 <sup>®</sup> IV administration sets			<input checked="" type="checkbox"/>
2 each	IV catheters (14, 16, 18, 20, 22 and 24 gauge)			<input checked="" type="checkbox"/>
---	Adequate site preparation materials- alcohol or povidine preps, venous tourniquet			<input checked="" type="checkbox"/>
---	Syringes, in appropriate quantities and sizes for administration of medications on board			<input checked="" type="checkbox"/>
---	Needles, in appropriate quantities and sizes for administration of medications on board			<input checked="" type="checkbox"/>
1	Medication atomizer			<input checked="" type="checkbox"/>



**EMS Vehicle Equipment and Supply List  
Effective January 1, 2010 (Unless specified otherwise)**

This is the minimum equipment and supplies required on-board during response and patient transport for BLS (Class B) and ALS (Class C) EMS vehicles. All equipment must be operational. When applicable, items must be sealed and within current expiration period. All supplies and equipment (i.e.: monitors/defibrillators, drug bags/boxes, etc.) must be in closed compartments or otherwise secured to restrict movement in the event of a vehicle crash. All oxygen cylinders must be secured with brackets that meet Ambulance Manufacturer's Division oxygen tank retention standard 003.

Quantity	Item	Vehicle Type	
		Class B BLS	Class C ALS
<b>Airway and Ventilation</b>			
1	Fixed suction system, electric powered with disposable collection container and large bore tubing, assembled and ready for use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable suction unit, assembled and ready for use – manual units must be V-VAC <sup>®</sup> or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Large bore rigid oral suction catheters - <i>Big Stick</i> <sup>®</sup> or equivalent diameter devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Flexible suction catheters – 6F, 10F and 14F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Fixed O <sup>2</sup> system (“M” size cylinder or equivalent) with 2 outlets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Adjustable liter flow regulators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable O <sup>2</sup> system with non-gravity dependent liter flow regulator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Full spare portable O <sup>2</sup> cylinder ( “D” size or larger)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Adult nasal cannula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Pediatric nasal cannula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Adult non-rebreather masks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Pediatric non-rebreather masks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	O <sup>2</sup> connecting tubing – may be with BVM or nebulizers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Adult and child bag valves, self-filling with O <sup>2</sup> reservoir	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Clear masks for bag valves, adult, child, infant, and neonatal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 set	Nasopharyngeal airways – assorted sizes, 16 Fr – 34 Fr.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Lubricating jelly, water soluble	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 set	Oropharyngeal airways - sizes 0 through 5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	<i>Combitube</i> <sup>®</sup> , <b>OR</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	<i>King LT</i> <sup>®</sup> airway kits – sizes 3, 4 & 5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Adult end-tidal CO <sup>2</sup> detectors – colorimetric or qualitative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Pediatric end-tidal CO <sup>2</sup> detectors – colorimetric or qualitative		<input checked="" type="checkbox"/>
1	Laryngoscope handle with extra batteries		<input checked="" type="checkbox"/>
1 each	Laryngoscope blades – 0 & 1 straight; 2, 3 and 4 straight or curved, with spare bulbs if applicable		<input checked="" type="checkbox"/>
2 each	ET tubes, sizes:		<input checked="" type="checkbox"/>
	2.5 uncuffed		<input checked="" type="checkbox"/>
	3.0 or 3.5 uncuffed		<input checked="" type="checkbox"/>
	4.0 or 4.5 cuffed or uncuffed		<input checked="" type="checkbox"/>
	5.0 or 5.5 cuffed or uncuffed		<input checked="" type="checkbox"/>
	6.0 or 6.5 cuffed		<input checked="" type="checkbox"/>
	7.0 or 7.5 cuffed		<input checked="" type="checkbox"/>
	8.0 or 8.5 cuffed		<input checked="" type="checkbox"/>
1 each	Adult and pediatric stylettes		<input checked="" type="checkbox"/>
2	Syringes, 10 or 12 ml.		<input checked="" type="checkbox"/>
1 each	Salem sump tubes – 8, 12 and 18 Fr. with irrigation syringe		<input checked="" type="checkbox"/>
1 each	Magill forceps, adult and pediatric		<input checked="" type="checkbox"/>
1	Meconium aspirator adaptor for ET tubes		<input checked="" type="checkbox"/>
1	Chest decompression kit with large bore needle, minimum 3.25” length or equivalent		<input checked="" type="checkbox"/>



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**EMS Vehicle Equipment and Supply List  
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Quantity	Item	Vehicle Type	
		Class B BLS	Class C ALS
<b>Assessment Tools</b>			
1	AED with adult defibrillator pads – if pediatric capable, must have pediatric pads <b>Not required if vehicle is ALS staffed and equipped</b>	<input checked="" type="checkbox"/>	
1 each	Blood pressure cuffs – thigh, adult and child sizes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Stethoscope, suitable for adult and pediatric use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Thermometer, capable of measuring a range of 86° – 105° F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Pulse oximeter for adult and pediatric use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Glucometer with supplies (lancets must be single use, fully disposable types)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Portable monitor-defibrillator with printer and transcutaneous pacemaker		<input checked="" type="checkbox"/>
1	Spare battery		<input checked="" type="checkbox"/>
---	Adult and pediatric defibrillation paddles with conductive pads or gel <b>OR</b>		<input checked="" type="checkbox"/>
2 each	Adult and pediatric defibrillation pads and cables		<input checked="" type="checkbox"/>
2 each	Transcutaneous pacing pads and cables		<input checked="" type="checkbox"/>
---	Adult and pediatric monitoring electrodes		<input checked="" type="checkbox"/>
<b>Immobilization Equipment</b>			
2 each	Rigid cervical collar – large, medium, small and child <b>OR</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Adult and pediatric adjustable		
2	Head/cervical immobilization devices - towel/blanket rolls are acceptable – no sandbags	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Short spinal immobilization device – ( <i>KED<sup>®</sup> XP-1<sup>®</sup></i> , etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Radiolucent, fluid impervious full-length backboards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 sets	Three (3) 9-foot straps or equivalent ( <i>Spider Strap<sup>®</sup></i> , etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Traction splints, adult and child – a single splint is acceptable if adjustable for both	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 each	Padded extremity splints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Wound Management</b>			
2	Sterile burn sheets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Sterile 10" x 30" multi-trauma dressings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Sterile ABD Pads, 5" x 9" or 8" x 10"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	Sterile 4"x 4"s	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Sterile occlusive dressings, 3" x 8", or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8 rolls	Self-adhering gauze bandages - <i>Kling<sup>®</sup></i> or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 rolls	Adhesive tape – assorted sizes – 1 roll must be hypoallergenic/latex-free	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Triangular Bandages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Commercial arterial tourniquet – <i>CAT<sup>®</sup></i> , <i>MAT<sup>®</sup></i> , etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Heavy duty bandage scissors or shears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Sterile saline irrigation, 1000 ml total	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Infection Control - Quantities and sizes of following PPE sufficient for entire crew</b>			
---	Protective eyewear— full peripheral glasses or goggles or face shield	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	NIOSH N-95 or N-100 face masks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective gowns or coveralls, shoe covers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Disposable exam gloves meeting NFPA 1999 requirements – assorted appropriate sizes, must include hypoallergenic/latex free types	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Biohazard trash bags	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Fixed and portable sharps containers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Disinfectant waterless hand cleaner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Disinfectant for cleaning vehicle interior and equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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Quantity	Item	Vehicle Type	
		Class B BLS	Class C ALS
<b>Medications</b>			
1	<i>EpiPen</i> <sup>®</sup>	<input checked="" type="checkbox"/>	
1	<i>EpiPen Jr.</i> <sup>®</sup>	<input checked="" type="checkbox"/>	
1 bottle	Acetaminophen, 160 mg/5ml oral suspension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Activated charcoal suspension, 50 gm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Albuterol sulfate, 2.5 mg/3 ml unit dose ampules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 bottle	Aspirin, 81 mg tablets, chewable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Oral glucose, 15 gm tubes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 bottle	Nitroglycerin, 0.4 mg (1/150) tablets or spray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Adenosine, 30 mg		<input checked="" type="checkbox"/>
3	Atropine, 1 mg pre-loaded syringes		<input checked="" type="checkbox"/>
2	D <sup>50</sup> W, 25 gm pre-loaded syringes		<input checked="" type="checkbox"/>
---	Diazepam ( <i>Valium</i> ) 10 mg - <b>Phased out by October 1, 2010</b>		<input checked="" type="checkbox"/>
---	Diphenhydramine hydrochloride ( <i>Benadryl</i> ), 100 mg		<input checked="" type="checkbox"/>
1	Dopamine ( <i>Intropin</i> ) 400 mg pre-mixed solution		<input checked="" type="checkbox"/>
6	Epinephrine, 1:10,000, 1 mg pre-loaded syringes		<input checked="" type="checkbox"/>
2	Epinephrine, 1:1,000, 1 mg		<input checked="" type="checkbox"/>
---	Fentanyl ( <i>Sublimaze</i> ), 200 mcg - <b>Phased in by October 1, 2010</b>		<input checked="" type="checkbox"/>
---	Furosemide ( <i>Lasix</i> ), 100 mg		<input checked="" type="checkbox"/>
1	Glucagon, 1 mg		<input checked="" type="checkbox"/>
2	Ipratropium bromide ( <i>Atrovent</i> ), 500 mcg unit dose ampules		<input checked="" type="checkbox"/>
---	Ketorolac ( <i>Troadol</i> ), 60 mg		<input checked="" type="checkbox"/>
3	Lidocaine ( <i>Xylocaine</i> ), 100 mg pre-loaded		<input checked="" type="checkbox"/>
1	Lidocaine ( <i>Xylocaine</i> ), 1gm pre-mixed solution		<input checked="" type="checkbox"/>
---	Lorazepam ( <i>Ativan</i> ) 4 mg - <b>Phased in by October 1, 2010</b>		<input checked="" type="checkbox"/>
---	Morphine, 20 mg		<input checked="" type="checkbox"/>
---	Naloxone, ( <i>Narcan</i> ) 4 mg		<input checked="" type="checkbox"/>
---	Ondansetron ( <i>Zofran</i> ), 8 mg		<input checked="" type="checkbox"/>
4	Normal saline (0.9% solution), 1,000 ml		<input checked="" type="checkbox"/>
---	Promethazine ( <i>Phenegan</i> ), 25 mg <b>Phased out by October 1, 2010</b>		<input checked="" type="checkbox"/>
2	Sodium bicarbonate, 50 meq pre-loaded syringe		<input checked="" type="checkbox"/>
---	Thiamine hydrochloride, 100 mg		<input checked="" type="checkbox"/>
<b>OB Equipment</b>			
2 each	Sterile OB kits with bulb syringe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	Thermal absorbent blanket, head cover and heat-reflective material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Safety – Quantities and sizes of PPE sufficient for entire crew</b>			
---	Protective helmet meeting ANSI Z89.1 Type II, NFPA 1907-2007 or NFPA 1951-2007 standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective eyewear meeting ANSI Z87.1-2003 standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	High visibility clothing compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) ANSI/ISEA 107-2004-Class 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Protective gloves, extrication-type or heavy-duty leather	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Current DOT <i>Emergency Response Guidebook</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Fire extinguisher, 5lb 2A-10BC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Child occupant protection system, DOT approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Chemical light sticks or reflective triangles, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Mark I kits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



**West Virginia Department of Health and Human Resources  
State Trauma and Emergency Care System  
Office of Emergency Medical Services**



**EMS Vehicle Equipment and Supply List  
Effective January 1, 2010 (Unless specified otherwise)**

Quantity	Item	Vehicle Type	
		Class B BLS	Class C ALS
<b>Miscellaneous</b>			
4	Cold packs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Hot packs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Flashlights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Blankets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Sheets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Pillow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Towels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Disposable, splash resistant emesis bags – <i>Convenience</i> <sup>®</sup> bag, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Disposable bedpan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Impermeable body bag	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25	WV triage tags	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 each	WV triage tape rolls – red, yellow, green and black	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Stair chair or suitable substitute	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Wheeled stretcher, multi-level, with 5-point (over shoulder) patient restraint system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---	Appropriate protocol manuals for level of staffing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>IV and Medication Administration Supplies</b>			
4	Nebulizer kits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Length/weight based pediatric drug & equipment reference – <i>Broeslow</i> <sup>®</sup> tape or equivalent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	IV administration sets – standard (10, 12 or 15 gtt/ml)		<input checked="" type="checkbox"/>
4	IV administration sets – minidrip (60 gtt/ml)		<input checked="" type="checkbox"/>
4	Extension sets (saline locks may meet this requirement if usable as an extension)		<input checked="" type="checkbox"/>
4	<b>OR IN LIEU OF THE PREVIOUS 3 ITEMS</b> <i>Select-3</i> <sup>®</sup> IV administration sets		<input checked="" type="checkbox"/>
4 each	Saline locks and flushes		<input checked="" type="checkbox"/>
2 each	IV catheters (14, 16, 18, 20, 22 and 24 gauge)		<input checked="" type="checkbox"/>
1	Intraosseous infusion needle		<input checked="" type="checkbox"/>
---	Adequate site preparation materials- alcohol or povidine preps, venous tourniquet		<input checked="" type="checkbox"/>
---	Syringes, in appropriate quantities and sizes – 1ml through 10 or 12 ml.		<input checked="" type="checkbox"/>
---	Needles, in appropriate quantities and sizes - one at least 1.5" for IM injections		<input checked="" type="checkbox"/>
2	Drug atomizers		<input checked="" type="checkbox"/>
<b>Two-Way Communications</b>			
	Between vehicle and dispatcher, and 911 Center if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Between vehicle and regional medical command	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Between vehicle and Statewide Medical Resource Coordination Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	For disaster operations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



West Virginia Department of Health and Human Resources  
 State Trauma and Emergency Care System  
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**EMS Vehicle Equipment and Supply List**  
 Effective January 1, 2010 (Unless specified otherwise)

Quantity	Item	Vehicle Type	
		Class B BLS	Class C ALS
<b>Optional Equipment and Supplies</b>			
	CPAP device with 2 masks and tubing circuits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Manual positive-pressure ventilator (demand valve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Hemostatic dressings – <i>Quick Clot</i> <sup>®</sup> or <i>Hemcon</i> <sup>®</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Non-invasive vital signs monitor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Capnograph	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Pediatric spinal immobilization device	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Adult Pneumatic Anti-Shock Garment (MAST)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Elastic bandages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	12-lead ECG capability ( <b><i>Required after January 1, 2011</i></b> )		<input checked="" type="checkbox"/>
	Blood sample tubes and supplies		<input checked="" type="checkbox"/>
	<i>EZ-IO</i> <sup>®</sup> device with adult and pediatric needles		<input checked="" type="checkbox"/>
	<i>Heimlich</i> <sup>®</sup> valves		<input checked="" type="checkbox"/>
	IV infusion pump		<input checked="" type="checkbox"/>
	Needle cricothyrotomy kit		<input checked="" type="checkbox"/>
	Needle jet insufflation device		<input checked="" type="checkbox"/>
	Non-coring (Huber) needles		<input checked="" type="checkbox"/>
	Simple ventilator		<input checked="" type="checkbox"/>



Agency: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Agency Unit #: \_\_\_\_\_  
 Vehicle Stationed: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_  
 WV OEMS Permit # \_\_\_\_\_



VIN #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 License Tag #: \_\_\_\_\_ Mileage: \_\_\_\_\_ Class Applied For: B C Valid Inspection? Y N Exp: \_\_\_\_\_  
 Vehicle Type: \_\_\_\_\_ Vehicle Addition? Y N Vehicle Replacement? Y N Four Wheel Drive? Y N

**All items listed must meet full specifications, quantities and other requirements as listed on the current Class B or C EMS Vehicle Equipment and Supply List (Red = ALS)**

<p><b>Mandatory Items</b></p> <p>___ Functioning vehicle systems:        ___ Emergency lights &amp; siren        ___ Heating &amp; air conditioning        ___ Seatbelts        ___ Two-way communications        ___ Fixed O<sup>2</sup> system        ___ Fixed suction system        ___ Bag valves with masks and tubing        ___ Nasal airways        ___ Oral airways        ___ NC &amp; NRBs        ___ Cot w/ 5-point restraints</p> <p><b>Assessment</b></p> <p>___ <b>AED</b>        ___ Monitor-defibrillator with spare battery, defib pads or gel        ___ Transcutaneous pacer        ___ Electrodes – adult &amp; ped</p> <p><b>15 Point Deduction Items</b></p> <p><b>Airway &amp; Ventilation</b>        ___ Portable O<sup>2</sup> system        ___ Full spare portable O<sup>2</sup> tank        ___ Combitube or King LT airway kits        ___ End tidal CO<sup>2</sup> detector –adult /ped        ___ Laryngoscope blades        ___ Laryngoscope handle        ___ ET tubes        ___ Stylettes        ___ Syringes        ___ Magill forceps        ___ Chest decompression kit</p> <p><b>IV and Medication Administration</b>        ___ Broeslow tape        ___ Nebulizer sets        ___ IV administration sets        ___ Extension sets        ___ Saline locks &amp; flushes        ___ IV catheters        ___ Intraosseous needle        ___ Parenteral site prep items        ___ Syringes        ___ Needles        ___ Drug atomizers</p> <p><b>Medications</b>        ___ Acetaminophen        ___ Activated charcoal        ___ Albuterol sulfate</p>	<p>___ Aspirin        ___ Epi Pen        ___ Epi Pen Jr.        ___ Oral glucose        ___ Nitroglycerin        ___ Adenosine        ___ Atropine        ___ D<sup>50</sup>W        ___ Diazepam        ___ Diphenhydramine        ___ Dopamine        ___ Epinephrine 1-10,000        ___ Epinephrine 1-1,000        ___ Fentanyl        ___ Furosemide        ___ Glucagon        ___ Ipratropium bromide        ___ Ketrolac        ___ Lidocaine pre-load        ___ Lidocaine pre-mix        ___ Lorazepam        ___ Morphine        ___ Naloxone        ___ Ondansetron        ___ Normal Saline        ___ Promethazine        ___ Sodium bicarbonate        ___ Thiamine</p> <p><b>10 Point Deduction Items</b></p> <p><b>Airway &amp; Ventilation</b>        ___ Portable suction unit        ___ Large bore oral suction catheters        ___ Flexible suction catheters        ___ Meconium aspirator</p> <p><b>Assessment</b>        ___ BP cuffs        ___ Stethoscope        ___ Thermometer        ___ Pulse oximeter        ___ Glucometer</p> <p><b>Infection Control</b>        ___ Disposable exam gloves        ___ Fluid protective eyewear        ___ NIOSH N-95 or N-100 face masks        ___ Protective gowns &amp; shoe covers        ___ Biohazard trash bags        ___ Sharps containers        ___ Disinfectant hand cleaner        ___ Vehicle &amp; equipment disinfectant</p>	<p><b>5 Point Deduction Items</b></p> <p><b>Immobilization Equipment</b>        ___ Rigid cervical collars        ___ Cervical immob. devices        ___ Short spinal immob. device        ___ Full-length back boards        ___ 9-foot straps        ___ Traction splints        ___ Extremity splints</p> <p><b>Wound Management</b>        ___ Burn sheets        ___ Multi-trauma dressings        ___ ABD pads        ___ 4X4's        ___ Occlusive dressings        ___ Self adhering bandages        ___ Adhesive tape        ___ Triangular bandages        ___ Commercial arterial tourniquet        ___ Bandage scissors        ___ Sterile saline irrigation</p> <p><b>Miscellaneous</b>        ___ Protocols        ___ Stair chair</p> <p><b>OB Equipment</b>        ___ Sterile OB kits        ___ Thermal absorbent blanket</p> <p><b>Safety</b>        ___ Protective helmet        ___ Protective eyewear        ___ High visibility clothing        ___ Protective gloves        ___ DOT <i>Emergency Response Guidebook</i>        ___ Fire extinguisher        ___ Child occupant protection system        ___ Chemical light sticks or reflective triangles, etc.        ___ Mark I kits</p>	<p><b>1 Point Deduction Items</b></p> <p><b>Miscellaneous</b>        ___ Cold packs        ___ Heat packs        ___ Flashlights        ___ Blankets        ___ Sheets        ___ Pillow        ___ Towels        ___ Emesis bags        ___ Bed pan        ___ Body bag        ___ WV triage tags        ___ WV triage tape        ___ Salem sump tubes</p> <p><b>5 Point Bonus Items</b></p> <p><b>Optional Equipment</b>        ___ CPAP device        ___ Capnograph        ___ 12-Lead ECG        ___ EZ-IO device        ___ Needle cricothyrotomy kit</p> <p><b>Total deduction points:</b> _____</p> <p><b>Total bonus points:</b> _____</p> <p><b>Grand total deductions:</b> _____</p> <p><b>New vehicles must have 0 deductions to be permitted initially.</b></p> <p><b>Any vehicle missing any Mandatory item is an automatic failure.</b></p> <p><b>Any vehicle that has greater than forty (40) point deductions fails.</b></p>
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**AED Brand, Model & Serial #:** \_\_\_\_\_  
**Monitor/Defibrillator Brand, Model & Serial #:** \_\_\_\_\_

**Comments:**

**Inspection Type:** \_\_\_ New \_\_\_ Spot \_\_\_ Annual

**Inspection Results:** \_\_\_ Pass \_\_\_ Fail

**Agency Personnel (Name and State ID):** \_\_\_\_\_

**Inspector:** \_\_\_\_\_