

Class A Rapid Response Non-Transporting Minimum Equipment and Supplies. (EMR, BLS, and ALS)

This is the minimum equipment and supplies required on dedicated Class A EMS Rapid Response Vehicles operated by Licensed EMS Agencies and Fire Department Rapid Response Licensed Agencies. All supplies must be clean and organized. When applicable, items must be sealed and within current expiration period. Vehicles must have required equipment on-board during EMS response and patient treatment.

| Response Type | | |
|---------------|-----|-----|
| EMR | BLS | ALS |
| Qty | Qty | Qty |

A. Airway and Ventilation

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| Portable suction unit, assembled and ready for use – commercially available manual unit is acceptable | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Large bore rigid oral suction catheters – must have internal diameter greater than or equal to 0.25 inches | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Portable oxygen system with non-gravity dependent oxygen flow regulator (bourdon gauge flowmeter/15 lpm) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Adult nasal cannula | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Pediatric nasal cannula | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Adult non-rebreather (NRB) mask | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Pediatric non-rebreather (NRB) mask | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Oxygen connection tubing – may be with BVM or nebulizers | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Oropharyngeal airways – sizes 0 through 5 | 1 set <input type="checkbox"/> | 1 set <input type="checkbox"/> | 1 set <input type="checkbox"/> |
| Nasopharyngeal airways – assorted sizes, 16 Fr – 34 Fr (≥ 5 different sizes) | 1 set <input type="checkbox"/> | 1 set <input type="checkbox"/> | 1 set <input type="checkbox"/> |
| Supraglottic airway Resus kits i-Gel®– sizes 3, 4, and 5. | NA | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Adult end-tidal CO2 detectors – colorimetric or qualitative | NA | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Pediatric end-tidal CO2 detectors – colorimetric or qualitative | NA | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Adult, child and infant bag valves, self-filling with oxygen reservoir | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Clear masks for bag valves, sizes: adult, child, infant and neonatal | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Chest decompression large bore needle: Adult: minimum of 3.25" length 14 – 16 gauge Child: 1.25" 16 gauge for pediatrics | NA | NA | 1ea <input type="checkbox"/> |

B. Monitoring and Assessment

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| Blood pressure cuffs – XL, Adult and Child sizes | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Stethoscope, suitable for adult and pediatric use | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| AED with adult defibrillator pads – if NOT pediatric capable, must have pediatric pads | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | NA |
| Glucometer with single-use fully disposable lancets and glucose strips | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Pulse oximeter for adult and pediatric use with all necessary equipment (portable or attached to cardiac monitor) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

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| Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion | NA | NA | 1 <input type="checkbox"/> |
| Spare battery for patient monitoring system | NA | NA | 1 <input type="checkbox"/> |
| Adult and pediatric defibrillation and transcutaneous pacing cables/pads and electrodes for patient monitoring system | NA | NA | 1 <input type="checkbox"/> |
| Cables, probes and supplies for ECG monitoring | NA | NA | 1 <input type="checkbox"/> |
| C. Immobilization Equipment | | | |
| Rigid cervical collar: Large, medium, small and child -OR- Adjustable cervical collar – adult and pediatric | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Padded extremity splints (cardboard, wire, air, or SAMS) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| D. Wound Management | | | |
| Sterile burn sheets | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Sterile 10" x 30" multi-trauma dressings | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Sterile 4"x4" gauze | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| Sterile occlusive dressings, 3" x 8" or larger | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Adhesive tape, assorted sizes and types. One roll must be hypoallergenic/latex-free | 2 rolls <input type="checkbox"/> | 2 rolls <input type="checkbox"/> | 2 rolls <input type="checkbox"/> |
| Self-adhering gauze bandages – Kling or equivalent | 4 rolls <input type="checkbox"/> | 4 rolls <input type="checkbox"/> | 4 rolls <input type="checkbox"/> |
| Triangular bandages | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Commercial Arterial Tourniquet – CAT®, MAT®, etc. | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Heavy-duty bandage scissors or shears | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| E. Infection Control | | | |
| Protective eyewear – full peripheral glasses, goggles or face shield | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> |
| NIOSH N-95 or N-100 face masks | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> |
| Protective gowns or coveralls | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> |
| Protective shoe covers | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> | Min 2 <input type="checkbox"/> |
| Disposable exam gloves meeting NFPA 1999 requirements – assorted and appropriate sizes. Must include hypoallergenic/latex-free types (XL, L, M, and S) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Disinfectant waterless hand cleaner | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Biohazard trash bags | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Portable sharps containers | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| F. Medications | | | |
| Albuterol, 2.5 mg/3 ml unit dose ampule | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Ipratropium Bromide (Atrovent®) 500 microgram unit dose ampules <i>(If not carrying Combivent® -or- Duoneb®)</i> | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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| Combivent® -OR- Duoneb® - 2.5mg Albuterol mixed with 0.5mg Ipratropium Bromide. <i>(Optional: Squads may also choose to carry Albuterol and Ipratropium Bromide individually.)</i> | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Aspirin, 81 mg tablets, chewable | NA | 1 BTL <input type="checkbox"/> | 1 BTL <input type="checkbox"/> |
| Atropine, 1 mg, pre-loaded syringe | NA | NA | 3 <input type="checkbox"/> |
| Dextrose 25gms (either preloaded D50W syringe) or alternate, i.e.(D10W infusion bag) | NA | NA | 1 <input type="checkbox"/> |
| Diphenhydramine (Benadryl®), Injectable 100 mg total | NA | 100mg <input type="checkbox"/> | 100mg <input type="checkbox"/> |
| Epinephrine, 1:10,000 , 1 mg pre-loaded syringe | NA | NA | 6 <input type="checkbox"/> |
| Epinephrine, 1:1,000 , 1 mg <i>(BLS MUST carry Epi 1:1000 -or- 2 each Epi Pen and 2 each Epi Pen Jr.)</i> | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Epi Pen and Epi Pen Jr. Optional <i>(EMR's shall only utilize auto-injectors)</i> | 2 <input type="checkbox"/> | NA | NA |
| Naloxone, 1 mg/ml <i>(Optional prepackaged IN atomizer in a concentration not to exceed 1 ml per nostril)</i> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Nitroglycerin, 0.4 mg (1/150) tablet or spray | NA | 1 Bottle <input type="checkbox"/> | 1 Bottle <input type="checkbox"/> |
| Normal saline, 0.9%, 1000 ml | NA | NA | 2 <input type="checkbox"/> |
| Oral glucose, 15 gm | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| G. OPTIONAL Medications | | | |
| Acetaminophen (Tylenol®), oral suspension, 650 mg | NA | 650 mg <input type="checkbox"/> | 650 mg <input type="checkbox"/> |
| Acetaminophen, 100ml bag | NA | NA | 2 <input type="checkbox"/> |
| Adenosine (Adenocard®), 18 mg total | NA | NA | 18 mg |
| Ipratropium Bromide (Atrovent®) 500 microgram unit dose ampules <i>(If not carrying Combivent® -or- Duoneb®)</i> | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Combivent® -OR- Duoneb® - 2.5mg Albuterol mixed with 0.5mg Ipratropium Bromide. <i>(Optional: Squads may also choose to carry Albuterol and Ipratropium Bromide individually.)</i> | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Amiodarone, Injectable (May substitute with Lidocaine) | NA | NA | 450 mg <input type="checkbox"/> |
| Calcium Chloride, 1 gm | NA | NA | 2 <input type="checkbox"/> |
| Cefazolin, 1 gm | NA | NA | 3 <input type="checkbox"/> |
| Dexamethasone 10 mg | NA | NA | 10 mg <input type="checkbox"/> |
| Droperidol 2.5 mg/ml or 5 mg/ml | NA | NA | 10 mg <input type="checkbox"/> |
| Epinephrine, 1:1,000 , 1 mg <i>(BLS MUST carry Epi 1:1000 -or- 2 each Epi Pen and 2 each Epi Pen Jr.)</i> | NA | 2 <input type="checkbox"/> | NA |
| Epi Pen and Epi Pen Jr. Optional <i>(EMR's shall only utilize auto-injectors)</i> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | NA |
| Fentanyl (Sublimaze®) | NA | NA | 200 mcg <input type="checkbox"/> |
| Furosemide (Lasix®) | NA | NA | 80 mg <input type="checkbox"/> |
| Glucagon, 1 mg | NA | 1 <input type="checkbox"/> | 1 <input checked="" type="checkbox"/> |
| Heparin, 5,000 unit bolus | NA | NA | 1 <input type="checkbox"/> |

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| Hydralazine, 20 mg total | NA | 20 mg <input type="checkbox"/> | 20 mg <input type="checkbox"/> |
| Ketamine (Ketalar) 320 mg | NA | NA | 320 mg <input type="checkbox"/> |
| Ketorolac (Toradol), 15 mg total | NA | NA | 15 mg <input type="checkbox"/> |
| Lidocaine (Xylocaine®), 100 mg pre-loaded syringe (May substitute with Amiodarone) | NA | NA | 3 <input type="checkbox"/> |
| Lidocaine (Xylocaine®) for infusion (May substitute with Amiodarone) | NA | NA | 1 <input type="checkbox"/> |
| Magnesium Sulfate, 4 gm total | NA | 4 gm <input type="checkbox"/> | 4 gm <input type="checkbox"/> |
| Metoprolol. (15 mg) | | 15 mg <input type="checkbox"/> | 15 mg <input type="checkbox"/> |
| Midazolam (Versed®), 10 mg total | NA | NA | 10 mg <input type="checkbox"/> |
| Ondansetron (Zofran®), total 8 mg | NA | 8 mg <input type="checkbox"/> | 8 mg <input type="checkbox"/> |
| Oxytocin, 20 units total | NA | 20 Units <input type="checkbox"/> | 20 Units <input type="checkbox"/> |
| Tetracaine (0.5%), (Ophthalmic drops) 2 ml total | NA | 2 ml <input type="checkbox"/> | 2 ml <input type="checkbox"/> |
| Tranexamic Acid (TXA) 2 gm total | NA | NA | 2 gm <input type="checkbox"/> |
| Sodium Bicarbonate, 100 mEq total | NA | NA | 100 mEq <input type="checkbox"/> |
| Sodium Chloride (Normal Saline) (0.9%), 100 ml IV bag | NA | NA | 2 <input type="checkbox"/> |
| 3% Hypertonic Normal Saline | NA | NA | 500 ml <input type="checkbox"/> |
| OPTIONAL RSI Medications | | | |
| Etomidate (Amidate), 80 mg total | NA | NA | 80 mg <input type="checkbox"/> |
| Succinylcholine (Anectine), 400 mg total | NA | NA | 400 mg <input type="checkbox"/> |
| Rocuronium (Zemuron®) 200 mg | NA | NA | 200 mg <input type="checkbox"/> |
| H. OB Equipment | | | |
| Sterile OB kits with bulb syringe | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Thermal absorbent blanket and head cover made of a heat-reflective material | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| I. Safety - Quantities for crew configuration | | | |
| Protective helmet meeting ANSI Z89.1 Type II, NFPA 1908-2007 or NFPA 1951-2007 standards | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> |
| Protective eyewear meeting ANSI Z87.1-2003 standards | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> |
| High visibility clothing compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) ANSI/ISEA 107-2004-Class 3 or 207. | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> |
| Protective gloves, extrication-type or heavy-duty leather | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> | Min Crew <input type="checkbox"/> |
| Current DOT Emergency Response Guidebook (paper or electronic version) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| J. Miscellaneous | | | |
| Blankets | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Flashlight | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

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| Cold packs | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Hot packs | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Protocol manual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Triage Tags | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| WV triage tape rolls – red, yellow, green, black, and blue or blue white striped | 1 ea <input type="checkbox"/> | 1 ea <input type="checkbox"/> | 1 ea <input type="checkbox"/> |
| K. IV and Medication Administration | | | |
| 60gtts/ml Mini-drip IV administration set. May utilize Select-3® sets or equivalent | NA | NA | 2 <input type="checkbox"/> |
| 10 to 15gtts/ml Macro-drip IV administration set. May utilize Select-3® sets or equivalent | NA | NA | 2 <input type="checkbox"/> |
| Extension sets. May utilize Select-3® sets or equivalent | NA | NA | 2 <input type="checkbox"/> |
| Saline locks and flushes | NA | NA | 2 <input type="checkbox"/> |
| Adequate site preparation materials – alcohol or povidone | NA | NA | 2 <input type="checkbox"/> |
| Venous tourniquets | NA | NA | 2 <input type="checkbox"/> |
| IV catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g | NA | NA | 2 ea <input type="checkbox"/> |
| Nebulizer kits | NA | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Drug atomizers | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Syringes in appropriate quantities and sizes – 1ml, 3ml, 5ml, 10ml, 30ml, 60ml | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Needles in appropriate quantities, sizes and lengths. Some greater than 1.5” in length for IM medication administration | NA | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Length/weight based pediatric drug and equipment reference – <i>Broselow</i> tape or Pedi Wheel or equivalent | NA | NA | 1 <input type="checkbox"/> |
| L. OPTIONAL RSI/Blood Products | | | |
| Blood Product (Packed Red Blood Cells or approved equivalent) <i>(requires specific IV blood administration equipment)</i> | NA | NA | 1 unit <input type="checkbox"/> |
| Video Assisted Laryngoscope - <i>(ALS-RSI Protocol requires this device as standard equipment)</i> (Blade for each pt. age/size that DAI / RSI permitted) | NA | NA | 1 ea. <input type="checkbox"/> <i>Optional based on use of RSI</i> |
| Laryngoscope handle with extra batteries | NA | NA | 1 <input type="checkbox"/> |
| Laryngoscope blades – • 0 & 1 (Miller) straight • 2, 3, 4 (Miller) straight or (Macintosh) curved • Spare bulbs if applicable | NA | NA | 1 ea. <input type="checkbox"/> |
| ET tubes, sizes: | | | |
| • 2.5 cuffed or uncuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 3.0 or 3.5 cuffed or uncuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 4.0 or 4.5 cuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 5.0 or 5.5 cuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 6.0 or 6.5 cuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 7.0 or 7.5 cuffed | NA | NA | 2 ea. <input type="checkbox"/> |
| • 8.0 or 8.5 cuffed | NA | NA | 2 ea. <input type="checkbox"/> |

