

October 1, 2023

Notice of Grant Awards for EMS Trauma-Related Equipment for FY 2024 GTCNC Budget

The Georgia Trauma Commission (GTC) is offering a grant award opportunity for the FY 2024 funding cycle to purchase trauma-related equipment to equip 911-response ambulances. The EMS Committee of the GTC approved a total allocation of \$1,123,932.44 for this grant. The Department of Public Health, Office of EMS and Trauma (DPH OEMST) determines the vehicle counts per 911-zone provider. The FY 2024 total vehicle count is 1,508, which will provide up to \$745.31, per ambulance (Attachment D). If you observe a discrepancy in the number of 911 ambulances for your agency, please advise us, and we will coordinate with DPH OEMST and the GTC EMS Committee and may be able to adjust the counts in future grant opportunities.

Funds must be used by the GRANTEE to purchase equipment on one or more of the following GTC EMS Committee-approved lists (Attachment C): 1. GTC EMS Committee-approved list; 2. Georgia DPH OEMST ground ambulance vehicle inspection form (v2.00 08/01/2022); 3. 2020 Joint Position Statement.

Completed grant applications (Attachment A) must be submitted, along with a notarized affidavit (Attachment B), to gtcbusinessops@gtc.ga.gov on or before <u>October 31, 2023.</u> Applications received after this date will be returned to the sender. The GTC will submit Approved applications to the Georgia Department of Public Health Accounts Payable. Grantees should receive payment before 30 November 2023. During the course of the grant cycle, the GTC will notify agencies of their grant application status (receipt of application, approval for payment, and final payment details).

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

Sincerely,

Clizabeth Atkins

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Enclosures: Attachments A, B, C, and D

ATTACHMENT A



GEORGIA TRAUMA COMMISSION EMS TRAUMA-RELATED EQUIPMENT GRANT APPLICATION FORM					
Name of Grant: FY 2024 EMS GTCNC EMS Trauma Related Equipment Grant					
Applying Organization Legal Name:					
Doing Business As "DBA" (if differs from Legal Na	me):				
Mailing Address:					
Payment Address*: *Address must be verified & approved by State of G	eorgia.				
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 FOR FURTHER INFORMATION ON APPL	ICATION	I (If Diffe	rent from Person(s) list	ed above)	
Name/Title:					
Phone:	E-mail:				
Please ans	wer each	questio	n:		
QUESTION			ANSWER	FIELD	
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on the Applying Organization's letterhead included in this completed application?					
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents?			Yes No	_	
Total number of licensed ambulances for applying	organiza	tion?	Total Number:		
Number of "peak demand staffed" 911 response ambulances for this 911 zone? Peak Demand Staffed: The peak number of ambulances that are scheduled and staffed on a consistent basis. "Peak Demand Staffed" Number: ———————————————————————————————————					
For which county is the Applying Organization requ *A separate application is required for each county		unds?	County:		
I certify the information contained in the submitted knowledge and that I have submitted this application	applicat				
SIGNATURE: TITLE				DATE:	

ATTACHMENT B

"I am the Authorized Agent for	(Applying Organization). I,	(print
name), do affirm the following listed e	quipment has been/will be purchased and placed	d in service.
I,(print name),	agree to the following items listed below (type ou	t all items listed
in Attachment B add additional rows it	f needed)."	

Item(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
To	otal Cost of All It	ems Purchased	

- 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, the 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.
 - 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 911zone 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 2024-2025, the organization agrees to participate in its respective EMS Region trauma system plan; and all Regional Trauma Advisory Committee meetings.
- 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 2024, 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 statue.

AFFIDAVIT OF AUTHORIZED AGENT

Personally appeared before me, the undersigned officer duly authorized to administer oaths, the affiant, after being duly sworn, stated under oath as follows:

- 1. THAT the affiant is the Authorized Agent for the Applying Organization, is over the age of eighteen years, and has personal knowledge of the facts contained in this Affidavit.
- 2. THAT the Applying Organization is the zoned 911 provider in the County for which grant funds are requested.
- 3. THAT the Applying Organization understands that peak staffed 911 response ambulance means the peak number of ambulances that are scheduled and staffed on a consistent basis.

Date:	
Signature of Affiant	
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	Stamp/Seal
My commission expires:	

ATTACHMENT C



EMS Trauma Care Related Equipment Grant

Revised 8/25/23

Adult and Pediatric Airway head mannequins

Ambulance Child Restraint devices

Apple iPad

Automatic Chest Compression System

Bariatric Ambulance Ramp

Batteries and Battery Chargers-for cardiac monitors, stretchers, two-way radios, and the like

Blood Cooling Devices

Blood Temperature Monitor

Blood Warming Tube

Combi Extrication Tool

Commercial Washing Machine

Commercially made Chest Decompression Needles

Commercially made Eye Irrigation Devices

Commercially made Pelvic Stabilization Devices

Commercially made Tourniquet Devices

Disposable CPAP units

Driving Simulator

Eject Helmet Removal System

Emergency Cricothyrotomy Kit (non-surgical crico kit)

External Blood Clotting Supplies

Impedance Threshold devices (ITD)

Infusion Pumps

Intraosseous Supplies Capnography

Image Trent Kno2 Software

IV Warmers

Jump Bags

Laptop/Toughbooks

Motorola Minitor VI Pagers

Narcotics Lock Box

Portable, lightweight, patient lifting device (Binder Lift)

Pressure infusion bags

Pulse oximeters and probes

Replacement AVLS Antennae

Rescue Advanced Life Support Skill Mannequin Trainer

Rescue/Evacuation Litter

Resuscitation Items

Scoop Stretcher

Stair Chair

Tablets

Thermometers

Transport Ventilator

Two-way Radios

Utility Terrain Vehicle

Video Laryngoscopy Rescue/Evacuation Litter

	_ /

Georgia Office of Emergency Medical Services and Trauma Vehicle Inspection Form: *Ground Ambulance*

GEORGIA DEPARTMENT OF PUBLIC HEALTH	venicie inspection Form. Ground Ambur	unce	
Service Name:	Tag#:		Туре:
VIN#	Call Sign:		VID#:
Inspection Type: Initial	☐ Anniversary ☐ Renewal	□ Unsche	eduled
VID # displayed on <i>Left</i> and <i>Right</i> side of vehice	cle:(No less than 3")	□ Yes	□ No
Service name displayed on Left and Right side	of vehicle:(No less than 3")	□ Yes	□ No
	Interior - Cab		
Odometer Reading:	Make:	Model:	
Windshield free of cracks, starbursts, or spider	webbing greater than 3" (GA Code § 40-8-73 (2010))	□ Yes	□ No
Proof of insurance (GA Code § 40-6-10 (2020))		□ Yes	□ No
Air Conditioner Operational (Front):		□ Yes	□ No
Heating Operational (Front):		□ Yes	□ No
Doors Operational from the inside and outside	:	□ Yes	□ No
Door Locks Operational (Front):		□ Yes	□ No
Seatbelts Operational (Driver):		□ Yes	□ No
Seatbelts Operational (Passenger):		□ Yes	□ No
Two-Way Communication System:		□ Yes	□ No
Vehicle Horn Operational		□ Yes	□ No
Wipers Operational		□ Yes	□ No
Mirrors Visible and without defect (Driver and	Passenger side)	□ Yes	□ No
	Exterior Lighting		
Headlights Operational (Left and Right) High a	nd Low beam	□ Yes	□ No
Turn Signal Operational (Front - Left and Right)		□ Yes	□ No
Turn Signal Operational (Rear - Left and Right)		□ Yes	□ No
Hazard Lights Operational (Front and Rear)		□ Yes	□ No
Tail Lights Operational (Left and Right)		□ Yes	□ No
Reverse Light Operational (Left and Right)		□ Yes	□ No
Brake Lights Operational (Left, Right, Center if	applicable)	□ Yes	□ No
Reverse/Back up Alarm Operational		□ Yes	□ No
	Safety - Tires/Brakes		
Tire Tread depth greater than 2/32" per DOT re	ecommendation(Left - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT re	ecommendation(Right - Front)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT re	ecommendation(Left - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT re	ecommendation(Left - Rear Inside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT i	ecommendation(Right - Rear Outside)	□ Yes	□ No
Tire Tread depth greater than 2/32" per DOT i	ecommendation(Right - Rear Inside)	□ Yes	□ No
Brakes Operational		□ Yes	□ No
Rear Bumper and Step intact and operational		□ Yes	□ No
	Emergency Lights/Siren		
All Warning Lights Operational (All Sides)		□ Yes	□ No
If blue warning lights are used, a valid DPS Per	mit must be present		
Scene/Flood Lights Operational (All Sides)		□ Yes	□ No
Siren Operational		□ Yes	□ No

	Interior - Patient Compartment		
Air Conditio	oner Operational (Rear):	□ Yes	□ No
	erational (Rear):	□ Yes	□ No
	perational from the inside and outside:	□ Yes	□ No
	cks Operational (Rear):		
		□ Yes	□ No
	perational (All patient compartment seats):	□ Yes	□ No
	Compartment Lights Operational (Hi/Lo)	□ Yes	□ No
	n Operational	□ Yes	□ No
	of Interior (Area should be free of blood, dirt, and debris, etc)	□ Yes	□ No
	ent and supplies must be maintained in working order and shall be stored in an orderly	□ Yes	□ No
manner so	as to protect the patient and be readily accessible when needed.		_
	Respiratory Equipment		
Quantity	Item/Description	Com	pliant
	Fixed Suction unit or a Mounted Electric Suction unit that works on vehicle power and		
1	battery power. The aspirator system shall achieve a minimum of 5.8 psi (300mmHg)	□ Yes	□ No
_	vacuum within 4 seconds after the suction tube is closed. Mounted devices must meet		
	the requirements of SAE J3043 (Ambulance Equipment Mount Device or Systems).		
_	Portable Suction - Mechanical or Battery Powered, If battery powered the aspirator	v	.,
1	system shall achieve a minimum of 5.8 psi (300mmHg) vacuum within 4 seconds after the	□ Yes	□ No
4	suction tube is closed	= Vaa	= No
4	Sterile Suction Catheters - assorted sizes	□ Yes	□ No
2	Rigid Suction Catheters in original sealed packaging	□ Yes	□ No
2	Suction tubing in original sealed packaging	□ Yes	□ No
	Bag Valve Mask Resuscitator - Adult, disposable, with transparent adult mask and tubing.		
2	The valve must operate in cold weather, and the unit must be capable of use with an	□ Yes	□ No
	oxygen supply. The unit must be capable of delivering approximately 100% oxygen.		
	Pediatric Bag Valve Mask Resuscitator -BVM with <i>Infant AND Pediatric Mask</i> , disposable		
	with tubing. (Can be 2 of each, Infant BVM and Pediatric BVM or Can be 2 Pediatric BVM		
2	with 2 infant mask and 2 pediatric masks) The valve must operate in cold weather, and	□ Yes	□ No
	the unit must be capable of use with an oxygen supply. The unit must be capable of		
	delivering approximately 100% oxygen.	.,	
4	Adult Oxygen Mask with Reservoir	□ Yes	□ No
4	Pediatric Oxygen Mask with Reservoir	□ Yes	□ No
3	Nebulizer Kit each having the ability to provide aerosolized treatment for adult and	□ Yes	□ No
4	pediatric patient. Nasal Cannula	□ Vos	- No
4		□ Yes	□ No
1 each	Nasopharyngeal Airways - assorted sizes, must include 20F, 24F, 28F, 30F, 32F, 34F, with water soluble lubricant	□ Yes	□ No
_	Oropharyngeal Airways - assorted sizes, must include 40mm (00), 50mm (0), 60mm (1),		
1 each	80mm (3), 90mm(4), 100mm (5), 110mm (6)	□ Yes	□ No
	Blind Insertion Airway Devices (device not intended to be placed into trachea) in assorted		
4	adult sizes per manufacturer (i.e. Combi tube sizes 37mm, 41mm OR King Airway sizes 3,		
1 each	4, 5, OR i-gel sizes 3, 4, 5 or LMA sizes 3, 4, 5 or equivalent per Service Medical Director)	□ Yes	□ No
	to include water soluble lubricant		

	Respiratory Equipment (continued)				
Quantity	Item/Description	Com	pliant		
1	Oxygen: Fixed system with at least two wall-mounted oxygen outlets and one flowmeter. The system shall also include a yoke, pressure reducer gauge and an approved cylinder-retaining device that meets DOT standards. The system shall have a capacity of at least 2,000 liters of oxygen and be capable of delivering an oxygen flow of at least 15 liters per minute OR If oxygen system is not a fixed system; the vehicle must have capacity of at least 2,000 liters of oxygen, 2 regulators with pressure gauge and flowmeter capable of delivering an oxygen flow of at least 15 liters per minute with access to the oxygen operational control in the patient care compartment. Each cylinder must have no less than 600 psi. All Cylinders must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No		
1	Oxygen: portable unit consisting of at least a "D" cylinder or equivalent, yoke, regulator with pressure gauge and flowmeter, and cylinder wrench or hand wheel. The cylinder must have no less than 600 psi. The unit shall be capable of delivering an oxygen flow of at least 15 liters per minute. Cylinder holders with a quick release fitting shall be furnished to allow the use of the portable unit outside the vehicle. All Cylinders must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No		
1	Oxygen: full spare cylinder for use with the above portable oxygen unit of at least a "D" cylinder for use with the above portable oxygen unit. All Cylinders, including those in bags or carrying cases must be secured using a comercially manufactured device. Ambulances manufactured after 2014 must meet Ambulance Manufacturers Division (AMD) 028 and/or SAE J3043.	□ Yes	□ No		
	Bandaging/Dressings				
Quantity	Item/Description		pliant		
2	Triangular Bandages	□ Yes	□ No		
2	Universal Dressings approximately 10 inches by 30 inches	□ Yes	□ No		
2	Clean wrapped sheets or sterile burn sheets	□ Yes	□ No		
12	Non-sterile gauze pads, 4 inches by 4 inches Bandages, soft roller, self adhering type, assorted sizes (2 inch - 6 inch) (Minimum 4	□ Yes	□ No		
6	yards/each)	□ Yes	□ No		
4	Bandages, elastic, of assorted sizes (2 inch-6 inch)	□ Yes	□ No		
2	Occlusive dressing, sterile, individually wrapped, minimum of 4 inches by 3 inches	□ Yes	□ No		
4	Adhesive Tape – Rolls, Assorted Sizes minimum 1 inch wide	□ Yes	□ No		
2	Commercially made Arterial Tourniquet	□ Yes	□ No		
1	Heavy Duty Bandage Shears	□ Yes	□ No		
	Diagnostic Equipment				
Quantity	Item/Description	Com	pliant		
1 each	Manual Aneroid Sphygmomanometer, with pediatric, adult, AND large adult size cuffs	□ Yes	□ No		
1	Stethoscope	□ Yes	□ No		
1	Glucose monitoring instrument, with minimum 5 each of strips, lancets, alcohol preps	□ Yes	□ No		
1	Pulse oximetry device with adult and pediatric size clips Non-Mercury Thermometer; if patient contact type must have disposable covers or be	□ Yes	□ No		
1	disposable.	□ Yes	□ No		
1	Penlight	□ Yes	□ No		
	Immobilization/Extraction Devices				

Quantity	Item/Description	Com	pliant
4	Extremity Immobilization Devices: 2 full arms and 2 full legs. Must be capable of	□ Vos	□ No
4	immobilizing the joint above and the joint below the fracture.	□ Yes	□ No
1	Short Spinal Extrication Device (KED or equivalent)	□ Yes	□ No
1	Pediatric Immobilization device (must be manufactured for pediatric use only) with at least 3 straps	□ Yes	□ No
2	Spine Boards, Long (at least 16 inches wide by 72 inches long), each with at least 3 straps or equivalent - one Spine Board may be replaced with a scoop stretcher	□ Yes	□ No
2	Lateral Cervical Immobilization Devices (may be commercial devices, foam blocks, or sheet rolls)	□ Yes	□ No
6	Cervical Immobilization collars, hard type, 4 adult assorted sizes/adjustable and 2 pediatric assorted sizes/adjustable	□ Yes	□ No
2	Traction Splints, universal lower extremity adjustable OR one adult and one pediatric lower extremity adjustable	□ Yes	□ No
1	Equipment for the safe transport of pediatric patients, as approved by the local Medical Director with guidelines provided by the Department	□ Yes	□ No
1	Spring Loaded Center Punch	□ Yes	□ No
1 pair	Gloves, work gloves or leather gloves	□ Yes	□ No
1 each	Flathead and Phillips screwdriver, minimum 6 inches	□ Yes	□ No
	Patient Safety/Comfort/Care		
Quantity	Item/Description	Com	pliant
Quarterey	Multi-Level Stretcher with at least one complete set of shoulder/chest straps, and two		
1	sets of lower extremity straps. (Buckels must be metal "seatbelt type" and straps must not be cut, frayed, or have holes) Must be capable of securing adult and pediatric patients. Safety/Catch hook must be in place and functional. Mattress must be impervious and free of rips and tears.	□ Yes	□ No
4	Mattress covers; disposable or fabric sheets	□ Yes	□ No
1	Pillow, disposable, or pillow with single use covers. Rolled sheets are acceptable substitutes	□ Yes	□ No
2	Blankets	□ Yes	□ No
1	Waterproof Patient Covers (Water impervious blankets will count as both blankets and waterproof patient covers)	□ Yes	□ No
2	Emesis basins or emesis bags	□ Yes	□ No
4	Restraints, 2 ankle and 2 wrist, leather or nylon or disposable	□ Yes	□ No
1	Urinal	□ Yes	□ No
1	Bedpan	□ Yes	□ No
6	Surgical face masks	□ Yes	□ No
1	Nonporous Infant Insulating Device, foil swaddler, foil bunting, silver swaddler or equivalent	□ Yes	□ No
1	Obstetrical Kit: Receiving blanket, sterile bulb aspirator, sterile scissors or scalpel blade, 4 inch gauze pads, 2 cord clamps, plastic bag for placenta, APGAR scoring card. All items are to be in a container with identifying label showing contents.	□ Yes	□ No
	Provider Safety		
Quantity	Item/Description	Com	pliant
1	Flashlight	□ Yes	□ No
1	Sharps container, minimum 1 quart size or equivalent	□ Yes	□ No
1	Fire Extinguisher, 10 pound ABC type or functional equivalent, charged, with current NFPA inspection tag, secured with appropriate restraint device	□ Ye s	□ No
6	N95 Particulate mask, minimum of 2 sizes	□ Yes	□ No
	Provider Safety (continued)		
Quantity	Item/Description	Com	pliant

4	Personal Protection Equipment sets to include: face shield/goggles, surgical masks,	□ Yes	□ No
	gowns/coveralls		- N-
60	Nitrile (non-latex) Exam gloves, 30 each of at least 2 sizes	□ Yes	□ No
1	U.S. Department of Transportation Emergency Response Guidebook, current edition (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
1	FEMA Job Aid or other Resource Handbook providing information on chemical, biological, nuclear agents (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
Min 2	ANSI compliant Reflective safety wear for each crewmember	□ Yes	□ No
IVIIII Z		□ 1C3	□ NO
	Miscellaneous Equipment		
Quantity	Item/Description	Com	pliant
1	Automatic or Semi-automatic External Defibrillator with Adult and Pediatric pads or Pediatric Dose Attenuator. (cardiac monitor/defibrillator for Cardiac Technician or Paramedic staffing)	□ Yes	□ No
1	Sealed and/or locked IV Solution/Medication Kit. The contents and expiration date of each pharmaceutical within the kit must be immediately available physically or electronically. The EARLIEST expiration date must be affixed to the outside of the kit or immediately electronically available. This kit must be maintained in a temperature controlled environment and not be left unsecured.	□ Yes	□ No
1	A length-based resuscitation tape or reference material that provide appropriate guidance for pediatric drug dosing and equipment sizing based on length or age	□ Yes	□ No
1	Agency Protocol Manual (Hard copy or electronically stored on ambulance computer)	□ Yes	□ No
2	Irrigation Liquids 1000ml or equivalent packaging	□ Yes	□ No
Min 10	Triage Tags- SMART compliant	□ Yes	□ No
1	Disinfectant solution	□ Yes	□ No
1			□ No
	Disinfectant solution Advanced Life Support Equipment - Cardiac Technician or Pale Item/Description		
Quantity	Advanced Life Support Equipment - Cardiac Technician or Pa	aramedic	Compliant
Quantity The am	Advanced Life Support Equipment - Cardiac Technician or Pa Item/Description bulance must have all of the above required equipment. When staffed by at least	aramedic one Cardiac T	Compliant echnician or
Quantity The am	Advanced Life Support Equipment - Cardiac Technician or Pa	aramedic one Cardiac T	Compliant echnician or
Quantity The am Parame	Advanced Life Support Equipment - Cardiac Technician or Palem/Description bulance must have all of the above required equipment. When staffed by at least edic the additional equipment listed below is required if specified by Medical Direct ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in motion. Cardiac monitors must be capable of 12 lead ECG acquisition by 2025.	one Cardiac T	Compliant echnician or d Protocols.
Quantity The am Parame	Advanced Life Support Equipment - Cardiac Technician or Pale Item/Description bulance must have all of the above required equipment. When staffed by at least edic the additional equipment listed below is required if specified by Medical Direct ALS Airway Kit with assorted Endotracheal tubes (minimum of 3.0, 4.0, 5.0, 6.0, 7.0, 8.0), laryngoscope handle with appropriately sized blades (for infants, children, adults - disposable blades must remain in manufacturer's packaging until use), 10cc syringes, water soluble lubricant, Magill Forceps, End Tidal Carbon Dioxide monitoring device (quantitative and/or qualitative) Cardiac Monitor/Defibrillator (with print out), configuration and supplies, that is capable of delivering defibrillation, cardioversion, pacing, and EKG monitoring for adult and pediatric patients. Must be secured in a manner to prevent injury while vehicle is in	one Cardiac T ector Approve	Compliant echnician or d Protocols.



Prehospital Emergency Care



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Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement

John Lyng, Kathleen Adelgais, Rachael Alter, Justin Beal, Bruce Chung, Toni Gross, Marc Minkler, Brian Moore, Tim Stebbins, Sam Vance, Ken Williams & Allen Yee

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RECOMMENDED ESSENTIAL EQUIPMENT FOR BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT GROUND AMBULANCES 2020: A JOINT POSITION STATEMENT

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ABSTRACT

In continued support of establishing and maintaining a foundation for standards of care, our organizations remain committed to periodic review and revision of this position statement. This latest revision was created based on a structured review of the National Model EMS Clinical Guidelines Version 2.2 in order to identify the equipment items necessary to deliver the care defined by those guidelines. In addition, in order to ensure congruity with national definitions of provider scope of practice, the list is differentiated into BLS and ALS levels of service utilizing the National Scope of Practice-defined levels of Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) as BLS, and Advanced EMT (AEMT) and Paramedic as ALS. Equipment items listed within each category were cross-checked against recommended scopes of practice for each level in order to ensure they were appropriately dichotomized to BLS or ALS levels of care. Some items may be considered optional at the local level as determined by agencydefined scope of practice and applicable clinical guidelines. In addition to the items included in this position statement our organizations agree that all EMS service programs should carry equipment and supplies in quantities as determined by the medical director and appropriate to the agency's level of care and available certified EMS personnel and as established in the agency's approved protocols. Key words: EMS; equipment; ambulance; ALS; BLS

PREHOSPITAL EMERGENCY CARE 2021:00:000-000

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Introduction

The National Association of EMS Physicians along with these coauthoring associations: American Academy of Pediatrics, American College of Surgeons Committee on Trauma, EMS for Children Innovation and Improvement Center, Emergency Nurses Association, and National Association of State EMS Officials, and as also endorsed by the National Association of Emergency Medical Technicians, believe that the delivery of high-quality and effective EMS care is dependent on several factors, including but not limited to the presence of:

- providers who have been credentialed to ensure they demonstrate appropriate cognitive knowledge, affective ability, psychomotor skills, and critical thinking (1)
- clinical protocols or guidelines that are supported by the best available scientific evidence
- equipment and supplies necessary to deliver appropriate care as directed by clinical protocols/guidelines for patients of all ages

Several documents, including previous versions of this joint position paper, the *National Model EMS Clinical Guidelines Version 2.2*, the 2018 *National EMS Scope of Practice Model*, the *Clinical Credentialing of EMS Providers, Physician Oversight of Pediatric Care in Emergency Medical Services, Pediatric Readiness in Emergency Medical Services Systems*, and core performance measures from the U.S. Dept of Health and Human Services Health Resources and Services Administration EMS for Children (EMSC) Program have been developed to lay the foundation of several of the concepts noted above (1–9).

Ensuring that EMS providers are properly equipped to perform their clinical duties is an important function of oversight in EMS systems. In the past this regulatory oversight has been based on the publication of minimum recommended equipment standards, including prior versions of this document (2–4). These efforts have attempted to provide a listing of the minimum items recommended for Basic Life Support (BLS) and Advanced Life Support (ALS) ground ambulances.

The field of EMS medicine continues to evolve and the EMS Scope of Practice Model continues to undergo important longitudinal revisions, reflecting ongoing

improvements in clinical technology and practice (5). In effect, these advancements have caused many interventions, once limited to the scope of advanced providers, to begin transitioning into the scope of basic providers. Additionally, interventions that were once considered outside the scope of EMS medicine continue to find appropriate places in the EMS setting of care. These contemporary updates make the delivery of EMS-based interventions safer and easier for EMS providers to perform.

In 2019 our organizations undertook a review and revision of the 2014 version of this joint position statement. Part of this revision process also included review of equipment lists established by individual state/territory rules and statutes for all 56 U.S. states and territories. Our review identified that portions of either the 2014 document and/or state/territory-level equipment lists required items that:

- are no longer clinically recommended because they have been demonstrated to be either harmful, lacking efficacy, or have been replaced by clinically superior options. [ex: Military Anti Shock Trousers (MAST), syrup of ipecac];
- are no longer correctly dichotomized to BLS vs ALS levels of care [ex: CPAP, nebulized medications];
- fail to include equipment that evidence-based guidelines suggest should be available on ground ambulances [ex: Commercial arterial tourniquets are currently lacking on 29 state/territory lists]; and that
- require arbitrary quantities of items.

Establishing recommended equipment standards has value in helping build consistency across the EMS system of care. Documents such as this can be used to help guide both agency leadership and frontline staff in evaluating whether their agency is properly equipped to provide care that meets recommended community requirements. However, the process of creating and revising rules, statutes, and other legislative mechanisms at the state level of government is often onerous, time consuming, and can sometimes have unpredictable results and generate unintended consequences.

Our review of existing state and territory EMS equipment regulations showed that 39 states and territories had statutory EMS equipment lists that were more than five years old. Equipment lists should serve to facilitate advances in the delivery of quality and cost-effective EMS care, not to create a barrier to EMS system improvement and development. In light of this, we offer the following recommendation to governmental entities with jurisdiction involving the practice of EMS medicine—

Ensure that legislative and/or administrative mechanisms that establish equipment standards for ground ambulances:

avoid requiring arbitrary minimum amounts of equipment list items;

- reflect expert and evidence-based recommendations such as those provided in this document;
- undergo review and updates at intervals not to exceed five years;
- do not create unnecessary barriers to implementation of new technology at the local level;
- allow for flexibility and adaptability in order to make rapid unplanned changes in response to unpredicted equipment or medication shortages affecting local EMS agencies; and
- reinforce that all EMS agencies should carry the ageappropriate equipment, supplies, and medications necessary for their clinical providers to effectively carry out patient care as defined by the clinical protocols and guidelines that are applicable to each agency.

It cannot be overemphasized that the mere presence of certain pieces of equipment on an ambulance does not equate to individual EMS provider competence in the use of that equipment or to an EMS program's practice of high-quality and effective EMS medicine. In addition to establishing minimum equipment standards we also recommend that states consider establishing standards requiring local EMS agencies to demonstrate that their EMS providers are competent in their use of the equipment and supplies necessary to administer care within their scope of practice as defined or allowed by locally applicable clinical protocols or guidelines. Such assessment of provider competency in use of equipment has been established as a key component of EMS readiness in the joint position paper, Pediatric Readiness in Emergency Medical Services Systems, and also as a core performance measure by the U.S. Dept of Health and Human Services Health Resources and Services Administration through its EMS for Children (EMSC) Program (8, 9).

Furthermore, though the implementation of equipment lists at the state level is an important level of system oversight, it remains critically important that EMS agency medical directors evaluate that the equipment available on their agency's ambulances is appropriate for the delivery of care and transport of both pediatric and adult patients in their service area. Each agency's physician medical director should have direct involvement in the selection, approval, and deployment of the devices each agency chooses to fulfill both the clinical and regulatory equipment requirements that are germane to their agency.

In continued support of establishing and maintaining a foundation for standards of care, our organizations remain committed to periodic review and revision of this position statement. This latest revision was created based on a structured review

of the National Model EMS Clinical Guidelines Version 2.2 in order to identify the equipment items necessary to deliver the care defined by those guidelines (6). In addition, in order to ensure congruity with national definitions of provider scope of practice, the list is differentiated into BLS and ALS levels of service utilizing the National Scope of Practice-defined levels of Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) as BLS, and Advanced EMT (AEMT) and Paramedic as ALS (5). Equipment items listed within each category were crosschecked against recommended scopes of practice for each level in order to ensure they were appropriately dichotomized to BLS or ALS levels of care. Some items may be considered optional at the local level as determined by agency-defined scope of practice and applicable clinical guidelines.

In addition to the items included in this position statement our organizations agree that, as modeled in the Iowa Administrative Code, "all EMS service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the agency's level of care and available certified EMS personnel and as established in the agency's approved protocols." (10)

Finally, in addition to taking steps to determine that appropriate equipment is routinely available and that EMS providers are competent in using this equipment, our organizations also recommend that all EMS agencies include in their routine quality assurance practices efforts to evaluate that:

- their EMS providers are outfitted with all of the equipment necessary for them to perform clinical care;
- all equipment and supplies undergo appropriate preventative maintenance and routine function checks; and that
- malfunctioning or missing equipment issues are rapidly mitigated in order to preserve readiness to respond and provide patient care continuously.

LIST OF RECOMMENDED ESSENTIAL EQUIPMENT FOR BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT GROUND AMBULANCES, 2020

General Principles

This document is intended to represent minimum essential equipment recommendations and should not be used to limit the addition of items to a service's repertoire. Carriage of items that supplement those listed herein should be based on local clinical and operational needs, including the needs of specialty transport teams, and should be left to the discretion of the physician medical director and other agency administrative and operational officers.

- a. Equipment should always be appropriate for the size/age of patients. Availability and use of appropriate pediatric-sized equipment is necessary, not discretionary.
 - Adult-sized items should not be substituted or adapted for use on pediatric patients except where available pediatric-focused equipment has malfunctioned and where failure to provide further intervention by adapting an adult device for pediatric use would result in serious harm to the pediatric patient.
- b. Several items that were included in previous versions of this list, including items previously listed as "optional," are not included in this revision. Their absence from this list demonstrates lack of sufficient evidence to support inclusion of these items universally for all BLS and/or ALS ground ambulances but should not be interpreted to mean that such items should not be carried on any BLS and/or ALS ground ambulance. Local clinical protocols and scope of practice may dictate that such items are prudent and proper to carry.
- c. Evidence supporting inclusion of specific items in this recommended equipment list is cited where available.
- d. Certain items are included in this list based on sound judgment and logic (i.e. "portable reusable light source") rather than based on the presence of supporting evidence.
- e. Several items were identified on review of existing state/ territory equipment lists or in previous versions of this document that should no longer be carried on ground ambulances due to evidence of harm or proven lack of efficacy. These items have been identified in a section that is new in this revision of this joint position paper.
- f. Equipment specifications exist for several items contained in this document. The sources for those specifications are cited.
- g. Latex-free items should be utilized whenever possible/practical.
- h. Specific medication recommendations have been removed from this recommended equipment list due to the following:
 - The diversity of clinical protocols across the U.S., even across the same echelons of care, precludes development of an appropriately brief but comprehensive recommended medication list;
 - The frequency and unpredictable nature of medication shortages requiring frequent and rapid revision to local medication supplies preclude the development of a recommended medication list that would remain germane on a daily basis; and
 - The variability in the availability and use of therapeutic alternatives across EMS agencies precludes development of an appropriately brief but comprehensive recommended medication list.

	Adult-specific Pediatric-specific Oxygen supply, portable and on-board Devices capable of delivering oxygen in a titratable manner through nasal, partial face, or full-face mask routes in sizes to fit neonates through adults Oropharyngeal airways in sizes to fit neonates to adults Nasopharyngeal airways in sizes to fit neonates to adults Manual and/or powered suction device(s) with rigid oral and flexible pharyngeal/tracheal suction catheters in sizes to fit neonates to adults A device capable of providing non-invasive positive pressure ventilation (NIPPV) Self-inflating manual ventilation devices and masks to fit neonates to adults [11] [12] PEDIATRIC SPECIFIC Bulb suction		ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages		
CATEGORY			Adult-specific	Pediatric-specific	
Airway, Ventilation, and Oxygenation			 Direct and/or Video laryngoscopy equipment appropriate for neonates to adults^a Magill forceps Supraglottic airways in sizes to fit neonates to adults^b 		
Bleeding, Hemorrhage Control, Shock Management, and Wound Care	Wound packinGauze spongesAdhesive bandAdhesive tapeOcclusive dres		ADULT SPECIFIC • Chest Decompression need 14g or larger diameter, minimum length 3.25 inch (8.25cm) or commercial che decompression device [13] [16] [17] [18] [19]	• 14g diameter, maximum length 1.5 inches (3.8 cm) est for patients less than	
Cardiovascular & Circulation Care		ernal Defibrillator (AED) with adult and mbination pads		rming automatic and/or manual defibrillation, g (in at least three leads), 12 lead ECG acquisition	
Diagnostic Tools	Stethoscope	with sensors to fit neonates to adults Cuffs in sizes to fit neonates to adults	Continuous waveform cap	nography	

		BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages
CATEGORY	Adult-specific	Pediatric-specific	Adult-specific Pediatric-specific	
Infection Control	 Waterless Sharps co Supplies a urine, and Biohazard Products surfaces a Items necessar Precautions [2: Contact p protection Droplet p Airborne appropria 	for collection or absorption of patient vomit, d/or feces dous materials collection bags appropriate for cleaning and disinfecting and equipment by for the following Transmission-based [2] [23] [24]: recautions: examination gloves, eye by the following Transmission-based [2] [25] [26] [27] [28] [29] [29] [29] [29] [29] [29] [29] [29		No additional ALS recommendations
Medications	Medications that protocols	t are germane to approved agency BLS	 Medications that are protocols 	e germane to approved agency ALS (and/or higher level)
Medication Delivery and Vascular Access	Devices and so via routes (Ora included in local applicable pro	pipplies needed to administer medications al, Inhaled, Intramuscular, Intranasal) cally approved scope of practice and locally tocol(s) and in sizes to fit neonates to adults oplication of antiseptic to skin PEDIATRIC SPECIFIC Tools that provide precalculated weight-based dosing and preclude the need for calculation by EMS providers can reduce dosing errors. [25]	Devices and suppli (Oral, Inhaled, Intr Intraosseous) inclu- locally applicable protocol(s) in sizes Isotonic crystalloid capable of adjustab	ies needed to administer medications via routes ramuscular, Intranasal, Intravenous, aded in locally approved scope of practice and is to fit neonates to adults a fluids and administration tubing ble fluid delivery rate the pressure infusion of IV fluids PEDIATRIC SPECIFIC A device suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid

(Continued)

	BASIC LIFE SUPPORT (BLS) All ages		ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages		
CATEGORY	Adult-specific	Pediatric-specific	Adult-specific	Pediatric-specific	
Neonatal Care		PEDIATRIC SPECIFIC Newborn delivery supplies:		No additional ALS recommendations	
Orthopedic Injury Care	of orthopedic e Femoral s simple no femoral tr Pelvic spli commerci (PCCD) d dedicated circumfere	rial or commercial devices for immobilization extremity injuries including but not limited to: plinting materials which may include either n-traction devices or devices that provide action. [26] [27] Inting materials which may include either a all pelvic circumferential compression device esigned specifically to splint the pelvis, or a bedsheet and towel clips to perform ential pelvic antishock sheeting [30] [31] [32]		No additional ALS recommendations	
Patient Packaging, Evacuation, and Transport	Extrication boaMaterials or de	rd/device ^e [33] evices that can be utilized to provide spinal ion of the cervical, thoracic, and lumbar ates to adults her or litter air chair"		No additional ALS recommendations	

(Continued)

	BASIC LIFE SUPPORT (BLS) All ages	ADVANCED LIFE SUPPORT (ALS) (All BLS equipment PLUS the following) All ages		
CATEGORY	Adult-specific Pediatric-specific	Adult-specific Pediatric-specific		
Safety	 Fire Extinguisher (5lb ABC) [36] ANSI Class 2 or 3 reflective vest or outerwear [37] Impact-resistant eye protection (ANSI Z87.1) [38] Nonflammable reflective and/or illuminated roadside warning devices Portable reusable light source 	No additional ALS recommendations		
Temperature Management and Heat-loss Prevention	BlanketsTowelsHeat packs	No additional ALS recommendations		
Miscellaneous items	 Bandage/trauma shears A device that allows for two-way communication between the field and EMS communications/dispatch centers, dispatch control, and receiving hospitals Triage Marking System (colored tape, tags, or other system that is interoperable with other local healthcare system entities and that follows recommendations from the U.S Dept of Health and Human Services Assistant Secretary Preparedness and Response (ASPR) [39] 	rect em) .		

Items that should no longer be carried on BLS or ALS ground ambulances due to evidence of harm or proven lack of clinical efficacy

- Military Antishock Trousers (MAST), aka Pneumatic Antishock Garment (PASG) [40]
- Syrup of Ipecac [41]

^aLaryngoscopy equipment is included to facilitate ALS provider identification and mechanical removal of upper airway foreign bodies using Magill forceps, regardless of whether the ALS agency includes pediatric or adult endotracheal intubation within their ALS provider scope of practice.

^bDepending on locally approved scope of practice and locally applicable protocol(s) other invasive airways (endotracheal tubes, needle or surgical cricothyrotomy supplies) may also be carried but are not recommended to be universally required on all ALS ground ambulances.

^cWound packing material may include plain gauze and/or hemostatic dressings.

^dTraction is not a necessary or required element of prehospital stabilization of suspected femur fracture(s) and is often contraindicated [26] [27].

^eDevices used for extrication, such as backboards, should not be used for transport. Whenever feasible, patients should be removed from extrication devices prior to transport. Spinal Motion Restriction can be maintained by securing the patient to the transport stretcher. [33].

Restraint devices should meet applicable crash-testing standards, as they are developed and published, and should appropriately meet individual patient weight, length, and developmental status needs [34] [35]

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ATTACHMENT D

<u> </u>	A Name	2	FY 2024	FY 2024	
Region	Agency Name	County	Ambulance Count	GTCNC Award Amount	
1	Ambucare, LLC	Haralson	7	\$ 5,217.19	
1	Metro Atlanta	Bartow	11	\$ 8,198.45	
1	Bartow County Fire	Bartow	2	\$ 1,490.63	
1	Puckett EMS	Catoosa	5	\$ 3,726.57	
1	Atrium Floyd EMS	Chattooga	5	\$ 3,726.57	
1	Cherokee County Emergency Services	Cherokee	25	\$ 18,632.83	
1	Dade County EMS	Dade	5	\$ 3,726.57	
1	CHI Memorial Hospital EMS	Dade	2	\$ 1,490.63	
1	Fannin County Fire and EMS	Fannin	7	\$ 5,217.19	
1	Atrium Floyd Emergency Medical Services	Floyd	19	\$ 14,160.95	
1	Redmond Regional EMS	Floyd	13	\$ 9,689.07	
1	Gilmer County Fire and EMS	Gilmer	6	\$ 4,471.88	
1	Gordon County Ambulance-Adventist	Gordon	9	\$ 6,707.82	
1	Adventist Health Metro Atlanta	Murray	7 11	\$ 5,217.19 \$ 8,198.45	
1		Paulding Pickens	8	\$ 8,198.45 \$ 5,962.51	
1	Pickens County EMS Redmond Regional EMS	Polk	6	\$ 4,471.88	
1	Walker County Fire	Walker	1	\$ 745.31	
1	CHI Memorial Hospital EMS	Walker	10	\$ 7,453.13	
1	Hamilton EMS	Whitfield	13	\$ 9,689.07	
2	Banks County Fire and EMS	Banks	7	\$ 5,217.19	
2	Central Emergency Med Services Inc	Forsyth	10	\$ 7,453.13	
2	Dawson County Emergency Services	Dawson	7	\$ 5,217.19	
2	Forsyth County EMS	Forsyth	1	\$ 745.31	
2	Franklin County EMS	Franklin	7	\$ 5,217.19	
2	Habersham County EMS	Habersham	10	\$ 7,453.13	
2	Hall County Fire Services	Hall	22	\$ 16,396.89	
2	Hart County EMS	Hart	9	\$ 6,707.82	
2	Lumpkin County Emergency Services	Lumpkin	7	\$ 5,217.19	
2	Rabun County EMS	Rabun	8	\$ 5,962.51	
2	Stephens County Emergency Medical Services	Stephens	6	\$ 4,471.88	
2	Towns County EMS	Towns	5	\$ 3,726.57	
2	Union County EMS	Union	7	\$ 5,217.19	
2	Northeast Georgia Physicians Group, INC	White	6	\$ 4,471.88	
3	Atlanta Fire Rescue Department	Fulton	10	\$ 7,453.13	
3	City of Forest Park Fire EMS	Clayton	5	\$ 3,726.57	
3	City of Morrow Fire and EMS	Clayton	3	\$ 2,235.94	
3	Clayton County Fire and Emergency Services	Clayton	23	\$ 17,142.21	
3	Metro Atlanta	Cobb	38	\$ 28,321.91	
3	Puckett EMS	Cobb	26	\$ 19,378.15	
3	Dekalb County Fire	Dekalb	7	\$ 5,217.19	
3	American Medical Response	Dekalb	60	\$ 44,718.80	
3	Douglas County Fire and EMS	Douglas	12	\$ 8,943.76	
3	American Medical Response City of Hapeville	Fulton	29	\$ 21,614.09	
3	Grady EMS	Fulton Fulton	108	\$ 2,235.94 \$ 80,493.84	
3	Grady EMS Gwinnett County Fire/EMS	Gwinnett	49	\$ 36,520.35	
3	National EMS	Newton	7	\$ 5,217.19	
3	Piedmont Newton Hospital EMS	Newton	0	\$ 5,217.19	
3	National EMS	Rockdale	11	\$ 8,198.45	
4	Butts County Fire Department	Butts	7	\$ 5,217.19	
4	Coweta County EMS	Coweta	14	\$ 10,434.39	
4	Fayette County Department of Fire Services & Emergency Services	Fayette	8	\$ 5,962.51	
4	Heard County Emergency Services	Heard	6	\$ 4,471.88	
4	Henry County Fire Rescue	Henry	20	\$ 14,906.27	
4	AmeriPro EMS	Lamar	2	\$ 1,490.63	
4	Meriwether County EMS	Meriwether	11	\$ 8,198.45	
4	Peachtree City Fire Department	Fayette	6	\$ 4,471.88	
4	AmeriPro EMS	Pike	3	\$ 2,235.94	
4	Spalding Regional Medical Center EMS	Spalding	12	\$ 8,943.76	
4	American Medical Response	Troup	18	\$ 13,415.64	
4	AmeriPro EMS	Upson	6	\$ 4,471.88	
4	West Georgia Ambulance Service	Carroll	15	\$ 11,179.70	
4	West Point Fire Department	Troup	2	\$ 1,490.63	

5	Grady EMS	Baldwin	7	\$	5,217.19
5	Atrium Health Navicent EMS	Bibb	23	\$	17,142.21
5	Community Ambulance MGAS Holdings, INC	Bibb	14	\$	10,434.39
5	Heartland EMS	Bleckley	12	\$	8,943.76
5	Community Ambulance MGAS Holdings, INC	Crawford	2	\$	1,490.63
5	Dodge County EMS	Dodge	6	\$	4,471.88
5	Hancock County EMS	Hancock	2	\$	1,490.63
5	Houston County EMS	Houston	16	\$	11,925.01
5	Jasper County EMS	Jasper	4	\$	2,981.25 2,981.25
5 5	Johnson County EMS Atrium Helath Navicent EMS	Johnson Jones	4	\$	745.31
5	Laurens County EMS	Laurens	12	\$	8,943.76
5	Monroe County EMS	Monroe	6	\$	4,471.88
5	Montgomery-Toombs-Montgomery EMS	Montgomery	1	\$	745.31
5	Peach County	Peach	4	\$	2,981.25
5	Heartland EMS	Pulaski	3	\$	2,235.94
5	Putnam County EMS	Putnam	5	\$	3,726.57
5	Telfair County EMS	Telfair	5	\$	3,726.57
5	Atrium Health Navicent EMS	Treutlen	2	\$	1,490.63
5	Atrium Health Navicent EMS	Twiggs	1	\$	745.31
5	Washington County EMS	Washington	5	\$	3,726.57
5	Wheeler County Ambulance Service	Wheeler	3	\$	2,235.94
5	Wilcox County EMS	Wilcox	4	\$	2,981.25
5 6	Heartland EMS Burke County EMA	Wilkinson Burke	3 13	\$	2,235.94 9,689.07
6	Gold Cross EMS, INC	Columbia	11	\$	8,198.45
6	Emanuel County EMS	Emanuel	5	\$	3,726.57
6	Gold Cross EMS. INC	Jefferson	4	\$	2,981.25
6	Jenkins County Ambulance Service	Jenkins	3	\$	2,235.94
6	Lincoln County OES	Lincoln	4	\$	2,981.25
6	McDuffie County EMS	McDuffie	6	\$	4,471.88
6	Central Emergency Med Services Inc	Richmond	15	\$	11,179.70
6	Screven County EMS	Screven	4	\$	2,981.25
6	Warren County EMS	Warren	3	\$	2,235.94
6	Wilkes County EMS	Wilkes	5	\$	3,726.57
7	Unified Government of Cusseta-Chattahoochee County EMS	Chattahoochee	2	\$	1,490.63
7	AmeriPro EMS	Clay	1	\$	745.31
7	Columbus Fire and Emergency Medical Services	Muscogee	10	\$	7,453.13
7	EMS Care Ambulance	Muscogee Harris	5 8	\$	3,726.57 5,962.51
7	Harris County EMS Macon County EMS	Macon	4	\$	2,981.25
7	Marion County EMS	Marion	3	\$	2,235.94
7	Community Ambulance MGAS Holdings, INC	Muscogee	5	\$	3,726.57
7	AmeriPro EMS	Quitman	1	\$	745.31
7	AmeriPro EMS	Randolph	3	\$	2,235.94
7	Schley County EMS	Schley	3	\$	2,235.94
7	Stewart County EMS	Stewart	3	\$	2,235.94
7	Talbot County EMS	Talbot	3	\$	2,235.94
7	Taylor County EMS	Taylor	4	\$	2,981.25
7	Webster County Fire/EMS	Webster	2	\$	1,490.63
8	Grady EMS	Baker	2	\$	1,490.63
8	AmeriPro EMS	Ben Hill Berrien	3	\$	2,235.94
8	Berrien County EMS	Berrien Brooks	4	\$	2,981.25
8	Grady EMS Calhoun County EMS	Calhoun	2	\$	2,981.25 1,490.63
8	Calhouri County EMS Colquitt County EMS	Calnoun	7	\$	5,217.19
8	Colquit/Miller County Fire/EMS	Miller	5	\$	3,726.57
8	Grady EMS	Cook	6	\$	4,471.88
8	Crisp County EMS	Crisp	7	\$	5,217.19
8	Grady EMS	Decatur	5	\$	3,726.57
8	Dooly County EMS	Dooly	4	\$	2,981.25
8	Dougherty County EMS	Dougherty	14	\$	10,434.39
8	South Georgia Medical Center	Echols	0	\$	-
8	Grady County EMS	Grady	5	\$	3,726.57
	Irwin County EMS	Irwin	4	\$	2,981.25
8	Cautha Cannaia Maritiral Caratan			•	
8	South Georgia Medical Center	Lanier	4	\$	2,981.25
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Final FY 2024 GTC EMS Trauma Equip Grant Application

Final Audit Report 2023-09-29

Created: 2023-09-29

By: Katie Hamilton (katie.hamilton@gtc.ga.gov)

Status: Signed

Transaction ID: CBJCHBCAABAAgO2h_hxWtbHpTkNBDpNLW272mWqh6TXM

"Final FY 2024 GTC EMS Trauma Equip Grant Application" Hist ory

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