**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**Chapter 17: MINIMUM REQUIRED EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL EMS RADIO FREQUENCIES**

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made. There may be instances where the Maine EMS Prehospital Treatment Protocols allow for additional skills or therapies not listed in this chapter.

1. **Required Equipment List for Non-Transporting Services, Ground Ambulance Services, Transfer Air Ambulance Services and Scene Response Air Ambulance Services.**
2. Any Non-Transporting Service, Ground Ambulance Service, Transfer Air Ambulance Service or Scene Response Air Ambulance Service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.
3. All medical equipment and medical supplies required in this section must be latex free.
4. Each ground ambulance vehicle must carry the equipment and medical supplies listed in this chapter.
5. The Emergency Medical Technician (EMT) set of equipment is the minimum set of required equipment for a Ground Ambulance Service.
6. The Emergency Medical Responder (EMR) set of equipment is the minimum set of required equipment for a Non-Transporting Service.
7. If a Ground Ambulance Service is licensed at the Advanced Emergency Medical Technician (AEMT) or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.
8. If a Non-Transporting Service or a Ground Ambulance Service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.
9. **Airway management supplies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| §2. Airway Management | | | Minimum Required Quantities for Service License or Permit Level | | | | | | | | | | |
| Item | | Description | EMR | EMT | | AEMT | | Paramedic | | Air Transfer Ambulance | | Scene Response Air Ambulance | |
| Airways, Nasal | | 20 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 22 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 24 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 26 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 28 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 30 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Nasal | | 32 French | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 40 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 50 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 60 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 70 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 80 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 90 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 100 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Airways, Oral | | 110 mm | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Aspirator, Bulb | | Small | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Meconium Aspirator | | |  |  | |  | | 1 | | 1 | | 1 | |
| Bag Valve Mask 0F[[1]](#footnote-2) | | Adult, Child, Infant | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Bougie | | Adult & Pediatric |  |  | |  | | 1 | | 1 | | 1 | |
| Continuous Positive Airway Pressure (CPAP) Device 1F[[2]](#footnote-3) | | |  | 1 (Optional) | | 1 | | 1 | | 1 | | 1 | |
| Endotracheal Tube, 1 Set | | Cuffed, 1 of Each Size *(2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5)* |  |  | |  | | 1 | | 1 | | 1 | |
| Tube Securing Device or Umbilical tape | | Adult and Pediatric |  |  | |  | | 1 | | 1 | | 1 | |
| Gastric Tubes, One set | | 1 of Each Size *(5, 6, 8, 10, 12, 14, 18)* |  |  | |  | | 1 | | 1 | | 1 | |
| Magill Forceps | | Large & Small |  |  | |  | | 1 | | 1 | | 1 | |
| §2. Airway Management Continued | | | Minimum Required Quantities for Service License or Permit Level | | | | | | | | | | |
| Item | | Description | EMR | EMT | | AEMT | | Paramedic | | Air Transfer Ambulance | | Scene Response Air Ambulance | |
| Laryngoscope Handle | | Large & Small |  |  | |  | | 1 | | 1 | | 1 | |
| Laryngoscope Blades - Straight | | 1 Each Size *(0, 1, 2, 3, 4)* |  |  | |  | | 1 | | 1 | | 1 | |
| Laryngoscope Blades - Curved 2F[[3]](#footnote-4) | | 1 Each Size (*1, 2, 3, 4)* |  |  | |  | | 1 | | 1 | | 1 | |
| Lubricating Jelly | | | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| CPR Pocket Masks | | | 1 | 1 | | 1 | | 1 | | 1 | | 1 | |
| Nebulizers 3F[[4]](#footnote-5) | | |  | 2 | | 2 | | 2 | | 2 | | 2 | |
| Oxygen Masks | | Adult non-rebreather | 2 | 2 | | 2 | | 2 | | 2 | | 2 | |
| Oxygen Masks | | Adult Nasal Cannula | 2 | 2 | | 2 | | 2 | | 2 | | 2 | |
| Oxygen Masks | | Pediatric non-rebreather | 2 | 2 | | 2 | | 2 | | 2 | | 2 | |
| Oxygen Masks | | Pediatric Nasal Cannula | 2 | 2 | | 2 | | 2 | | 2 | | 2 | |
| Oxygen Masks | | Infant non-rebreather | 2 | 2 | | 2 | | 2 | | 2 | | 2 | |
| Stylet | | Pediatric |  | | | | | 1 | | 1 | | 1 | |
| Suction Apparatus4F[[5]](#footnote-6) | | Manual | 1 |  | |  | |  | |  | |  | |
| Suction Catheter, Flexible, one set | | Flexible all sizes *(6, 8, 10, 12, 14)* Fr |  | 1 | | 1 | | 1 | | 1 | | 1 | |
| Suction Catheter | | Rigid Tip |  | 1 | | 1 | | 1 | | 1 | | 1 | |
| Suction Device | | Portable5F[[6]](#footnote-7) |  | 1 | | 1 | | 1 | | 1 | | 1 | |
| Surgical Airway Set 6F[[7]](#footnote-8)-7F[[8]](#footnote-9) | | | | | | | | | | | | | |
| Cuffed Tracheostomy Tube 8F[[9]](#footnote-10) | | |  |  | |  | | 1 | | 1 | | 1 | |
| Tracheal Hook | | |  |  | |  | | 1 | | 1 | | 1 | |
| Kelly Clamp | | |  |  | |  | | 1 | | 1 | | 1 | |
| §2. Airway Management Continued | | | Minimum Required Quantities for Service License or Permit Level | | | | | | | | | | |
| Item | Description | | EMR | | EMT | | AEMT | | Paramedic | | Air Transfer Ambulance | | Scene Response Air Ambulance |
| 4” X 4” Sterile Sponges | | |  |  | |  | | 6 | | 6 | | 6 | |
| #10 or #11 Scalpel Blade | | |  |  | |  | | 2 | | 2 | | 2 | |
| Povidone Iodine/Chlorohexidine 9F[[10]](#footnote-11) | | |  |  | |  | | 1 | | 1 | | 1 | |
| Scalpel Blade Handle | | |  |  | |  | | 1 | | 1 | | 1 | |
| Sterile Surgical Gloves, Pair | | |  |  | |  | | 2 | | 2 | | 2 | |
| 10 mL Syringe | | |  |  | |  | | 1 | | 1 | | 1 | |
| Transtracheal inflation tubing | | |  |  | |  | | 1 | | 1 | | 1 | |
| 14 ga. 2” IV Catheters | | |  |  | |  | | 2 | | 2 | | 2 | |
| Chest Decompression Set 10F[[11]](#footnote-12) | | | | | | | | | | | | | |
| 14 ga. 3.25” IV Catheters | | |  |  | |  | | 2 | | 2 | | 2 | |
| Surgical Antiseptic Swabs | | |  |  | |  | | 4 | | 4 | | 4 | |
| 20 mL Syringe | | |  |  | |  | | 2 | | 2 | | 2 | |
| One-way Type Valve Assembly | | |  |  | |  | | 2 | | 2 | | 2 | |
| One set of option “A” or option “B” | | | | | | | | | | | | | |
| Option A | | | | | | | | | | | | | |
| Periglottic devices, one set 11F[[12]](#footnote-13) | | All Sizes  *(1, 1.5, 2, 2.5, 3, 4, 5)* |  | | | 1 | | 1 | | 1 | | 1 | |
| Option B | | | | | | | | | | | | | |
| Transglottic Device, one set 12F[[13]](#footnote-14) | | All Sizes  *(0, 1, 2, 2.5, 3, 4, 5)* |  | | | 1 | | 1 | | 1 | | 1 | |

1. **Diagnostic and Monitoring Equipment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| §3 Diagnostic & Monitoring | | | Minimum Required Quantities for Service License or Permit Level | | | | | | |
| Item | | Description | EMR | EMT | AEMT | Paramedic | | Air Transfer Ambulance | Scene Response Air Ambulance |
| Automatic External Defibrillator (AED) | | | 1 | 1 |  |  | |  |  |
| AED Pads | | Adult | 2 | 2 |  |  | |  |  |
| AED Pads | | Pediatric | 2 | 2 |  |  | |  |  |
| Cardiac Monitor/Defibrillator capable of & including: | | | | | | | | | |
| Pediatric and adult defibrillation | | |  |  | 1 | | 1 | | |
| Cardioversion | | |  | |
| Pacing | | |
| Manually selectable joule settings | | | 1 | |
|  | | |  |
| 12 Lead Electrocardiogram (ECG) Monitoring | | | 1 (Optional) |
| Paper strip ECG recordings | | |
| ECG Electrodes | | | 30 (Optional) | 30 | | | | |
| Defibrillator Pads, Adult | | |  | 2 | | | | |
| Defibrillator Pads, Pediatric | | | 1 | | | | |
| Disaster Tags | | | 24 | 24 | 24 | 24 | | 24 | 24 |
| Doppler | | |  |  |  |  | | 1 | 1 |
| End Tidal CO2 monitor with waveform display | | |  |  | 1 | 1 | | 1 | 1 |
| End Tidal CO2 Nasal | Adult | |  |  | 2 | 2 | | 2 | 2 |
| End Tidal CO2 Nasal | Pediatric & Infant | |  |  | 2 | 2 | | 2 | 2 |
| End Tidal CO2 Inline Adapters | Adult | |  |  | 2 | 2 | | 2 | 2 |
| End Tidal CO2 Inline Adapters | Pediatric & Infant | |  |  | 2 | 2 | | 2 | 2 |
| Glucometer | | |  | 1 | 1 | 1 | | 1 | 1 |
| Glucometer Test Strips | | |  | 1 | 1 | 1 | | 1 | 1 |
| Pulse Oximeter13F[[14]](#footnote-15) | | | 1 | 1 | 1 | 1 | | 1 | 1 |
| Thermometer | | Non-Glass | 1 | 1 | 1 | 1 | | 1 | 1 |
| Sphygmomanometer | | Infant Size | 1 | 1 | 1 | 1 | | 1 | 1 |
| Sphygmomanometer | | Child Size | 1 | 1 | 1 | 1 | | 1 | 1 |
| Sphygmomanometer | | Adult Size | 1 | 1 | 1 | 1 | | 1 | 1 |
| Sphygmomanometer | | Large Adult Size | 1 | 1 | 1 | 1 | | 1 | 1 |
| Stethoscope | | Adult | 1 | 1 | 1 | 1 | | 1 | 1 |
| Stethoscope | | Pediatric | 1 | 1 | 1 | 1 | | 1 | 1 |

1. **Dressings & Bandages**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| §4 Dressings & Bandages | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Aluminum Foil 14F[[15]](#footnote-16) | | 1 | 1 | 1 | 1 | 1 | 1 |
| Adhesive Bandages | Assorted Sizes | 1 | 1 | 1 | 1 | 1 | 1 |
| Bandages | Triangular | 4 | 4 | 4 | 4 | 4 | 4 |
| Bandages 15F[[16]](#footnote-17) | Roller | 4 | 4 | 4 | 4 | 4 | 4 |
| Burn Sheet | Sterile | 2 | 2 | 2 | 2 | 2 | 2 |
| Occlusive Dressing |  | 2 | 2 | 2 | 2 | 2 | 2 |
| §4 Dressings & Bandages continued | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Universal Dressing | 8” X 30” Minimum | 3 | 3 | 3 | 3 | 3 | 3 |
| Surgical Dressings | Minimum 5” X 9” | 4 | 4 | 4 | 4 |  | 4 |
| Hemostatic Agent 16F[[17]](#footnote-18) | Gauze Format | 1 | 1 | 1 | 1 |  | 1 |
| Obstetrical Kit | | 1 | | | | | |
| Sterile Gloves, Pair | | 2 | | | | | |
| Scissors | | 1 | | | | | |
| Umbilical Cord Clamp | | 2 | | | | | |
| Sterile Dressings | | 2 | | | | | |
| Towel | | 1 | | | | | |
| Small Bulb Aspirator | | 1 | | | | | |
| Plastic Bag | | 1 | | | | | |
| Receiving Blanket | | 1 | | | | | |
| Trauma Shears | | 2 | 2 | 2 | 2 | 2 | 2 |
| Sterile Sponge | 4” X 4” | 12 | 12 | 12 | 12 | 12 | 12 |
| Adhesive Tape | Assorted Sizes | 2 | 2 | 2 | 2 | 2 | 2 |
| Tourniquet 17F[[18]](#footnote-19) |  | 2 | 2 | 2 | 2 | 2 | 2 |

1. **Fluids & Medications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| §5 Fluids & Medications | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Drug Storage Container 18F[[19]](#footnote-20) |  | 1 | 1 | 1 | 1 | 1 | 1 |
| Logbook | Drug Storage Container | 1 | 1 | 1 | 1 | 1 | 1 |
| Saline, Sterile 19F[[20]](#footnote-21) |  | 2 | 2 | 2 | 2 | 2 | 2 |
| Intraosseous Needles20F[[21]](#footnote-22) | 15 ga. Or equivalent |  |  | 2 | 2 | 2 | 2 |
| Intravenous Administration Set | Macro-Drip |  |  | 2 | 2 | 2 | 2 |
| §5 Fluids & Medications continued | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| IV Fluid | D5W |  |  |  | 1 | 1 | 1 |
| IV Fluid | Volume Replacement |  |  | 6000 mL | 6000 mL | 6000 mL | 6000 mL |
| IV Needle Catheter 21F[[22]](#footnote-23) | Size 14 |  |  | 2 | 2 | 2 | 2 |
| IV Needle Catheter | Size 16 |  |  | 2 | 2 | 2 | 2 |
| IV Needle Catheter | Size 18 |  |  | 2 | 2 | 2 | 2 |
| IV Needle Catheter | Size 20 |  |  | 2 | 2 | 2 | 2 |
| IV Needle Catheter | Size 22 |  |  | 2 | 2 | 2 | 2 |
| IV Needle Catheter | Size 24 |  |  | 2 | 2 | 2 | 2 |
| Oxygen | “D” Cylinder (410 Liters) | 2 | 2 | 2 | 2 | See Chapter 4 | |
| Mucosal Atomization Device | For IN medication administration | 1 | 1 | 1 | 1 | 1 | 1 |
| Pediatric Length/Weight Based Tape |  | 1 | 1 | 1 | 1 | 1 | 1 |
| Pump 22F[[23]](#footnote-24) | Intravenous |  |  |  | 1 | 1 | 1 |
| Administration Set | Intravenous |  |  | 2 | 2 | 2 | 2 |
| Pressure Bag | IV |  |  | 2 | 2 | 2 | 2 |

1. **Immobilization**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| § 6. Immobilization | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Restraints, one set23F[[24]](#footnote-25) | Soft |  | 1 | 1 | 1 | 1 | 1 |
| Rigid Extrication Collar 24F[[25]](#footnote-26) | Adjustable to small, medium, and large | 2 | 2 | 2 | 2 | 2 | 2 |
| Rigid Extrication Collar | Pediatric Size |  | 2 | 2 | 2 | 2 | 2 |
| Immobilization Device | Head |  | 1 | 1 | 1 | 1 | 1 |
| Spinal immobilization Device 25F[[26]](#footnote-27) | Long |  | 1 | 1 | 1 | 1 | 1 |
| Spinal Immobilization device | Short |  | 1 | 1 | 1 |  |  |
| Splint, Traction 26F[[27]](#footnote-28) | Adult Size |  | 1 | 1 | 1 |  | 1 |
| Splints, Padded Board 27F[[28]](#footnote-29) | 3” X 36” |  | 4 | 4 | 4 |  | 2 |
| Splints, Padded Board | 3” X 15” |  | 4 | 4 | 4 |  | 2 |

1. **Patient Comfort**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| §7. Patient Comfort | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | EMR | EMT | AEMT | Paramedic | Air Transfer Service | Scene Response Air Ambulance |
| Blankets | 2 | 2 | 2 | 2 | 2 | 2 |
| Emesis Basins | 2 | 2 | 2 | 2 | 2 | 2 |
| Pillows |  | 2 | 2 | 2 |  | |
| Sheets |  | 2 | 2 | 2 |
| Towels | 4 | 4 | 4 | 4 |

1. **Personal Protective & Safety Equipment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| §8 Personal Protective & Safety Equipment | | Minimum Required Quantities for Service License or Permit Level | | | | | |
| Item | Description | EMR | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Fire Extinguisher 28F[[29]](#footnote-30) |  | 1 | 1 | 1 | 1 |  |  |
| Flashlight |  | 1 | 2 | 2 | 2 | 2 | 2 |
| Gloves 29F[[30]](#footnote-31) | Non-latex | 10 | 10 | 10 | 10 | 10 | 10 |
| Protective Goggles | Pair | 4 | 4 | 4 | 4 | 4 | 4 |
| Gowns/Overalls 30F[[31]](#footnote-32) |  | 4 | 4 | 4 | 4 | 4 | 4 |
| Masks | N-95 Small | 4 | 4 | 4 | 4 | 4 | 4 |
| Masks | N-95 Large | 4 | 4 | 4 | 4 | 4 | 4 |
| Masks | Surgical | 4 | 4 | 4 | 4 | 4 | 4 |
| Reflective Safety Vest | | 2 | 2 | 2 | 2 |  | |
| Sharps Container | |  | 1 | 1 | 1 | 1 | 1 |

1. **Transporting Equipment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| §9. Transporting Equipment | | Minimum Required Quantities for Service License or Permit Level | | | | |
| Item | Description | EMT | AEMT | Paramedic | Air Transfer Ambulance | Scene Response Air Ambulance |
| Pediatric Transport Device | | 1 | 1 | 1 | 1 | 1 |
| Stretcher 31F[[32]](#footnote-33) | Folding | 1 | 1 | 1 |  |  |
| Straps 32F[[33]](#footnote-34) | | 3 | 3 | 3 | 3 | 3 |
| Ventilator 33F[[34]](#footnote-35) | |  |  |  | 1 | 1 |

1. **Hospital Frequencies**

Region 1 Southern Maine 155.325

Region 2 Tri County 155.340

Region 3 Kennebec Valley 155.400

Region 4 Northeast 155.355

Region 5 Aroostook 155.340

Region 6 Mid-Coast 155.340

"Statewide Net" 155.385

(Maine EMS mobile-to-mobile)

STATUTORY AUTHORITY:

32 M.R.S., Chapter 2-B.

EFFECTIVE DATE:

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December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

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March 4, 1992

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REPEALED AND REPLACED:

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July 1, 2003

January 1, 2010

May 1, 2013

January 10, 2021

1. Automatic, pressure cycled resuscitators are not acceptable. [↑](#footnote-ref-2)
2. CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO2, capable of regulating Positive End Expiratory Pressure (PEEP), latex-free, and the ability to attach a nebulizer. [↑](#footnote-ref-3)
3. Hyperangulated blades are not accepted [↑](#footnote-ref-4)
4. Suitable for use with adult and pediatric patients [↑](#footnote-ref-5)
5. Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters [↑](#footnote-ref-6)
6. Capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery. [↑](#footnote-ref-7)
7. May be commercially prepared, but must contain items listed [↑](#footnote-ref-8)
8. MDPB approved percutaneous cricothyroidotomy kits only if they follow the method of piercing the cricothyroid membrane [↑](#footnote-ref-9)
9. recommended 6.0 internal diameter for adults [↑](#footnote-ref-10)
10. Or other FDA Approved Patient Antiseptic Skin Preparations as a **means to prep and cleanse the skin** [↑](#footnote-ref-11)
11. May be commercially prepared, but must contain items listed [↑](#footnote-ref-12)
12. It is recommended to have NO MORE THAN one device per class (periglottic and transglottic). [↑](#footnote-ref-13)
13. It is recommended to have NO MORE THAN one device per class (periglottic and transglottic). [↑](#footnote-ref-14)
14. Suitable for use with adult and pediatric patients [↑](#footnote-ref-15)
15. Acceptable Alternative - An occlusive dressing as well as a device for wrapping a newborn, such as a space blanket, must be present. [↑](#footnote-ref-16)
16. Roller Bandages must be self-adhering and 3 inches minimum width. [↑](#footnote-ref-17)
17. Must support wound packing [↑](#footnote-ref-18)
18. Must be a commercially manufactured device in its original packaging, be a minimum of one inch wide, be latex free, and use a windlass or mechanical advantage to tighten the device. [↑](#footnote-ref-19)
19. As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules. [↑](#footnote-ref-20)
20. Must be unexpired, in commercially sealed container(s), and total no less than 500 ml (multiple smaller size containers are acceptable). [↑](#footnote-ref-21)
21. Suitable for use with adult and pediatric patients [↑](#footnote-ref-22)
22. All IV catheters must be "over the needle" type catheters. [↑](#footnote-ref-23)
23. Pump must be: U.S. Food and Drug Administration approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source. [↑](#footnote-ref-24)
24. Commercially available [↑](#footnote-ref-25)
25. Soft collars are not acceptable [↑](#footnote-ref-26)
26. A rigid Flight Frame is an acceptable alternative to a long and short spinal immobilization device [↑](#footnote-ref-27)
27. Pediatric size is recommended [↑](#footnote-ref-28)
28. Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36” and 15” boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length. [↑](#footnote-ref-29)
29. A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis [↑](#footnote-ref-30)
30. Small, Medium, Large & Extra-Large Sizes [↑](#footnote-ref-31)
31. Material and design must provide a protective barrier against contact with patient's body fluids. [↑](#footnote-ref-32)
32. Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher. [↑](#footnote-ref-33)
33. 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required. [↑](#footnote-ref-34)
34. Must have external continuous waveform end-tidal Carbon Dioxide monitoring. [↑](#footnote-ref-35)