SUBJECT: PRIVATE PROVIDER INTERFACILITY TRANSFER ALS UNIT INVENTORY

- PURPOSE: To provide a standardized minimum inventory for private provider agencies approved for Advanced Life Support (ALS) interfacility transfers.
- PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY:

- ١. Providers may only carry one narcotic analgesic on the ALS units. Provider Agency Medical Directors may request approval from the EMS Agency's Medical Director to carry Fentanyl.
- II. ALS Units shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to the Department of the California Highway Patrol, California Administrative Code, Title 13.
- III. All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

MEDICATIONS					
Adenosine	24mgs	Fentanyl ^{1, 2}	500mcgs		
Albuterol (pre-mixed w/ NS)	10mgs	Ketorolac 15mg/mL OR Ketorolac 30mg/2mL	4		
Amiodarone	450mgs	Midazolam ³	20mgs		
Aspirin (chewable 81mg)	648mgs	Morphine sulfate ⁴	20mgs		
Atropine sulfate (1mg/10mL)	3mgs	Naloxone	4mgs		
Calcium chloride	1gm	Normal saline (for injection)	2 vials		
Dextrose 10% / Water 250mL	2 bags	Nitroglycerin (SL) spray, tablets, or single dose powder packets	1 pump/ bottle/ or 10 packets		
Dextrose - glucose paste/gel	45gms	Olanzapine 10mg ODT	20mgs		
Diphenhydramine	50mgs	Ondansetron 4mg ODT	16mgs		
Epinephrine (1mg/mL)	5mgs	Ondansetron 4mg IV	16mgs		
Epinephrine (0.1mg/mL)	5mgs				
INTRAVENOUS FLUIDS					
Normal saline 1000 mL	4 bags				

EFFECTIVE: 06-19-18 REVISED: 07-01-23 SUPERSEDES: 10-01-22

APPROVED: Director, EMS Agency

Medical Director, EMS Agency

PAGE 1 OF 4

SUBJECT: PRIVATE PROVIDER INTERFACILITY TRANSFER ALS UNIT INVENTORY

	SUPPL	IES	
Adhesive dressing (Band-Aids®)	1 box	Contaminated needle container	1
Airways – Nasopharyngeal:		Endotracheal tubes w/ stylets Sizes 6.0-8.0	1 each
Large (34-36)	1	Tube introducer	2
Medium (26-28)	1	End Tidal CO2 Detector (Adult)	1
Small (20-22)	1	Extrication device or short board	1
Airways – Oropharyngeal:		Filter, viral HEPA	2
Large	1	Flashlight or penlight	1
Medium	1	Gauze bandages	6
Small Adult/Child	1	Gauze sponges 4x4 (sterile)	12
Infant	1	Gloves, sterile	2 pair
Neonate	1	Gloves, unsterile	1 box
Alcohol prep pads	1 box	Glucometer w/ strips	1
Backboards	2	Lancets (automatic retractable)	5
Bag-Mask-Ventilation (BMV) device w/ O2 inlet & reservoir:		Hand-held nebulizer pack	2
Bag Volume 200-450 mL ¹¹	1	Hemostats, padded	1
Bag Volume 400-700 mL¹¹	1	Intravenous catheters: Sizes 16G - 22G	5 each
Bag Volume >900 mL¹¹	1	Intravenous tubing - Macrodrip	6
Bag-Mask-Ventilation (BMV) Masks:		i-gel (Disposable Supraglottic Airway)	
Large	1	Neonate (size 1)	1
Medium	1	Infant (size 1.5)	1
Small Adult/Child	1	Small pediatric (size 2)	1
Toddler	1	Large pediatric (size 2.5)	1
Infant	1	Small adult (size 3)	1
Neonate	1	Medium adult (size 4)	1
Burn pack or burn sheet	1	Large adult+ (size 5)	1
Cervical collars (rigid):		Laryngoscope blades:	
Adult (adjustable)	4	Adult: curved & straight	1 each
Pediatric	2	Pediatric: Miller #1 & #2	1 each
Cardiac Monitor-Defibrillator w/ oscilloscope	1	Laryngoscope handle:	
Defibrillator pads or paste (including pediatric)	2 each	Adult (compatible w/ pediatric blades)	1
ECG electrodes:		Magill forceps:	-
Adult	6	Adult	1
Pediatric	6	Pediatric	1
Pulse oximeter	1	Manometer ¹⁰	2
Color Code Drug Doses, Ref. No. 1309	1	Mucosal Atomization Device (MAD)	2
Commercial Catheter-Over-Needle Chest Decompression Needles 3.0-3.5" 14G	2	Needle, filtered-5micron ⁶	2

PRIVATE PROVIDER INTERFACILITY SUBJECT: TRANSFER ALS UNIT INVENTORY

SUPPLIES (continued)					
OB pack & bulb syringe ⁷		1	Normal saline for irrigation	1 bottle	
Oxygen cannulas:			Splints:		
Adult		3	Long	2	
Pediatric		3	Short	2	
Oxygen masks – (non-rebreather):			Splints – traction:		
Adult		4	Adult	1	
Pediatric		2	Pediatric	1	
Infant		2			
Standardized Pediatric Length-Based Resuscitation Tape, approved by the EMS Agency (e.g., Broselow 2011A or newer)		1	Stethoscope	1	
			Suction unit (portable) w/adapter	1	
Personal Protective Equipment:			Suction catheters:		
Mask	1 pe	er provider	Size 8Fr.	1	
Gown	1 pe	er provider	Size 10Fr.	2	
Eye Protection	1 pe	er provider	Size 12Fr.	4	
Radio transmitter receiver (Hand-Held) 8		1	Tonsillar tip	1	
Saline locks		4	Syringes sizes: 1mL – 60mL w/ luer adapter	assorted	
Scissors		1	Tape (various types, must include cloth)	1	
Sphygmomanometer:			Thermometer (Oral or axillary)	1	
Thigh		1	Tourniquets (IV)	2	
Adult		1	Tourniquets (commercial for bleeding control)	2	
Pediatric		1	Vaseline gauze	2	
Infant		1			

APPROVED OPTIONAL EQUIPMENT				
Albuterol / Metered Dose Inhaler (MDI) 12	Metered-Dose-Inhaler (MDI) Mask ¹²			
Continuous Positive Airway Pressure (CPAP) Device ²	Metered-Dose-Inhaler (MDI) Spacer ¹²			
Glucagon	Pediatric Laryngoscope Handle – FDA Approved			
Hemostatic Dressings	Resuscitator with positive pressure demand valve (flow rate not to exceed 40L/min)			
Impedance Threshold Device ²	Sodium Bicarbonate			
Intraosseous Device ²	Transcutaneous Pacing ²			
Lidocaine 2% ^{2, 9}	Waveform Capnography			
Mechanical CPR Device ²	Oxygen Masks – simple			
Normal saline 250 or 500 mL	Airflow Meter Device with rate and volume capability ¹⁰			

- ¹ Fentanyl carried on ALS Unit is not to exceed 1500mcgs.
 ² Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation.
- ³ Midazolam carried on ALS Unit is not to exceed 40mgs.

⁴ Morphine sulfate carried on ALS Unit is not to exceed 60mgs.

⁶ Optional, if not utilizing glass ampules.

⁷ OB Kits with clamps / scissors (no scalpels.)

⁸ Los Angeles County Department of Communications, Spec. No. 2029/2031/2033.

⁹ Utilized with infusions through IO access.

¹⁰ An airflow meter device or monitor/defibrillator with rate and volume feedback capability may be substituted for or in addition to a manometer.

¹¹ Device volume, not delivered volume.

¹² All required if using Albuterol / Metered Dose Inhaler.

This policy is intended as a Private Provider ALS Unit inventory only. Supply and resupply shall be in accordance with Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles
- Ref. No. 702, Controlled Drugs Carried on ALS Units
- Ref. No. 710, Basic Life Support Ambulance Equipment
- Ref. No. 712, Nurse Staffed Specialty Care Transport Unit Inventory