



**OVERVIEW
OF
PENNSYLVANIA DEPARTMENT OF HEALTH
AMBULANCE SERVICE LICENSURE
PROGRAM**

**Pennsylvania Department of Health
Emergency Medical Services Office**

Revised November 2004

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Introduction

This document has been prepared by the Emergency Medical Services Office (EMSO), Pennsylvania Department of Health (Department) to assist applicants that are applying for an initial ambulance service license or a renewal of an ambulance service license. The information applies to both ground and air ambulance (rotorcraft) service licenses except where otherwise noted. The manual repeats some statutory and regulatory provisions. It also explains some of those provisions. However, the manual is not, itself, a regulation. It is not a document by which standards may be set. Consequently, it does not have the force or effect of law. Furthermore, although the EMSO may revise this manual from time to time to keep it up to date, statutory, regulatory or policy changes may occur following the distribution of this manual and later revisions. Therefore, the applicant is encouraged to review a current copy of the Emergency Medical Services Act and the Department's regulations and to confer with the appropriate regional emergency medical services (EMS) council to secure additional assistance. The applicant should log onto the Department's website to secure the most up to date copy of this manual.

Application Process

Process Requirements:

1. The applicant must have Internet access, e.g. library, service location, or any other location.
2. The applicant must have an e-mail address. Contact the regional EMS council if you do not have access to a computer or the Internet.

Process Steps:

A. Registration:

1. Log onto the web address www.health.state.pa.us/emso
2. After opening this web page, click the "**Click here to begin**" link.
3. On the next page click the "**Continue**" link. You may have to scroll down. On the next page, logon and register an account here.
4. Click the "**Register**" button and fill out the appropriate information. This registration applies only to applicants that have never registered an account. (**Make sure you safeguard and secure the login information**).
5. Once finished, click the "**Sign Up button.**" This will return the applicant to the login screen.

B. Log In:

1. Login using the user ID and password that was created. **NOTE: User ID and password are case sensitive.**
2. The screen will welcome the applicant and indicate that the applicant can "Select from the links below to view applications, to create new applications and to track pending applications.

3. The applicant will proceed to “Go to Ambulance Service Application” and then click on “Ambulance Service Application.”
4. The applicant will come to a screen that will ask you “What Would You Like To Do?” If the applicant has never entered an application electronically, click #1, “Skip This and Go Right Into Your Application.” If the applicant entered an application previously, click #2, “View Application.” This will allow the applicant to go directly to the application that was entered previously and was stored in the data file. The applicant can simply update the application and proceed with the process.
5. Follow the directions and click on the “**Help Me**” link throughout the application for any assistance.
6. If at any time assistance is needed, please ask via the e-mail address EMSquestion@state.pa.us or call (717) 783-9171, which is the Department’s Help desk.

C. License Registration:

1. Complete the Form

- a. Complete each section of the electronic version of the application form and provide the information required. Required information is noted by an * next to the part of the application form soliciting information. The applicant cannot proceed to the next section of the application form until they have provided information where it is required in the section being completed. If unsure of what information is being requested, click on “**Help Me**” for specific instructions.
- b. Another feature built into the process allows the applicant to complete parts of the form and save this work so that if the connection is lost or for some other reason the applicant does not complete the form at a single setting, they can return to where they were in the process before the applicant stopped. Any information entered will automatically be saved and the applicant can simply log back on and pick up the process where they stopped.
- c. Once the form is completed, click “**Finish.**” When that is done, the applicant and the regional EMS council will automatically receive an e-mail message along with a confirmation number that the form has been sent to the regional EMS council where the applicant maintains its administrative headquarters. If the applicant operates ambulances out of locations in multiple EMS regions, the regional EMS council will print out and transmit a copy of the application to the other regional EMS council(s) for review. The regional EMS council will provide any comments back to the regional EMS council to which the form was originally submitted.

2. Regional EMS Council Review

- a. The regional EMS Council will review the submitted form. If changes or corrections are required, the applicant will receive an e-mail message requesting the necessary changes or corrections. The applicant would then make the required revisions and resubmit the form. The applicant will receive an e-mail message verifying that the form has been submitted to the regional EMS council.
- b. The regional EMS council will review the application again and if complete and accurate, will send the application to the EMSO. The applicant will receive an e-mail that the application was submitted.

3. EMSO Review

- a. The EMSO will review the application for completeness and accuracy. If the application is complete, an e-mail will be sent to the applicant and the regional EMS council advising them so. At the same time, the applicant will receive instructions to print out the application, to sign it and then mail the completed application to the regional EMS council along with any additional documentation. **NOTE: The EMSO is working to have electronic signatures accepted and therefore eliminate the need to send a signed copy of the application to the regional EMS council.**
- b. Upon receipt of the **signed** application that the applicant printed out, the regional EMS council will make arrangements with the applicant to conduct an inspection. When completed, the regional EMS council will submit the inspection reports and the signed application to the EMSO. The EMSO will review the application, the inspection results and the recommendation from the regional EMS council. If everything is in order, the EMSO will issue a license or refuse to issue a license.

7. 4. Policy Statements and Other Documentation

The applicant is required to prepare and maintain various written policies and other documentation. These are listed in section 24 of the electronic application. An applicant for renewal of an ambulance service license is required to have all of the policies and other documentation listed. An applicant for an initial ambulance service license is required have all of the policies listed and some of the other documentation listed unless it could only be provided could be provided by an applicant that is already operating as an ambulance service. The policies and other required documentation must be presented to the inspector at the time of the license inspection.

Inspection

- 1. Scheduling the inspection.** When the regional EMS council has received the signed electronic application, it will contact the applicant and schedule a time and date for the license inspection. The inspection shall be performed within 45 days after receipt of the completed application.
- 2. Conducting the inspection.** The regional EMS council will conduct an inspection of the applicant's records to ensure that the applicant has developed and maintains all applicable documents. In addition, it will inspect each ambulance listed in the application to ensure that it is equipped and supplied for the level of license for which the applicant is applying. All of the applicant's ambulances will be inspected at the same time, but exceptions are permitted as necessary to not jeopardize patient care or operation of the ambulance service. Attachment B is a complete listing of both the vehicle requirements and the required equipment and supplies. If the applicant will be placing and operating ambulances in more than one EMS region, the regional EMS council responsible for each of those regions will inspect the ambulances the applicant intends to place and operate in the EMS region for which the regional EMS council is responsible.
- 3. Inspection results.** Upon completion of the license inspection the inspector shall provide the applicant with a copy of the inspection report completed by the inspector. The absence of marked deficiencies on the inspection report is not a guarantee that the applicant will be licensed. The Department makes the final decision regarding whether the applicant meets the requirements for a license, also, not all licensure requirements are evaluated during the license inspection. Inspection results will be collected and processed by the regional EMS council responsible for the EMS region where the applicant maintains or intends to maintain its administrative headquarters. If there are multiple EMS regions involved, each of the other regional EMS councils will forward its inspection report to the regional EMS responsible for the EMS region where the applicant maintains its administrative headquarters. This regional EMS council will review the inspection reports and forward them along with its assessment of the applicant's qualifications for a license to the EMSO. The EMSO will review the reports and the recommendation and make a final determination on whether the applicant has met all of the requirements for a license.

Licensure

- 1. Levels of licenses.** The EMSO issues a BLS ambulance service license or an ALS ambulance service license, as applicable, to an applicant for a ground ambulance service license. It issues an air ambulance service license to an applicant that applies to use a rotorcraft as an air ambulance.
- 2. Types of licenses.**
 - a. License-Issued** when all of the requirements for licensure have been met. The license will be valid for 3 years.

- b. **Provisional license**-May be issued when an applicant for an ambulance service license or for an existing ambulance service when it fail to meet all of the licensure requirements and the EMSO deems it to be in the public interest to do so. A provisional license may be issued for a specific time period of not more than 6 months. It may be renewed for a period of time not to exceed 6 months except when a longer period of renewal is permitted under section 1005.8(c) of the regulations. Before issuing a provisional license, the applicant must provide to the regional EMS council a plan of correction that contains defined and measurable actions and outcomes that the applicant will implement to meet staffing, equipment or response standards required by law. In addition, the applicant must provide an assessment in writing how the public would benefit by the applicants licensure as an ambulance service. This information and the plan of correction must be submitted to the regional EMS council, which has responsibility for the EMS region in which the applicant maintains its administrative headquarters. The regional EMS council will review the information and the plan of correction and then submit the plan and its own assessment and recommendation to the EMSO. The EMSO will review the plan and information from the applicant and the regional EMS council and make a decision whether or not to issue a provisional license.

- c. **Temporary license**-May be issued when an applicant for an ALS service license or an existing ALS ambulance service cannot provide service 24 hours a day 7 days a week and the Department deems it is in the public interest to issue a temporary license. A temporary license is valid for 1 year and may be renewed once. Before issuing a temporary license, the applicant must provide to the regional EMS council a plan of correction that contains defined and measurable actions and outcomes that the applicant will implement to meet staffing and response standards required by law. In addition, the applicant must provide an assessment in writing how the public would benefit by the applicants licensure as an ALS ambulance service. This information and plan must be submitted to the regional EMS council, which has responsibility for the EMS region in which the applicant maintains it's administrative headquarters. The regional EMS council will review the information and plan of correction and then submit the plan and its own assessment and recommendation to the EMSO. The EMSO will review the plan and information from the applicant and the regional EMS Council and make a decision on whether or not to issue a temporary license.

- 3. **Licensure materials.** Once the EMSO has made its decision to issue a license to the applicant, it will prepare a license and include on the license certificate the following: the name of the ambulance service, its license number, the address of the administrative headquarters, the dates of issuance and expiration, the levels of service the applicant is authorized to provide, the name of the regional EMS council(s) in whose region the applicant will be stationing ambulances and the station locations out of which the ambulance service will be placing and operating ambulances. In addition, two decals will be prepared for each ambulance. These decals will include a seven-digit identification number. The first 5 digits will be the affiliate number assigned to the applicant through the web application, and will correspond to the EMS region where the applicant maintains or intends to maintain its administrative headquarters. The last 2 digits will be the vehicle number of the ambulance designated by the applicant. The decals will also have a date strip identifying the issuance

and expiration dates of the license. The license and the decals will be sent by the EMSO to the regional EMS council that has responsibility for the EMS region in which the applicant maintains its administrative headquarters. The decals must be placed on the outside on each side of the ambulance. A copy of the license will be provided by the EMSO to the regional EMS councils responsible for other EMS regions where the service will maintain and operate ambulances. The regional EMS council responsible for the EMS region in which the applicant maintains its administrative headquarters will distribute all of the original materials to the ambulance service.

Amendment Procedures

After an ambulance service becomes licensed, it may be necessary for changes to be made to the information that was contained on the application that was previously submitted, approved and for which a license was issued through the electronic application process. Changes could include, but are not limited to any or all of the following reasons:

- a. Change in level of service. (From BLS to ALS or vice versa)
- b. Change in type of ALS provided. (ALS Mobile Care or ALS Squad)
- c. Change of the name of the applicant or the name under which it conducts business as an ambulance service.
- d. Change of the administrative headquarters location.
- e. Change in the county, region or affiliate number.
- f. Adding or deleting station locations.
- g. Change of emergency service areas.
- h. Vehicle changes, including adding new or deleting vehicles. (Does not include temporary vehicles).

The following is the procedure that must be followed when a service needs to make any changes to its application that is on file:

- a. The applicant must again log onto the web-site www.health.state.pa.us/emso and utilize the same procedures used for the submission of its initial application.
- b. When the application is accessed change the application type to amendment.
- c. The applicant proceeds through the application and makes any necessary change in the sections where changes are required.
- d. When finished, the applicant, as before, will submit the application to the regional EMS council where it maintains its administrative headquarters location. The applicant and the regional EMS council will automatically receive an e-mail message along with a confirmation number that the form has been sent to the regional EMS council.
- e. The regional EMS council will review the amended application. If the changes involve operations in another regional EMS council, the regional EMS council will print out the application and transmit a copy of the application to the other regional EMS council for review. The regional EMS council will provide any comments back to the regional EMS council to which the form was submitted. All incomplete applications will be returned for any corrections or changes and an e-mail message will be sent to the applicant indicating what changes or corrections are required. The applicant will make the changes or corrections and resubmit the form. The

applicant will receive an e-mail message verifying that the form has been submitted to the regional EMS council.

- f. The regional EMS council will review the amended application again and if complete and accurate, forward the application to the EMSO. The applicant will receive an e-mail that this has occurred.
- g. The EMSO will review the amended application and if complete and accurate, approve the application. The applicant will receive an e-mail, as well as the regional EMS council. If corrections are required after review by the EMSO, the application will be returned along with an email indicating what corrections are required. The regional EMS council will receive the same e-mail. Once the corrections have been made, the applicant will resubmit the application through the same process.
- h. The applicant is required to print out a copy of the amended application, sign it and submit it to the regional EMS council. Once received, the regional EMS council will schedule an inspection, if required, based on the information changed on the application. This would apply primarily to new or replacement vehicles, change in the administrative headquarters location or the addition of new station locations.
- i. The regional EMS council will perform any inspections required and then forward the results to the EMSO for review.
- j. The EMS Office will review the inspection results and, if required, issue an amended license for the applicant and mail it to the regional EMS council, which will then forward it to the applicant.
- k. If a vehicle inspection was performed, the EMSO will issue new decals for the applicant and also forward them to the regional EMS council for distribution to the applicant.
- l. An ambulance service may replace an ambulance with a temporary replacement ambulance without giving prior notice to the regional EMS council responsible for the EMS region where the temporary replacement ambulance will be placed and operated. However, the following must occur:
 - It must submit a Modification of Ambulance Fleet/Temporary Change of Vehicle Form to that regional EMS council.
 - The form may be submitted by any means, but no later than 24 hours after the ambulance service commences operation of the ambulance. This applies even if the ambulance service does not use the replacement ambulance after the 24-hour period.
 - The regional EMS council prepares and issues a temporary certificate, along with a letter authorizing use of the temporary replacement vehicle, to the ambulance service authorizing it to use the temporary ambulance for a period of 7 days.
 - The ambulance service displays the temporary certificate and letter in a prominent place in the ambulance.
 - If additional time is needed by the ambulance service to use the temporary ambulance, it must notify the regional EMS council in advance of such use.
 - The regional EMS council may extend the time period by letter for use of the ambulance, which must also be displayed in the ambulance.

- The regional EMS council may inspect the temporary ambulance at any time.

ATTACHMENT A
REGIONAL EMS COUNCIL LISTING

REGIONS	COUNTIES	Reg #
Bradford Susquehanna EMS Council One Guthrie Square, Facilities Bldg. Sayre, PA 18840-1625 (570) 882-4604 FAX (570) 882-6053	Bradford (8) Susquehanna (58)	01
Bucks County Emergency Health Services 911 Ivyglenn Circle Ivyland, PA 18974 (215) 340-8735 FAX (215) 957-0765	Bucks (09)	10
Chester County EMS Council Department of Emergency Services 601 Westtown Road -- Suite 12 P.O. Box 2747 West Chester, PA 19380 (610) 344-5000 FAX (610) 344-5050	Chester (15)	11
Delaware County EHS Council, Inc. Government Center Building, Room 117 201 W. Front Street Media, PA 19063 (610) 891-5310 FAX (610) 566-3947	Delaware (23)	12
Eastern Pa EMS Council, Inc. 1405 North Cedar Crest Blvd. - Suite 208 Allentown, PA 18104 (610) 820-9212 FAX (610) 820-5620	Berks (6) Carbon (13) Lehigh (39)	Monroe (45) Northampton (48) Schuylkill (54)
EHS Federation, Inc. 722 Limekiln Road New Cumberland, PA 17070 (717) 774-7911 FAX (717) 774-6163	Adams (1) Cumberland (21) Dauphin (22)	Franklin (28) Lancaster (36) Lebanon (38) Perry (50) York (67)
Emergency Medical Service Institute 221 Penn Avenue, Suite 2500 Pittsburgh, PA 15221 (412) 242-7322 FAX (412) 242-7434	Allegheny (2) Armstrong (3) Beaver (4) Butler (10)	Fayette (26) Greene (30) Indiana (32) Lawrence (37) Washington (63) Westmoreland (65)
EMMCO East, Inc. 1411 Million Dollar Highway Kersey, PA 15846 (814) 834-9212 FAX (814) 781-3881	Cameron (12) Clearfield (17) Elk (24)	Jefferson (33) McKean (42) Potter (53)

EMMCO West, Inc. 16271 Conneaut Lake Road Suite 101 Meadville, PA 16335-3814 (814) 337-5380 FAX (814) 337-0871	Clarion (16) Erie (25) Mercer (43)	Crawford (20) Forest (27) Venango (61)	Warren (62)	18
1153 Oak Street Pittston, PA 18640 (570) 655-6818 FAX (570) 655-6824	Lackawanna (35) Luzerne (40) Pike (52)	Wayne (64) Wyoming (66)		05
LTS EMS Council 542 County Farm Road, Suite 101 Montoursville, PA 17754-9621 (800) 433-9063 FAX (570) 433-4435	Lycoming (41) Sullivan (57) Tioga (59)			07
Montgomery County EMS Office of Emergency Medical Services 50 Eagleville Road Eagleville, PA 19403 (610) 631-6520 FAX (610) 631-9864	Montgomery (46)			13
Philadelphia EMS Council Philadelphia Fire Department 240 Spring Garden Street Philadelphia, PA 19123-2991 (215) 686-1313 FAX (215) 686-1321	Philadelphia (51)			14
Seven Mountains EMS Council, Inc. 523 Dell Street Bellefonte, PA 16823 (814) 355-1474 FAX (814) 355-5149	Centre (14) Clinton (18)	Juniata (34) Mifflin (44)		08
Southern Alleghenies EMS Council, Inc. Olde Farm Office Centre - Carriage House Duncansville, PA 16635 (814) 696-3200 FAX (814) 696-0101	Bedford (5) Blair (7) Cambria (110)	Fulton (29) Huntingdon (31) Somerset (56)		09
Susquehanna EHS Council, Inc. 249 Market Street Sunbury, PA 17801-3401 (570) 988-3443 FAX (570) 988-3446	Columbia (19) Montour (47) Union (60)	Northumberland (49) Snyder (55)		15

ATTACHMENT B

GROUND AND AIR AMBULANCE REQUIREMENTS

AND

REQUIRED EQUIPMENT AND SUPPLIES

Required Ground and Air Ambulance Equipment and Supplies

A. GROUND AMBULANCES REQUIREMENTS

Ground Ambulances: Basic Life Support/ALS Mobile Care /ALS Squad Unit

The ambulance must:

1. Meet the requirements of current Federal Specifications KKK 1822 in effect at the time of its manufacture regarding design type, floor plan, general configuration and exterior markings. (Does not apply to an ALS squad unit.)
 2. Meet the Pennsylvania Vehicle Code requirements, especially 67 PA Code Chapter 173 (relating to flashing or revolving lights, including intersection lights) which includes:
 - a. Having red flashing or revolving exterior emergency lighting visible 360 degrees around the vehicle.
 - b. Flashing headlamp system.
 - c. No more than one flashing or revolving white or clear light on the box **OR** a light bar assembly that may contain no more than two flashing or revolving white or clear lights.
 - d. No more than two amber lights other than the turn signal indicators.
 3. Have the following emblems and marking affixed to its exterior:
 - a. The word “AMBULANCE,” mirror imaged, shall be block, blue, die cut style letters, not less than 4” high, centered above the grill. The placement of the word “AMBULANCE” on the curved surface of the hood or on a flat plastic type bug screen is permitted.
 - b. The word “AMBULANCE” shall be in block, blue, die cut style letters of not less than 6” in height centered, with a white border, alongside or under the “Star of Life” on each side and rear of the vehicle.
 - c. A “Star of Life” not less than 3”, blue, die cut style, with a white border located both to the right and left of the word “AMBULANCE.”
 - d. A “Star of Life” not less than 16”, blue, die cut style, with a white border on the right and left side panels.
 - e. A “Star of Life” not less than 12”, blue, die cut style, with a white border on each rear door.
 - f. A “Star of Life” not less than 32”, blue, and die cut style (may be without the white Staff of Aesculapius) on the ambulance rooftop. **These do not apply to ALS Squad Unit. See note below.**
- NOTE:** An ALS squad unit is required to have only 3" sizes of the “Stars of Life,” and no other marking or emblems, but it must have the required number, i.e. 6. There must be 2 on the front, 1 on each side and 2 on the rear.
4. The name of the ambulance service or its registered fictitious name in letters at least 3" in size on both the right and left exterior sides of the vehicle. Service name must be the dominant lettering.

5. Be equipped with an electronically operated audible warning device with a 100-watt speaker.
6. Have overhead interior lighting that illuminates the entire top surface of the patient litter, stairwell lighting and courtesy lights that must illuminate the ambulance's controls (Does not apply to an ALS squad unit).
7. Have a dual battery system. (Does not apply to an ALS squad unit).
8. Have one fully charged fire extinguisher, rated at least 2A: 10 B: C., easily accessible by personnel and mounted securely in an exterior compartment or is mounted and easily accessible in the cab of the vehicle. The fire extinguisher must be intact with safety seal and have been inspected within the previous 12 calendar months and have the appropriate and completed inspection tag attached.
9. Have a power supply to generate sufficient current to operate all accessories without excessive demand on the generating system. All exterior and interior lighting and on-board equipment should be able to run for at least five minutes without placing a demand on the engine.
10. Have a floor that is flat, reasonably unencumbered, free of equipment in the walk through areas, non-skid and well maintained. (Does not apply to an ALS squad unit).
11. Have minimum interior dimensions of 60" from floor to ceiling (Does not apply to an ALS squad unit)
12. Have an installed patient partition to separate the patient area from the driver area (Does not apply to an ALS squad unit).
13. Have storage cabinets with sliding doors or with latches or have a cargo type netting or other means to ensure against opening during vehicle movement and to keep equipment from becoming projectiles. (Does not apply to an ALS squad unit). All bulky items such as portable radios, AEDs, oxygen equipment and jump bags must be secured at all times during patient transport to prevent them from falling on patients or crew or becoming projectiles if the vehicle is involved in an accident. Equipment on an ALS squad unit must be in cabinets or secured at all times.
14. Have 2 IV hangers mounted flush with the ceiling (Does not apply to an ALS squad unit).
15. Have a litter for transporting a patient and at least three patient restraint straps in good operating condition secured to the litter. (Does not apply to an ALS squad unit).
16. Have doors that function properly with door seals that are in good condition, that is, not cracked, broken or missing pieces.
17. Have a "No Smoking" sign in both the driver and the patient compartment. On an ALS squad unit only one sign in the driver's compartment is required.
18. Have operational heating, cooling and ventilation equipment.

19. Have a current vehicle inspection validation issued by the state where the vehicle is registered.
20. Have operational radio equipment for communication with a public safety answering point (PSAP) (where 9-1-1 calls are answered) and hospitals in the ambulance service's emergency service areas. A cellular phone may be used as a backup means of communication and not as the primary means of communication.
21. Have an installed on-board oxygen system with the following (Does not apply to an ALS squad unit):
 - a. At least 122 cubic feet supply of oxygen in a cylinder that is secured to provide maximum safety for patients and personnel. The securing brackets must be mounted to the vehicle frame. Services may use a liquid oxygen system that provides the same volume.
 - b. The cylinder must have more than 500 psi (500 liters of oxygen) of pressure at all times and be secured with at least 3 metal or nylon brackets while in the compartment.
 - c. The unit must be equipped with a reducing valve (from 2000 psi to 50 psi line pressure).
 - d. The unit must be equipped with one flow meter with a range of 0-25 lpm delivery.
 - e. The unit must be equipped with a non-breakable humidifier.
22. Have an installed, on-board suctioning system with the following components and/or capabilities (Does not apply to an ALS squad unit):
 - a. It is fitted with a large bore, nonkinking tubing.
 - b. It has power enough to provide within 4 seconds a vacuum of over 300 mm/Hg or 11.8 inches of water when the tube is clamped.
 - c. It is controllable for use on children and intubated patients. The vacuum gauge, when attached to the tubing, must be adjustable to the amount of vacuum to ensure that the unit can maintain vacuum levels without requiring continuous increase in control.
 - d. It is equipped with a lateral opening between the suction tube and the suction source.
 - e. The tubing must be able to reach airways of patients regardless of the patient's position in the ambulance and must be able to reach the head and foot of the litter.
23. Must show proof of current motor vehicle insurance.

B. AIR (ROTORCRAFT) AMBULANCE REQUIREMENTS

The following will apply to all air ambulances. The air ambulance must have:

1. The name of the air ambulance service or its registered fictitious name prominently displayed on its exterior.
2. Exterior lighting that illuminates the tail rotor and pilot controllable search/spot/landing lights.

3. An “Air Worthiness Certificate” from the FAA.
4. A patient litter capable of carrying one adult in the supine position and capable of being secured according to FAA requirements.
5. Have an FAA Form 337 with items #1 (which identifies the aircraft), and #2 (which identifies the aircraft owner), and #7 (which shows that the aircraft is "Approved for Return to Service”) completed and signed by the appropriate FAA official.
6. Climate controls for maintaining an ambient cabin temperature of between 65-85 degrees during flight.
7. Sufficient interior lighting to allow for close observation of patients.
8. A pilot partition to prevent patient interference with flight controls.
9. A barrier or an FAA approved mechanism for securing a patient’s chest, pelvis, legs, wrist and ankles.
10. A 110-volt electrical outlet for each patient transported.
11. Two-way radio communications for the pilot to be able to communicate with hospitals, PSAPs and ground ambulances in areas to which the air ambulance routinely provides service.
12. At least three headsets to allow for voice communication among the crew when the aircraft is operating and noise levels prevent normal conversation.
13. One fully charged fire extinguisher rated at least 5 B: C, securely mounted where it can be reached by the pilot or crewmembers. The fire extinguisher must be intact with the safety seal and have been inspected within the previous 12 calendar months and have the appropriate inspection tag attached.
14. Installed, on-board suctioning equipment that meets the same requirements as a transporting ground ambulance. (See requirements under Ground Ambulances).
15. An on-board oxygen system with the following:
 - a. Cylinder(s) with a capacity of at least 1,200 liters.
 - b. The cylinder must have at least 1650 psi at time of inspection.
 - c. If a liquid oxygen system is used, manufacturer documentation must be provided that the system has at least a 1,200-liter capacity and that at least a 1-hour oxygen delivery capacity at 25 lpm is available.
 - d. A flow meter with a range of 0-25 lpm delivery.

C. REQUIRED EQUIPMENT AND SUPPLIES

Approved equipment and supplies shall be carried and readily available in working order for use on both ground and air ambulances. Some patients and crewmembers of an ambulance service may have allergies to latex. Latex free supplies are recommended, where possible. The following equipment and supplies must be carried on each ground and air ambulance, as indicated.

EQUIPMENT/ SUPPLIES	AMBULANCE TYPE			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
1. Rechargeable Portable Electric Suction Unit with wide-bore tubing. Must achieve 300 mm/Hg or 11.8" in 4 sec.	X	X	X	X
2. Suction catheters, pharyngeal: Rigid (2) Flexible: 6 and 8 (1 ea) 10 or 12 (2) 14 or 16 (2) Total of 6 (Must be sterile) Size is FR for each	X	X	X	X
3. Airways: Nasopharyngeal (5 different sizes) Oropharyngeal (6 different sizes)	X	X	X	X
4. Sphygmomanometer: Child, Adult and Thigh (large) (1 each) Interchangeable gauges are permitted	X	X	X	X
5. Stethoscope (1)	X	X	X	X
6. Stethoscope Doppler (1)				X
7. Penlight (1)	X	X	X	X
8. Portable Oxygen Unit (1): Cylinder capacity of at least 300 Liters, D size, with 500 psi Yoke Cylinder with a minimum total pressure of 500 psi. Non sparking wrench/tank opening device. Gauge/flow meter not gravity dependent and can deliver 0-25 liter per minute Full spare cylinder with a 300 liter capacity Cylinders must be secured in the vehicle at all times.	X	X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
9. Oxygen Delivery Devices: Nasal Cannulae- adult/pediatric 1 ea. High concentration mask capable of providing 80% or greater concentration adult, pediatric, infant- 1 each. Pocket mask with one way valve and oxygen port (1) Humidifier bottle	X	X	X	X
10. Adhesive Tape (4 rolls assorted) 1 roll must be hypoallergenic.	X	X	X	X
11. Dressings: Multi Trauma (10"x 30") (4) Occlusive (3"x 4") (4) Sterile Gauze Pads (3"x3") (25) Soft self-adhering (6 rolls)	X	X	X	X
12. Bandage Shears (1)	X	X	X	X
13. Immobilization Devices: Lateral cervical spine device (1) Long spine board (1) Short spine board (1) Rigid/Semi rigid neck immobilizer S, M, L, pediatric (1 each) Multi-size are permitted and will suffice for the S, M., L (3)	X	X	X	(Short board not required)
14. Bag-Valve-Mask Devices: Hand operated adult (1) Hand operated infant/pediatric (450- 700cc) (1) Must be capable of high concentration oxygen delivery with adult and pediatric masks	X	X	X	X
15. Pediatric Equipment Sizing Tape/Chart	X	X	X	X
16. Straps - 9' (5) (may substitute spider straps or speed clips for 3 straps)	X	X	X	X
17. Folding Litter/Collapsible Device (1)	X	X		

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
	18. Splinting Devices: Lower extremity mechanical traction splint adult and pediatric (1 each or combination) Padded board splints 4.5' / 3" / 15' (2 ea)	X	X	
19. Sterile Water/Normal Saline (2 liters)	X	X	X	X
20. Sterile Burn Sheet (4'X4') (2)	X	X	X	
21. Cold Packs, Chemical (4)	X	X	X	X
22. Heat Packs, Chemical (4)	X	X	X	X
23. Triangular Bandages (8)	X	X	X	
24. Sterile OB Kits (2)	X	X	X	X (Only 1 required)
25. Separate Bulb Syringe (1) Sterile	X	X	X	X
26. Sterile Thermal Blanket (Silver Swaddler) (1), or 1 roll of sterile aluminum foil for use on infants/newborns	X	X	X	X
27. Blankets (2)- cloth	X	X	X	X
28. Sheets (4)	X	X		X
29. Pillowcases (2)	X	X		
30. Pillow (1)	X	X		
31. Towels (4)	X	X		
32. Disposable Tissues (1 box)	X	X		
33. Emesis Container (1)	X	X		
34. Urinal (1)	X	X		
35. Bed Pan (1)	X	X		
36. Disposable Paper Drinking Cups (3oz) (4)	X	X		
37. State Approved Triage Tags (25)	X	X	X	
38. Hand-lights (6 volts) (2)	X	X	X	X
39. Hazard Warning Device (3)	X	X	X	
40. Emergency Jump Kit (1)	X	X	X	X
41. Survival Bag (1)				X
42. Emergency Response Guidebook (1) (current edition)	X	X	X	

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE UNIT	ALS SQUAD	AIR
43. Thermometer electronic, digital, non-tympanic	X	X	X	X
44. Sharps Receptacle-Secured	X	X	X	X
45. Instant Glucose (40% dextrose-d-glucose gel) 45 grams	X	X	X	
46. Activated Charcoal-50 grams	X	X	X	
47. Access Equipment: Large Screwdriver, Phillips and slotted (1 each) Pliers (1 ea) (slip joint, lineman's needle nose, arc joint and locking) Hand-held Sledgehammer (3 lbs) (1) Impact metal Cutting Tool (1) Short pry-bar (1)-12" Cold Chisel (7"X3/4") (1) Hacksaw w/2 extra blades (1) Adjustable Wrench-10"" (1) Center Punch (1) Gloves (leather) (2 pairs) Hard-Hat and goggles (2)	X	X	X	
48. Flight Helmet (1 per crewmember)				X
49. Personal Infection Control Kit: Eye protection, clear, disposable (1 per crew member) Face Mask, disposable (1 per crew member) Gown/coat (1 per crew member) Surgical Caps/Foot Coverings disposable (1 set per crewmember) Double Barrier gloves (1 set per crew member) Container (1 per vehicle) or disposable red bags (3 per vehicle)	X	X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
50. Sponges, Alcohol, Prep (10)		X	X	X
51. Endotracheal Tubes Sizes/Quantities: 2.5 mm or 3.0 mm (2 uncuffed) 3.5 mm or 4.0 mm (2 uncuffed) 4.5 mm or 5.0 mm (2) 5.5 mm or 6.0 mm (2) 6.5 mm or 7.0 mm (2) 7.5 mm or 8.0mm (2) 8.5 mm or 9.0 mm (2) Must be sterile and individually wrapped		X	X	X
52. Endotracheal Tube Placement Validation Device (1ea) Ad/Ped. to verify correct placement (per regional protocol)		X	X	X
53. Laryngoscope handle with batteries and spare batteries and bulbs and the following blades: Straight Curved #1 (S) #3 #2 (M) #4 #3 (L) (1 each of the blades)				
54. Meconium Aspirator (1)		X	X	X
55. Lubrication (2cc or larger tubes) sterile water soluble (2)	X	X	X	X
56. Forceps, Magill (adult/ pediatric 1 each.)		X	X	X
57. IV Fluid Therapy Supplies: Catheters (over the needle-IV): 14,16,18, 20, 22, (4 each) and 24 (2) individually wrapped and sterile. Micro drops (50-60 drops/ml) (2) Macro drops (10-20 drops/ml) (2) IV Fluids-total 2000 milliliters: (per regional protocols) Tourniquets for IV Use (2) Intraosseus needles 14-18 gauge (2)		X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
58. Medication and Supplies: Emergency Drugs - (per regional protocols and within state rules & regulations and within exp. date) Nebulizer System (1) Hypodermic needles: 16-18 gauge (4), 20-22 gauge (4) 23-25 gauge (4) Total of 12 and each Must be individually wrapped and sterile.		X	X	X
59. Defibrillator/Monitor: (FDA approved) (battery powered, monophasic or biphasic, energy dose range capable of treating adult and pediatric patients, paper readout), ECG cables with 3 lead capability and pediatric and adult paddles with pacing capabilities or separate stand-alone pacer.		X	X	X
60. Defibrillator/Monitor Supplies: Paddle pads (4) or electric gel (2 tubes), electrodes, (ECG, adult and pediatric sizes 6 each)		X	X	X
61. Automated External Defibrillator (for authorized BLS services)	X			
62. Stylette, Malleable-pediatric (2)/adult (1). Must be sterile.		X	X	X
63. Cricothyrotomy Set (Surgical or Needle) Must be sterile.				X
64. Phlebotomy Equipment (per regional protocols)		X	X	
65. Flutter valve (1) Must be sterile.				X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
66. Epinephrine Auto-Injector (For authorized BLS Services) 0.3mg/0.3ml of 1:1000 solution for adult use (2) 0.15mg/0.3ml of 1:2000 solution for pediatric use (2) (Not required for licensure)	X			
	X	X	X	X
67. Pulse Oximetry (for services with medical director) (Not required for licensure)				

All equipment must be clean and functional and no supply may be carried beyond an expiration date assigned to it.

ATTACHMENT C

MODIFICATION OF AMBULANCE FLEET/ TEMPORARY CHANGE OF VEHICLE FORM



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

MODIFICATION OF AMBULANCE FLEET/TEMPORARY
CHANGE OF VEHICLE FORM

An ambulance service is required to complete this form if it intends to either replace an ambulance on a permanent basis, add an ambulance to its fleet or is required to use an ambulance on a temporary basis to replace an ambulance it has removed from service for repairs or other reasons. A new or additional ambulance may be used by the ambulance service only after the regional EMS council has inspected it and the ambulance service has been authorized by the Emergency Medical Services Office to begin using the ambulance. For a temporary ambulance, the ambulance service must submit this form to the regional EMS council that has responsibility for the EMS region in which the ambulance will be based. This form may be submitted by facsimile, electronic mail or regular mail, or any other matter no later than 24 hours after the ambulance service places the temporary ambulance in service.

1. Name of Ambulance Service: _____

2. Administrative Headquarters: _____
(Street, Road, etc.) **Note:** P.O. Box not acceptable

(City)

(State)

(Zip Code)

3. Affiliate #: _____ 4. Ambulance License #: _____

5. Regional EMS Council*: _____

6. Is this action: ___ Replacement ___ Addition ___ Removal ___ Temporary

7. Ambulance Being Replaced, Added or Removed:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA #: _____

Decal #: _____

8. Additional/Replacement Ambulance Information:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA#: _____

9. Temporary Ambulance Information:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate of FAA #: _____

Anticipated Length of Use: _____

10. Service Contact:

(Printed Name)

(Signature)

(Date)

11. REGIONAL EMS COUNCIL USE ONLY:

Date Received: _____

Date Ambulance Inspected (attach copy of inspection form): _____

Date Forwarded to EMS Office: _____

12. EMERGENCY MEDICAL SERVICE OFFICE USE ONLY:

Date Received: _____

Date Approved: _____

Date License File Updated: _____

THIS FORM MUST BE SUBMITTED TO THE REGIONAL EMS COUNCIL RESPONSIBLE FOR THE EMS REGION IN WHICH THE AMBULANCE SERVICE INTENDS TO PLACE AND OPERATE THE AMBULANCE. IF THE AMBULANCE SERVICE IS REPLACING AN AMBULANCE, THE DECALS MUST BE REMOVED AND RETURNED WITHIN 30 DAYS OF RECEIPT OF THE NEW DECALS FOR THE REPLACEMENT VEHICLE.

* This is the regional EMS council that is responsible for the EMS region where the ambulance service intends to place and operate the ambulance.