



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 98-04

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Re: Equipment Update

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This policy is another in a continuing series published in an effort to help keep EMS services informed of changes in equipment and answer common questions pertaining to equipment requirements of the State EMS Code, Part 800.

Item 1 - Battery Lantern (800.24.g.2 & 800.26.d.2)

A battery lantern is considered to be a device capable of providing a sufficient amount of light to provide limited patient care when lighting or electrical failures occur in a vehicle and also capable of providing light remotely at a scene. One two "D" cell or larger hand held or free standing light *with* a halogen or krypton light source is acceptable and will meet the requirements of the code.

Item 2 - Penlight/Flashlight (800.24.f.15 & 800.26.b.6)

A flashlight may be a reusable or disposable pen size or mini flashlight generally used while performing patient assessment duties such as pupillary response. A battery lantern meeting the requirements of item one (1) of this policy does **not** meet the requirement for this item.

Item 3 - Adult Extrication Collars (800.24.c.5 & 800.26.a.14)

Each certified ambulance or ALS-FR service must have adult rigid extrication collars available in three (3) different sizes which provide access to the patients anterior neck. The Department has determined that, when used according to manufactures specifications, one adjustable style collar is equivalent to the three (3) individual adult sizes required. Therefore, one (1) adjustable rigid collar may replace the three (3) adult sized collars. One adjustable collar does **not** however, replace the need for a pediatric collar. Services are advised to discuss the choice of adjustable cervical collars with their service medical director and insure that all personnel are fully trained in the application, sizing and use of any cervical collar.

It is recommended, that enough collars, of the same style and manufacture be available to provide for the possibility of two (2) or more patients. It is also recommended that collars not be carried or stored on a vehicle handrail as they may become easily soiled or contaminated.

Item 4 - Blood Pressure Cuffs (800.24.f.5 & 800.26.a.13)

Many vehicles have fixed blood pressure cuffs in the patient compartment. Thus, a provider cannot perform an adequate assessment for a patient away from the vehicle. Therefore, at least one blood pressure cuff needs to be available to permit adequate patient assessment away from the vehicle. Any blood pressure cuff which is currently on a certified vehicle must be in good working order, including proper calibration of the gauge to zero.

Item 5 - Adult Bag Valve Mask (B.V.M.) (800.24.b.1 & 800.26.b.2)

Each certified vehicle is required to have a manually operated self-refilling adult size B.V.M. with **two (2) different sized adult** masks. Masks must be clear and have an inflatable air cushion. One (1) clear adult Blob type mask may replace the two (2) different sized adult masks. Merely having two (2) similar sized adult masks does not meet the requirements of 800.24.b.1.

It is recommended that the two (2) different sized adult masks be stored in the same container as the adult B.V.M.

Item 6 - Pediatric Bag Valve Mask (B.V.M.) (800.24.h.1&.2 & 800.26.b.2)

Each certified vehicle is required to have a pediatric size B.V.M. with **three (3) different sized** clear pediatric masks with an inflatable rim. These sizes will include child, infant, and neonate. One (1) pediatric Blob mask does **not** replace the need for three (3) pediatric masks.

It is recommended that the three (3) pediatric masks be stored in the same container as the pediatric B.V.M.

Item 7 - Adult and Pediatric Oral Airways (800.24.b.2&.4 & 800.26.b.3)

A total of ten (10) oral airways are required and need to include four (4) adult airways in various sizes and 2 sets of three (3) pediatric airways in child, infant, and neonate sizes. Oral airways must be kept clean and sanitary, and are **not** required to be sterile or individually wrapped. **Do not wrap individual oral airways in foil or plastic wrap.** Pediatric airways may be stored separately if there is a separate pediatric kit or cabinet routinely maintained on the vehicle.

*It is recommended that one complete set of seven (7) airways be stored in a box or plastic bag that is easily accessible to the care giver. Do **not** store bulk quantities of multiple sized airways in one container.*

Item 8 - Secured Equipment (800.23.d)

It is the intent of this requirement to minimize possible injury to crew members or patients, and damage to the vehicle or the equipment itself, that may result from equipment not being properly secured. All equipment in each vehicle will be secured, as far as is practical, except when the equipment is being used to provide patient care. All items of equipment, such as defibrillator units, jump kits, and portable oxygen units need to have a secure storage area. These items may be stored strapped to the ambulance

stretcher so long as the head of the stretcher is in the raised position. Cabinet doors and other coverings must be functional and unbroken. It is recommended that ,whenever possible, every effort be made to secure all equipment during patient transport.

Item 9 - Sealed \ Pre- inventoried Equipment Bags and Cabinets

Services may use pre-inventoried kits or cabinets for equipment or supplies, and may seal or secure them to guarantee the contents. Any such seal must be easily broken to ensure availability and access for use. Furthermore, the attendant must be able to readily locate, identify and access any equipment that is contained in a sealed kit or cabinet. Services must have policies in effect which call for the routine opening, cleaning, and re inventory of these sealed areas. Each kit or cabinet must have an inventory list visible or available in the vehicle. Items considered to be “lifesaving” in nature, such as suction catheters or tubing and oxygen delivery devices, must have at least one item located outside of any sealed cabinet.

Item 10- Sharps Containers

Part 800 does not directly address the issue of sharps containers. Each service will have a policy addressing the storage and disposal of used/contaminated sharps. It is **not** required that a sharps container to be locked in a cabinet, but it is required that the container be properly secured. Caution should be taken when using these containers to prevent over filling and accidental exposure. Never break, bend, cut, or recap any needles prior to disposing of them. Never forcefully push a needle into a container. Smaller volume agencies should make provisions to empty small containers at the end of each day. Similar practices of maintenance and cleaning should pertain to all other trash containers.

It is recommended that a service use the smallest size collection bin reasonable for the daily needs of the service.