



# GEORGIA TRAUMA COMMISSION

December 20, 2022

## **Notice of Grant Awards for EMS Trauma-Related Equipment for FY 2023 GTCNC Budget**

At the request of the EMS Committee, the GTCNC approved another grant award opportunity using FY 2023 funding for your EMS agency "GRANTEE" to be used for purchase(s) of Trauma Related Equipment to equip ambulances. The total amount of funds to be awarded is \$1,165,031 statewide. Our current ambulance counts yielded **1521** ambulances for reimbursement up to **\$765.96** per ambulance. *All awarded funds are State funds. Funds will be distributed on a reimbursement basis only. Attachment D contains the award amount per grantee.*

Attached please find the following documents:

Attachment A - Grant Application

Attachment B - Instructions for the required notarized affidavit.

Attachment C - Approved equipment lists.

Attachment D - Awards by Region/Service.

The deadline to submit completed grant packets, including your agency applications, affidavit, and copy of invoice or purchase order for reimbursement, is on or before **February 1, 2023.** Applications received after this date will be returned to the sender.

***PLEASE NOTE:*** *We will accept applications emailed to ([gtcbusinessops@gtcnc.org](mailto:gtcbusinessops@gtcnc.org)) or mailed to GTCNC, 248 W Jefferson Street Madison, GA 30650. If sending an electronic copy, it is no longer necessary to mail a hard copy.*

This grant can be used by the GRANTEE to purchase equipment that is on the required list for ambulance licensure by the Georgia State Office of EMS and Trauma within the Joint Policy Statement or the Commission-approved list, both in Attachment C. The purpose of the FY 2023 EMS Equipment Grant is to reimburse EMS Agencies for equipment purchased from the approved equipment lists found in Attachment C. This has been updated with the approved most recent equipment grant cycle.

Attachment D provided gives a list of EMS agencies and award amounts by Region. This list has been reviewed and confirmed by the Georgia Office of EMS and Trauma. If you see a discrepancy in the number of 911 ambulances for your agency, please let us know, and we will make every effort to adjust that in future grant opportunities.

We require a separate grant application for each County you are applying for.

*\*In an effort to be more efficient and make timely reimbursement payments to our Grantees, the GTCNC strongly encourages using ACH. Our policy mirrors the State Accounting Office policy regarding ACH payments. Please contact us if there are any questions about ACH payments\**

Applications will be submitted for payment once grants are approved by the EMS Committee. Once payment requests are submitted to the Department of Public Health by the Georgia Trauma Care Network Commission, Grantees should receive a payment within two weeks. You will be notified that your application has been submitted for payment and notified when the payment has been released from the Department of Public Health.

We look forward to serving the EMS community with this grant award opportunity. If you have any questions, please feel free to contact the GTCNC office at 706-841-2800, as any of the office staff can assist.

Sincerely,

*Elizabeth V. Atkins*

Elizabeth V. Atkins, MSN, RN, TCRN  
Executive Director  
Georgia Trauma Care Network Commission  
[liz@gtcnc.org](mailto:liz@gtcnc.org)

Ecc: Dennis W. Ashley, MD, FACS  
Chairman, Georgia Trauma Care Network Commission



# GEORGIA TRAUMA COMMISSION

## GEORGIA TRAUMA COMMISSION EMS TRAUMA RELATED EQUIPMENT GRANT APPLICATION FORM

Name of Grant: FY 2023 EMS GTCNC EMS Trauma Related Equipment Grant

Applying Organization Legal Name:

Doing Business As "DBA" (if differs from Legal Name):

Mailing Address:

Payment Address:

City: State: ZIP Code: County:

Phone: Fax: E-mail:

Federal Tax ID Number:

GA EMS Provider License Number:

### EMS DIRECTOR OF APPLYING ORGANIZATION

Name/Title:

Phone: E-mail:

**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION** (If Different from Contact Person(s) listed above)

Name/Title:

Phone: E-mail:

### Please answer each question:

QUESTION	ANSWER FIELD
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.	
Which county or counties is the Applying Organization requesting funds for?	
We understand that this grant is limited to the number of Ambulances that service the 911 zone in this county. Please provide the number of ambulances that meet this criterion.	

*I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.*

SIGNATURE:

TITLE:

DATE:

**This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.**

**All awarded funds are State Funds.**



**GEORGIA TRAUMA  
COMMISSION**

Provide a notarized affidavit on applying organization’s letterhead that affirms the following:

“I am the Director of \_\_\_\_\_ (name your EMS Agency here). I, \_\_\_\_\_ (print name), do affirm the following listed equipment has been purchased and placed in service. I, \_\_\_\_\_ (print name), agree to the following items listed below (type out all items listed in Attachment B add additional rows if needed).”

Item(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
<b>Total Cost of All Items Purchased</b>			

1. I am the Authorized Agent for this Ambulance Service. We are the zoned 911 provider in the County we are requesting the grant for. Agree to utilize these grant dollars for trauma related services with the 911-zone EMS agency described in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is affected.
  - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
  - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911-zone EMS Agency.
3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the local 911-zoned EMS Response system.
4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically, for CY 2023-2024, the organization agrees to participate in its respective EMS Region trauma system plan development; and all Regional Trauma Advisory Committee meetings.
5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.

6. Applying organization agrees to make available, at all reasonable times during FY 2023, the records for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
7. Applying organization shall preserve and make available its records for a period of five (5) years from the date of final payment under this agreement or for such period (if any) as is required by applicable statute.

\_\_\_\_\_  
Signature of Affiant Date: \_\_\_\_\_

State of Georgia

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_

Date

by \_\_\_\_\_,

Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

\_\_\_\_ Personally Known

or

\_\_\_\_ Produced Identification

Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
(Name of notary, typed, stamped or printed)

Notary Public State of Georgia

My commission expires: \_\_\_\_\_

Stamp/Seal



# GEORGIA TRAUMA COMMISSION

## EMS Trauma Care Related Equipment Grant

Revised 4/21/22

### Additional Approved Supplies List:

Adult Intraosseous Supplies  
Capnography  
External Blood Clotting Supplies  
Impedance Threshold devices (ITD)  
Eject Helmet Removal System  
Scoop Stretcher  
Pediatric Resuscitation Items  
Commercially made Pelvic Stabilization Devices  
Commercially made Tourniquet Devices  
Commercially made Eye Irrigation Devices  
Pressure infusion bags  
Commercially made Chest Decompression Needles  
Commercial Washing Machine  
Emergency Cricothyrotomy Kit (non-surgical crico kit)  
Pulse oximeters and probes  
Transport Ventilator  
Laptop/Toughbooks  
Video Laryngoscopy  
Rescue/Evacuation Litter  
Rescue Advanced Life Support Skill Mannequin Trainer  
Jump Bags  
Thermometers  
Infusion Pumps  
Stair Chair  
Replacement AVLS Antennae  
Portable, lightweight, patient lifting device (Binder Lift)  
Bariatric Ambulance Ramp  
Narcotics Lock Box  
Two-way Radios  
Pediatric Ambulance Child Restraint devices

Blood Cooling Devices  
Blood Temperature Monitor  
Blood Warming Tube

Batteries & Battery Chargers – for cardiac monitors, stretchers, two-way radios and the like  
Adult & Pediatric Airway head mannequins  
Combi Extrication Tool  
Disposable CPAP units  
Utility Terrain Vehicle  
Automatic Chest Compression System  
Apple iPad  
Tablets  
IV Warmers  
Image Trend Kno2 Software  
Motorola Minitor VI Pagers  
Driving Simulator

# JOINT POLICY STATEMENT

## EQUIPMENT FOR GROUND AMBULANCES

American Academy of Pediatrics  
 American College of Emergency Physicians  
 American College of Surgeons Committee on Trauma  
 Emergency Medical Services for Children  
 Emergency Nurses Association National  
 Association of EMS Physicians National  
 Association of State EMS Officials

Four decades ago, the Committee on Trauma of the American College of Surgeons (ACS) developed a list of standardized equipment for ambulances. In 1988, the American College of Emergency Physicians (ACEP) published a similar list. The two organizations collaborated on a joint document published in 2000, and the National Association of EMS Physicians (NAEMSP) participated in the 2005 revision. The 2005 revision included resources needed on emergency ground ambulances for appropriate homeland security. All three organizations adhere to the principle that emergency medical services (EMS) providers at all levels must have the appropriate equipment and supplies to optimize out-of-hospital delivery of care. The document was written to serve as a standard for the equipment needs of emergency ground ambulance services both in the United States and Canada.

EMS providers care for patients of all ages who have a wide variety of medical and traumatic conditions. The 2009 revision included updated pediatric recommendations developed by members of the Federal Emergency Medical Services for Children (EMSC) Stakeholder Group and endorsed by the American Academy of Pediatrics (AAP). The EMSC program has developed several performance measures for the program's state partnership grantees. One of the performance measures evaluates the availability of essential pediatric equipment and supplies for basic life

support (BLS) and advanced life support (ALS) patient care units. This document is used as the standard for this performance measure. The National Association of State EMS Officials and the Emergency Nurses Association have participated in the latest revision process. The recommendations in this document specifically pertain to ALS and BLS emergency ground ambulance services in the United States.

For purposes of this document, the following definitions have been used: a neonate is 0–28 days old, an infant is 29 days to 1 year old, and a child is >1 year through 11 years old with delineation into the following developmental stages:

Toddlers (1–3 years old)  
 Preschoolers (3–5 years old)  
 Middle childhood (6–11 years old)  
 Adolescents (12–18 years old)

These standard definitions are age based. Length-based systems have been developed to more accurately estimate the weight of children and predict appropriate equipment sizes, medication doses, and guidelines for fluid volume administration.

## PRINCIPLES OF OUT-OF-HOSPITAL CARE

The goal of out-of-hospital care is to minimize further systemic injury and manage life-threatening conditions through a series of well-defined and appropriate interventions and to embrace principles that ensure patient safety. High-quality, consistent emergency care demands continuous quality improvement and is directly dependent on the effective monitoring, integration, and evaluation of all components of the patient's care.

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Declaration of Interest: Organizations participating in this joint policy statement, and their representatives to the working group that drafted it, report no conflicts of interest.

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Integral to this process is medical oversight of out-of-hospital care by using preexisting patient care protocols (indirect medical oversight), which are evidence based when possible, or by medical control via voice and/or video communication (direct medical oversight). The protocols that guide patient care should be established collaboratively by medical directors for ground ambulance services, adult and pediatric emergency medicine physicians, adult and pediatric trauma surgeons, and appropriately trained basic and advanced emergency medical personnel. Current recommendations of the Institute of Medicine (IOM) encourage each EMS agency to have a pediatric coordinator to specifically coordinate the capability of the service to care for non-adult patients.

## EQUIPMENT AND SUPPLIES

The current guidelines provide a recommended core list of supplies and equipment that should be stocked on ground ambulances to provide the accepted standards of patient care. Equipment requirements will vary, depending on the certification or licensure levels of the providers (as defined by the National EMS Scope of Practice Model 2007 [www.ems.gov/education/EMSScope.pdf](http://www.ems.gov/education/EMSScope.pdf)), local medical direction and jurisdiction, population densities, geographic and economic conditions of the region, and other factors.

The National EMS Scope of Practice Model defines and describes four certification or licensure levels of EMS provider: emergency medical responder (EMR), emergency medical technician (EMT), advanced EMT (AEMT), and paramedic. Each level represents a unique role, set of skills, and knowledge base. The National EMS Scope of Practice Model establishes a framework that ultimately determines the range of skills and roles that an individual possessing a state EMS license is authorized to do in a given EMS system. Individual state EMS rules or regulations that limit provider scope of practice may impact the need for availability of certain pieces of equipment.

The current equipment list is derived from a number of sources, which may be found in the reference list at the end of the document. The use of a proprietary name that is inextricably linked with its product should not be construed as an endorsement.

The following list is divided into equipment for basic life support (BLS) and advanced life support (ALS) emergency ground ambulances. ALS ambulances must have all of the equipment on the required BLS list as well as equipment on the required ALS list. This list represents a consensus of recommendations for equipment and supplies that will facilitate patient care in the out-of-hospital setting.

## REQUIRED EQUIPMENT FOR BLS EMERGENCY GROUND AMBULANCES

- A. Ventilation and Airway Equipment
  1. Portable and fixed suction apparatus with a regulator, per federal specifications
    - Wide-bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6F–16F, are commercially available (have one between 6F and 10F and one between 12F and 16F)
  2. Portable oxygen apparatus, capable of metered flow with adequate tubing
  3. Portable and fixed oxygen supply equipment
    - Variable flowmeter
  4. Oxygen administration equipment
    - Adequate-length tubing; transparent mask (adult and child sizes), both non-rebreathing and valveless; nasal cannulas (adult, child)
  5. Bag-valve mask (manual resuscitator)
    - Hand-operated, self-expanding bag; adult (>1000 mL) and child (450–750 mL) sizes, with oxygen reservoir/accumulator, valve (clear, operable in cold weather), and mask (adult, child, infant, and neonate sizes)
  6. Airways
    - Nasopharyngeal (16F–34F; adult and child sizes)
    - Oropharyngeal (sizes 0–5; adult, child, and infant sizes)
  7. Pulse oximeter with pediatric and adult probes
  8. Saline drops and bulb suction for infants
- B. Monitoring and Defibrillation
 

BLS ground ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator. The AED should have pediatric capabilities, including child-sized pads and cables OR dose attenuator with adult pads.
- C. Immobilization Devices
  1. Cervical collars
    - Rigid for children ages 2 years or older; child and adult sizes (small, medium, large, and other available sizes) OR pediatric and adult adjustable cervical collars
  2. Head immobilization device (not sandbags)
    - Firm padding or commercial device
  3. Upper and lower extremity immobilization devices
    - Joint-above and joint-below fracture (sizes appropriate for adults and children) rigid support, constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood, or plastic)



4. Impervious backboards (long, short; radiolucent preferred) and extrication device
    - Short extrication/immobilization device (e.g., KED)
    - Long transport (head-to-feet length) with at least 3 appropriate restraint straps (chin strap alone should not be used for head immobilization) and with padding for children and handholds for moving patients
  - D. Bandages/Hemorrhage Control
    1. Commercially packaged or sterile burn sheets
    2. Bandages
      - Triangular bandages
    3. Dressings
      - Sterile dressings, including gauze sponges of suitable size
      - Abdominal dressing
    4. Gauze rolls
      - Various sizes
    5. Occlusive dressing or equivalent
    6. Adhesive tape
      - Various sizes (including 1<sup>11</sup> and 2<sup>11</sup>) hypoallergenic
      - Various sizes (including 1<sup>11</sup> and 2<sup>11</sup>) adhesive
    7. Arterial tourniquet (commercial preferred)
  - E. Communication
 

Two-way communication device between ground ambulance, dispatch, medical control, and receiving facility
  - F. Obstetrical Kit (commercially packaged are available)
    1. Kit (separate sterile kit)
      - Towels, 4<sup>11</sup> × 4<sup>11</sup> dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, blanket
    2. Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn infant)
  - G. Miscellaneous
    1. Access to pediatric and adult patient care protocols
    2. A length-based resuscitation tape OR a reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing based on length OR age
    3. Sphygmomanometer (pediatric and adult regular size and large cuffs)
    4. Adult stethoscope
    5. Thermometer with low-temperature capability
    6. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots
    7. Cold packs
    8. Sterile saline solution for irrigation
    9. Two functional flashlights
    10. Blankets
    11. Sheets (at least one change per cot)
    12. Pillows
    13. Towels
    14. Triage tags
    15. Emesis bags or basins
    16. Urinal
    17. Wheeled cot
    18. Stair chair or carry chair
    19. Patient care charts/forms or electronic capability
    20. Lubricating jelly (water soluble)
  - H. Infection Control\*
    1. Eye protection (full peripheral glasses or goggles, face shield)
    2. Face protection (e.g., surgical masks per applicable local or state guidance)
    3. Gloves, nonsterile
    4. Fluid-resistant overalls or gowns
    5. Waterless hand cleanser, commercial antimicrobial (towelette, spray, or liquid)
    6. Disinfectant solution for cleaning equipment
    7. Standard sharps containers, fixed and portable
    8. Biohazard trash bags (color coded or with biohazard emblem to distinguish from other trash)
    9. Respiratory protection (e.g., N95 or N100 mask—per applicable local or state guidance)
- \*Latex-free equipment should be available
- I. Injury-prevention Equipment
    1. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances. For children, this should be according to the National Highway Traffic Administration's document: Safe Transport of Children in Emergency Ground Ambulances ([www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf))
    2. Fire extinguisher
    3. Department of Transportation Emergency Response Guide
    4. Reflective safety wear for each crewmember (must meet American National Standard for High Visibility Public Safety Vests if working within the right of way of any federal-aid highway. Visit [www.reflectivevest.com/federalhighwayruling.html](http://www.reflectivevest.com/federalhighwayruling.html) for more information)

## REQUIRED EQUIPMENT: ADVANCED LIFE SUPPORT (ALS) EMERGENCY GROUND AMBULANCES

For paramedic services, include all of the required equipment listed above, plus the following additional equipment and supplies. For advanced EMT services (and other non-paramedic advanced levels), include all of the equipment from the above list and selected equipment and supplies from the following list, based on scope of practice, local need, and consideration of out-of-hospital characteristics and budget.

### A. Airway and Ventilation Equipment

1. Laryngoscope handle with extra batteries and bulbs
2. Laryngoscope blades, sizes:
  - a. 0–4, straight (Miller), and
  - b. 2–4, curved
3. Endotracheal tubes (if ALS service scope of practice includes tracheal intubation), sizes:
  - a. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, and 5.5 mm cuffed and/or uncuffed, and
  - b. 6.0, 6.5, 7.0, 7.5, and 8.0 mm cuffed (1 each), other sizes optional
4. 10-mL non-Luer Lock syringes
5. Stylettes for endotracheal tubes, adult and pediatric
6. Magill forceps, adult and pediatric
7. End-tidal CO<sub>2</sub> detection capability (adult and pediatric)
8. Rescue airway device, such as the ETDLA (esophageal–tracheal double-lumen airway), laryngeal tube, disposable supraglottic airway, or laryngeal mask airway (as approved by local medical direction)

### B. Vascular Access

1. Isotonic crystalloid solutions
2. Antiseptic solution (alcohol wipes and povidone–iodine wipes preferred)
3. Intravenous fluid bag pole or roof hook
4. Intravenous catheters, 14G–24G
5. Intraosseous needles or devices appropriate for children and adults
6. Latex-free tourniquet
7. Syringes of various sizes
8. Needles, various sizes (including suitable sizes for intramuscular injections)
9. Intravenous administration sets (microdrip and macrodrip)
10. Intravenous arm boards, adult and pediatric

### C. Cardiac

1. Portable, battery-operated monitor/defibrillator

- With tape write-out/recorder, defibrillator pads, quick-look paddles or electrode, or hands-free patches, electrocardiogram leads, adult and pediatric chest attachment electrodes, adult and pediatric paddles
2. Transcutaneous cardiac pacemaker, including pediatric pads and cables
    - Either stand-alone unit or integrated into monitor/defibrillator

### D. Other Advanced Equipment

1. Nebulizer
2. Glucometer or blood glucose measuring device with reagent strips
3. Long large-bore needles or angiocatheters (should be at least 3.25" in length for needle chest decompression in large adults)

### E. Medications

Drug dosing in children should use processes minimizing the need for calculations, preferably a length-based system. In general, medications may include:

1. Cardiovascular medication, such as 1:10,000 epinephrine, atropine, antidysrhythmics (e.g., adenosine and amiodarone), calcium channel blockers, beta-blockers, nitroglycerin tablets, aspirin, vasopressor for infusion
2. Cardiopulmonary/respiratory medications, such as albuterol (or other inhaled beta agonist) and ipratropium bromide, 1:1000 epinephrine, furosemide
3. 50% dextrose solution (and sterile diluent or 25% dextrose solution for pediatrics)
4. Analgesics, narcotic and nonnarcotic
5. Anti-epileptic medications, such as diazepam or midazolam
6. Sodium bicarbonate, magnesium sulfate, glucagon, naloxone hydrochloride, calcium chloride
7. Bacteriostatic water and sodium chloride for injection
8. Additional medications, as per local medical director

## OPTIONAL EQUIPMENT

The equipment in this section is not mandated or required. Use should be based on local needs and resources.

### A. Optional Equipment for BLS Ground Ambulances

1. Glucometer or blood glucose test strips (per state protocol and/or local medical control approval)

2. Infant oxygen mask
  3. Infant self-inflating resuscitation bag
  4. Airways
    - a. Nasopharyngeal (12F, 14F)
    - b. Oropharyngeal (size 00)
  5. CPAP/BiPAP capability
  6. Neonatal blood pressure cuff
  7. Infant blood pressure cuff
  8. Pediatric stethoscope
  9. Infant cervical immobilization device
  10. Pediatric backboard and extremity splints
  11. Femur traction device (adult and child sizes)
  12. Pelvic immobilization device
  13. Elastic wraps
  14. Ocular irrigation device
  15. Hot packs
  16. Warming blanket
  17. Cooling device
  18. Soft patient restraints
  19. Folding stretcher
  20. Bedpan
  21. Topical hemostatic agent/bandage
  22. Appropriate CBRNE PPE (chemical, biological, radiological, nuclear, explosive personal protective equipment), including respiratory and body protection; protective helmet/jackets or coats/pants/boots
  23. Applicable chemical antidote auto-injectors (at a minimum for crew members' protection; additional for victim treatment based on local or regional protocol; appropriate for adults and children)
- B. Optional Equipment for ALS Emergency Ground Ambulances
1. Respirator, volume-cycled, on/off operation, 100% oxygen, 40–50 psi pressure (child/infant capabilities)
  2. Blood sample tubes, adult and pediatric
  3. Automatic blood pressure device
  4. Nasogastric tubes, pediatric feeding tube sizes 5F and 8F, sump tube sizes 8F–16F
  5. Size 1 curved laryngoscope blade
  6. Gum elastic bougies
  7. Needle cricothyrotomy capability and/or cricothyrotomy capability (surgical cricothyrotomy can be performed in older children in whom the cricothyroid membrane is easily palpable, usually by puberty)
  8. Rescue airway devices for children
  9. Atomizers for administration of intranasal medications

### OPTIONAL MEDICATIONS

- A. Optional Medications for BLS Emergency Ambulances

1. Albuterol
  2. Epi-pen
  3. Oral glucose
  4. Nitroglycerin (sublingual tablet or paste)
  5. Aspirin
- B. Optional Medications for ALS Emergency Ground Ambulances
1. Intubation adjuncts, including neuromuscular blockers

### INTERFACILITY TRANSPORT

Additional equipment may be needed by ALS and BLS out-of-hospital care providers who transport patients between facilities. Transfers may be made to a lower or higher level of care, depending on the specific need. Specialty transport teams, including pediatric and neonatal teams, may include other personnel, such as respiratory therapists, nurses, and physicians. Training and equipment needs may be different depending on the skills needed during transport of these patients. There are excellent resources available that provide detailed lists of equipment needed for interfacility transfer, such as Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients from the AAP and The Interfacility Transfer Toolkit for the Pediatric Patient from the EMSC, ENA, and the Society of Trauma Nurses.

Any ground ambulance that, either by formal agreement or by circumstance, may be called into service during a disaster or mass casualty incident to treat and/or transport any patient from the scene to the hospital or to transfer between facilities any patient other than those within their designated specialty population should carry, at a minimum, all equipment, adult and pediatric, listed under "Required Equipment for All Emergency Ground Ambulances."

### EXTRICATION EQUIPMENT

In many cases, optimal patient care mandates appropriate and safe extrication or rescue from the patient's situation or environment. It is critical that EMS personnel possess or have immediate access to the expertise, tools, and equipment necessary to safely remove patients from entrapment or hazardous environments. It is beyond the scope of this document to describe the extent of these. Local circumstances and regulations may affect both the expertise and tools that are maintained on an individual ground ambulance, and on any other rescue vehicle that may be needed to accompany an ambulance to an EMS scene. The tools and equipment carried on an individual ground ambulance need to be thoughtfully determined by local features of the EMS system with explicit plans to deploy the needed resources when extrication or rescue is required.

## Select Readings

- Agrawal Y, Karwa J, Shah N, Clayton A. Traction splint: to use or not to use. *J Perioper Pract*. 2009;19(9):295–8.
- American Academy of Pediatrics. Section on Cardiology and Cardiac Surgery. Policy statement: pediatric sudden cardiac arrest. *Pediatrics*. 2012;129(4):e1094–102.
- American Academy of Orthopedic Surgeons (AAOS). *Weapons of Mass Casualties and Terrorism Response Handbook*. Sudbury, MA: Jones & Bartlett; 2006.
- American Academy of Pediatrics Section on Transport Medicine. In: Woodward GA, Insoff RM, Kleinman ME (eds.): *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients*, 3rd edition. American Academy of Pediatrics, Elk Grove Village, IL, 2006.
- American College of Surgeons; Committee on Trauma; American College of Emergency Physicians; National Association of EMS Physicians; Pediatric Equipment Guidelines Committee; American Academy of Pediatrics. Equipment for ambulances. *Bull Am Coll Surg*. 2009;94(7):23–9; *Pediatrics*. 2009;124(1):e166–71.
- American College of Surgeons Committee on Trauma; American College of Emergency Physicians; National Association of EMS Physicians; Pediatric Equipment Guidelines Committee—Emergency Medical Services for Children Partnership for Children Stakeholder Group; American Academy of Pediatrics. Equipment for ambulances. *Out-of-hosp Emerg Care*. 2009;13(3):364–9.
- American College of Surgeons Committee on Trauma; American College of Emergency Physicians; National Association of EMS Physicians; Pediatric Equipment Guidelines Committee—Emergency Medical Services for Children Partnership for Children Stakeholder Group; American Academy of Pediatrics. *Equipment for Ambulances*. Irving, TX: American College of Emergency Physicians; 2009. Available at: [www.acep.org/clinical—practice-management/equipment-for-ambulances](http://www.acep.org/clinical—practice-management/equipment-for-ambulances)
- Berg MD, Schexnayder SM, Chameides L, et al. Pediatric Basic Life Support, Part 13: 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*. 2010;122(18 Suppl 3):S862–75.
- Bledsoe B, Barnes D. Traction splint: an EMS relic? *JEMS*. 2004;29(8):64–9.
- Brown MA, Daya MR, Worley JA. Experience with chitosan dressings in a civilian EMS system. *J Emerg Med*. 2009;37(1):1–7.
- Daugherty MC, Mehlman CT, Moody S, LeMaster T, Falcone RA Jr. Significant rate of misuse of the hare traction splint for children with femoral shaft fractures. *J Emerg Nurs*. 2013;39:97–103. [dx.doi.org/10.1016/j.jen.2012.10.008](https://doi.org/10.1016/j.jen.2012.10.008)
- Doyle GS, Taillac PP. Tourniquets: a review of current use with proposals for expanded out-of-hospital use. *Prehosp Emerg Care*. 2008;12(2):241–56.
- Federal Highway Administration. Worker Visibility. DOT CFR-634.2 and 634.3.
- Federal Highway Administration. Use of High-Visibility Apparel When Working on Federal-Aid Highways. Available at: [www.reflectivevest.com/federalhighwayruling.html](http://www.reflectivevest.com/federalhighwayruling.html)
- Gausche M, Lewis RJ, Stratton SJ, et al. Effect of out-of-hospital pediatric endotracheal intubation on survival and neurological outcome. *JAMA*. 2000;283(6):783–90.
- Granville-Chapman J, Jacobs N, Midwinter MJ. Out-of-hospital haemostatic dressings: a systematic review. *Injury*. 2011;42(5):447–59.
- Kattwinkel J, Perlman JM, Aziz K, et al. Neonatal Resuscitation, Part 15: 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiac care. *Circulation*. 2010;122(18 Suppl 3):S909–19.
- Kragh JF, Walters TJ, Baer DG, et al. Practical use of emergency tourniquets to stop bleeding in major limb trauma. *J Trauma*. 2008;64: S38–50.
- Kwan I, Bunn F. Effects of out-of-hospital spinal immobilization: a systematic review of randomized trials on healthy subjects. *Prehosp Disaster Med*. 2005;20(1):47–53.
- Institute of Medicine, Board on Health Care Services. *Future of Emergency Care in the United States Health Care System*. Washington, DC: National Academies Press; 2007.
- Lecky F, Bryden D, Little R, Tong N, Moulton C. Emergency intubation for acutely ill and injured patients. *Cochrane Database Syst Rev*. 2008;(2):CD001429.
- Leonard JC, Kuppermann N, Olsen C, et al. Factors associated with cervical spine injury in children after blunt trauma. *Ann Emerg Med*. 2011;58(2):145–55.
- National Highway Traffic Safety Administration. [www.nhtsa.gov](http://www.nhtsa.gov) Child Restraint Re-use After Minor Crashes. [www.nhtsa.dot.gov/people/injury/childps/ChildRestraints/ReUse/RestraintReUse.htm](http://www.nhtsa.dot.gov/people/injury/childps/ChildRestraints/ReUse/RestraintReUse.htm) - 5k - 2004-02-05
- National Highway Traffic Safety Administration. Best Practice Recommendations for Safe Transportation of Children in Emergency Ground Ambulances. September 2012.
- DOT HS 811 677 available at [www.ems.gov](http://www.ems.gov). [www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf)
- National Highway Traffic Safety Administration. The National EMS Education Standards. Washington, DC: US Department of Transportation/National Highway Traffic Safety Administration; January 2009. DOT HS 811 077A available at [www.ems.gov](http://www.ems.gov).
- National Highway Traffic Safety Administration. The National EMS Scope of Practice Model. Washington, DC: US Department of Transportation/National Highway Traffic Safety Administration; February 2007. DOT HS 810 657 available at [www.ems.gov](http://www.ems.gov)
- National Institute for Occupational Safety and Health. Guidance of Emergency Responder Personal Protective Equipment (PPE) for Response to CBRN Terrorism Incidents. Cincinnati, OH: US Department of Health and Human Services/NIOSH; June 2008. DHHS (NIOSH) Publication No. 2008–132 available at [www.cdc.gov/niosh/docs/2008-132/pdfs/2008-132.pdf](http://www.cdc.gov/niosh/docs/2008-132/pdfs/2008-132.pdf).
- Occupational Safety and Health Administration. OSHA Regulations (Standards - 29 CFR) Bloodborne pathogens. 1910.1030. Washington, DC: US Department of Labor. Available at [www.osha.gov](http://www.osha.gov).
- Occupational Safety and Health Administration. OSHA Regulations (Standards - 29 CFR) Hazardous waste operations and emergency response. 1910.120. Washington, DC: US Department of Labor. Available at [www.osha.gov](http://www.osha.gov)
- Orliaguet G, Renaud E, Lejay M, et al. Postal survey of cuffed or uncuffed tracheal tubes used for paediatric tracheal intubation. *Paediatr Anaesth*. 2001;11(3):277–81.
- Use of High-visibility Apparel When Working on Federal-aid Highways. [www.reflectivevest.com/federalhighwayruling.html](http://www.reflectivevest.com/federalhighwayruling.html)
- Wedmore I, McManus JG, Pusateri AE, Holcomb JB. A special report on the chitosan-based hemostatic dressing: experience in current combat operations. *J Trauma*. 2006;60(3): 655–8.
- Weiss M, Engelhardt T. Proposal for the management of the unexpected difficult pediatric airway. *Paediatr Anaesth*. 2010;20:454–64.
- Youngquist S, Gausche-Hill M, Burbulys D. Alternative airway devices for use in children requiring out-of-hospital airway management: update and case discussion. *Pediatr Emerg Care*. 2007;23(4):250–8.

Region	Agency Name	County	FY 2023 Ambulance Count	FY 2023 Award Amount
1	Ambucare, LLC	Haralson	7	\$ 5,361.72
1	Bartow County EMS-Metro Atlanta	Bartow	11	\$ 8,425.56
1	Bartow County Fire	Bartow	2	\$ 1,531.92
1	Catoosa-Puckett EMS	Catoosa	6	\$ 4,595.76
1	Chattooga-Atrium Floyd EMS	Chattooga	5	\$ 3,829.80
1	Cherokee County Emergency Services	Cherokee	25	\$ 19,149.00
1	Dade County EMS	Dade	5	\$ 3,829.80
1	Dade-CHI Memorial Hospital EMS	Dade	2	\$ 1,531.92
1	Fannin County Fire and EMS	Fannin	7	\$ 5,361.72
1	Atrium Floyd Emergency Medical Services	Floyd	16	\$ 12,255.36
1	Floyd-Redmond Regional EMS	Floyd	11	\$ 8,425.56
1	Gilmer County Fire and EMS	Gilmer	6	\$ 4,595.76
1	Gordon County Ambulance	Gordon	9	\$ 6,893.64
1	Murray EMS-Adventist	Murray	7	\$ 5,361.72
1	Paulding-Metro Atlanta	Paulding	11	\$ 8,425.56
1	Pickens County EMS	Pickens	8	\$ 6,127.68
1	Polk-Redmond Regional EMS	Polk	6	\$ 4,595.76
1	Walker County- Walker County Fire	Walker	1	\$ 765.96
1	Walker-CHI Memorial Hospital EMS	Walker	8	\$ 6,127.68
1	Whitfield-Hamilton EMS	Whitfield	13	\$ 9,957.48
2	Banks County Fire and EMS	Banks	7	\$ 5,361.72
2	Central Emergency Med Services Inc	Dawson	10	\$ 7,659.60
2	Dawson County Emergency Services	Dawson	7	\$ 5,361.72
2	Forsyth County EMS-Central EMS	Forsyth	1	\$ 765.96
2	Franklin County EMS	Franklin	6	\$ 4,595.76
2	Habersham County EMS	Habersham	10	\$ 7,659.60
2	Hall County Fire Services	Hall	23	\$ 17,617.08
2	Hart County EMS	Hart	8	\$ 6,127.68
2	Lumpkin County Emergency Services	Lumpkin	7	\$ 5,361.72
2	Rabun County EMS	Rabun	8	\$ 6,127.68
2	Stephens County Emergency Medical Services	Stephens	6	\$ 4,595.76
2	Towns County EMS	Towns	5	\$ 3,829.80
2	Union County EMS	Union	7	\$ 5,361.72
2	White County EMS-Northeast Georgia Physicians Group, INC	White	6	\$ 4,595.76
3	Atlanta Fire Rescue Department	Fulton	7	\$ 5,361.72
3	City of Forest Park Fire EMS	Clayton	5	\$ 3,829.80
3	City of Morrow Fire and EMS	Clayton	3	\$ 2,297.88
3	Clayton County Fire and Emergency Services	Clayton	22	\$ 16,851.12
3	Cobb-Metro Atlanta	Cobb	38	\$ 29,106.48
3	Cobb-Puckett EMS	Cobb	25	\$ 19,149.00
3	Dekalb County Fire	Dekalb	7	\$ 5,361.72
3	Dekalb-American Medical Response	Dekalb	43	\$ 32,936.28
3	Douglas County Fire and EMS	Douglas	12	\$ 9,191.52
3	Fulton-American Medical Response	Fulton	30	\$ 22,978.80
3	Fulton-City of Hapeville	Fulton	3	\$ 2,297.88
3	Fulton-Grady EMS	Fulton	123	\$ 94,213.08
3	Gwinnett County Fire/EMS	Gwinnett	32	\$ 24,510.72
3	Newton-National EMS	Newton	7	\$ 5,361.72
3	Piedmont Newton Hospital EMS	Newton	0	\$ -
3	Rockdale-National EMS	Rockdale	11	\$ 8,425.56
4	Butts County Fire Department	Butts	7	\$ 5,361.72
4	Coweta County EMS	Coweta	15	\$ 11,489.40
4	Fayette County Department of Fire Services & Emergency Services	Fayette	8	\$ 6,127.68
4	Heard County Emergency Services	Heard	6	\$ 4,595.76
4	Henry County Fire Rescue	Henry	20	\$ 15,319.20
4	Lamar-AmeriPro EMS	Lamar	2	\$ 1,531.92
4	Meriwether County EMS	Meriwether	11	\$ 8,425.56
4	Peachtree City Fire Department	Fayette	6	\$ 4,595.76

4	Pike County- AmeriPro EMS	Pike	2	\$ 1,531.92
4	Spalding Regional Medical Center EMS	Spalding	12	\$ 9,191.52
4	Troup-American Medical Response	Troup	18	\$ 13,787.28
4	Upton-AmeriPro EMS	Upton	6	\$ 4,595.76
4	West Georgia Ambulance Service	Carroll	14	\$ 10,723.44
4	West Point Fire Department	Troup	2	\$ 1,531.92
5	Baldwin-Grady EMS	Baldwin	7	\$ 5,361.72
5	Bibb-Atrium Health Navicent EMS	Bibb	23	\$ 17,617.08
5	Bibb-Community Ambulance MGAS Holdings, INC	Bibb	14	\$ 10,723.44
5	Bleckley-Heartland EMS	Bleckley	12	\$ 9,191.52
5	Crawford-Community Ambulance MGAS Holdings, INC	Crawford	2	\$ 1,531.92
5	Dodge County EMS	Dodge	6	\$ 4,595.76
5	Hancock-Grady EMS	Hancock	3	\$ 2,297.88
5	Houston County EMS	Houston	16	\$ 12,255.36
5	Jasper County EMS	Jasper	4	\$ 3,063.84
5	Johnson County EMS	Johnson	4	\$ 3,063.84
5	Jones-Atrium Helath Navicent EMS	Jones	1	\$ 765.96
5	Laurens County EMS	Laurens	12	\$ 9,191.52
5	Monroe County EMS	Monroe	6	\$ 4,595.76
5	Montgomery-Toombs-Montgomery EMS	Montgomery	1	\$ 765.96
5	Peach County	Peach	4	\$ 3,063.84
5	Pulaski-Heartland EMS	Pulaski	3	\$ 2,297.88
5	Putnam County EMS	Putnam	5	\$ 3,829.80
5	Telfair County EMS	Telfair	5	\$ 3,829.80
5	Treuten-Atrium Health Navicent EMS	Treuten	2	\$ 1,531.92
5	Twiggs-Atrium Health Navicent EMS	Twiggs	1	\$ 765.96
5	Washington County EMS	Washington	5	\$ 3,829.80
5	Wheeler County Ambulance Service	Wheeler	3	\$ 2,297.88
5	Wilcox County EMS	Wilcox	4	\$ 3,063.84
5	Wilkinson-Heartland EMS	Wilkinson	3	\$ 2,297.88
6	Burke County EMA	Burke	12	\$ 9,191.52
6	Columbia-Gold Cross EMS, INC	Columbia	7	\$ 5,361.72
6	Emanuel County EMS	Emanuel	5	\$ 3,829.80
6	Jefferson-Gold Cross EMS, INC	Jefferson	4	\$ 3,063.84
6	Jenkins County Ambulance Service	Jenkins	3	\$ 2,297.88
6	Lincoln County OES	Lincoln	4	\$ 3,063.84
6	McDuffie County EMS	McDuffie	6	\$ 4,595.76
6	Richmond-Gold Cross EMS, INC	Richmond	44	\$ 33,702.24
6	Screven County EMS	Screven	4	\$ 3,063.84
6	Warren County EMS	Warren	3	\$ 2,297.88
6	Wilkes County EMS	Wilkes	5	\$ 3,829.80
7	Chattahoochee-EMS Care Ambulance	Chattahoochee	1	\$ 765.96
7	Clay-AmeriPro EMS	Clay	1	\$ 765.96
7	Columbus Fire and Emergency Medical Services	Muscogee	10	\$ 7,659.60
7	EMS Care Ambulance	Muscogee	16	\$ 12,255.36
7	Harris County EMS	Harris	8	\$ 6,127.68
7	Macon County EMS	Macon	4	\$ 3,063.84
7	Marion County EMS	Marion	3	\$ 2,297.88
7	Muscogee-Community Ambulance MGAS Holdings, INC	Muscogee	14	\$ 10,723.44
7	Quitman-AmeriPro EMS	Quitman	1	\$ 765.96
7	Randolph-AmeriPro EMS	Randolph	3	\$ 2,297.88
7	Schley County EMS	Schley	3	\$ 2,297.88
7	Stewart County EMS	Stewart	3	\$ 2,297.88
7	Talbot County EMS	Talbot	3	\$ 2,297.88
7	Taylor County EMS	Taylor	4	\$ 3,063.84
7	Webster County Fire/EMS	Webster	2	\$ 1,531.92
8	Baker-Grady EMS	Baker	1	\$ 765.96
8	Ben Hill County EMS-AmeriPro EMS	Ben Hill	4	\$ 3,063.84
8	Berrien County EMS	Berrien	4	\$ 3,063.84
8	Brooks-Grady EMS	Brooks	4	\$ 3,063.84

8	Calhoun County EMS	Calhoun	2	\$ 1,531.92
8	Colquitt County EMS	Colquitt	7	\$ 5,361.72
8	Colquitt/Miller County Fire/EMS	Miller	4	\$ 3,063.84
8	Cook-Grady EMS	Cook	4	\$ 3,063.84
8	Crisp County EMS	Crisp	7	\$ 5,361.72
8	Decatur-Grady EMS	Decatur	4	\$ 3,063.84
8	Dooly County EMS	Dooly	4	\$ 3,063.84
8	Dougherty County EMS	Dougherty	14	\$ 10,723.44
8	Echols-South Georgia Medical Center	Echols	0	\$ -
8	Grady County EMS	Grady	5	\$ 3,829.80
8	Irwin County EMS	Irwin	4	\$ 3,063.84
8	Lanier-South Georgia Medical Center	Lanier	4	\$ 3,063.84
8	Lee County EMS	Lee	8	\$ 6,127.68
8	LifeBrite of Early County	Early	3	\$ 2,297.88
8	Lowndes-South Georgia Medical Center	Lowndes	15	\$ 11,489.40
8	Mitchell-Grady EMS	Mitchell	8	\$ 6,127.68
8	Seminole-Grady EMS	Seminole	3	\$ 2,297.88
8	Sumter-Gold Star EMS	Sumter	4	\$ 3,063.84
8	Terrell County EMS	Terrell	4	\$ 3,063.84
8	Thomas County EMS	Thomas	11	\$ 8,425.56
8	Tift County Fire and Rescue	Tift	8	\$ 6,127.68
8	Turner County EMS	Turner	4	\$ 3,063.84
8	Worth County EMS	Worth	4	\$ 3,063.84
9	Alma Bacon County EMS	Bacon	5	\$ 3,829.80
9	Appling County EMS	Appling	5	\$ 3,829.80
9	Atkinson County EMS (Okefenokee EMS)	Atkinson	2	\$ 1,531.92
9	Brantley County EMS	Brantley	6	\$ 4,595.76
9	Bryan County EMS	Bryan	14	\$ 10,723.44
9	Bulloch County EMS	Bulloch	9	\$ 6,893.64
9	Camden County EMS	Camden	9	\$ 6,893.64
9	Candler County EMS	Candler	5	\$ 3,829.80
9	Charlton County EMS	Charlton	4	\$ 3,063.84
9	Chatham-Mercy Ambulance	Chatham	46	\$ 35,234.16
9	Clinch County EMS-Gold Star	Clinch	4	\$ 3,063.84
9	Coffee Regional Medical Center EMS	Coffee	7	\$ 5,361.72
9	Effingham	Effingham	11	\$ 8,425.56
9	Evans County EMS	Evans	5	\$ 3,829.80
9	Excelsior Ambulance	Long	5	\$ 3,829.80
9	Glynn County Fire	Glynn	10	\$ 7,659.60
9	Jeff Davis County EMS	Jeff Davis	4	\$ 3,063.84
9	Jekyll Island Fire/EMS	Glynn	2	\$ 1,531.92
9	Liberty Regional EMS	Liberty	9	\$ 6,893.64
9	McIntosh County EMS	McIntosh	4	\$ 3,063.84
9	Pierce County EMS	Pierce	3	\$ 2,297.88
9	Tattnall County EMS	Tattnall	6	\$ 4,595.76
9	Toombs-Toombs-Montgomery EMS	Toombs	8	\$ 6,127.68
9	Ware County EMS	Ware	6	\$ 4,595.76
9	Wayne County EMS	Wayne	5	\$ 3,829.80
10	Barrow County Fire and EMS	Barrow	9	\$ 6,893.64
10	Barrow EMS-Northeast Georgia Physicians Group	Barrow	9	\$ 6,893.64
10	Clarke-National EMS	Clarke	16	\$ 12,255.36
10	Elbert County EMS	Elbert	7	\$ 5,361.72
10	Greene County EMS	Greene	8	\$ 6,127.68
10	Jackson County EMS	Jackson	13	\$ 9,957.48
10	Madison County EMS	Madison	8	\$ 6,127.68
10	Morgan-National EMS	Morgan	4	\$ 3,063.84
10	Oconee-National EMS	Oconee	4	\$ 3,063.84
10	Oglethorpe County EMS	Oglethorpe	3	\$ 2,297.88
10	Walton County EMS	Walton	9	\$ 6,893.64
			1521	\$ 1,165,025.16