



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

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

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**Tom Ridge
Governor
Commonwealth of Pennsylvania**

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Introduction

This document has been prepared by the Emergency Medical Services Office (EMSO) of the 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

1. **Obtaining an application.** An application for a license or renewal of a license as an ambulance service may be obtained from any regional EMS council. A list of those councils, their addresses and telephone numbers is set forth in Attachment A. The Department recommends that an applicant secure the application from the regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters. If the applicant's administrative headquarters is located outside the Commonwealth, it should secure the application from the regional EMS council responsible for the EMS region in which it will conduct most of its operations in the Commonwealth. If the applicant will be maintaining an administrative office in more than one EMS region, it is required to choose one of those offices as its administrative headquarters. The application is the same for both an initial license and the renewal of a license. Attachment B contains a copy of the application and the instructions for completing it.
2. **Completing an application.** An applicant must complete the application correctly and accurately in its entirety. To ensure this occurs, the applicant needs to carefully review and follow the instructions to the application in Attachment B. The applicant should contact the appropriate regional EMS council for assistance if the applicant believes that the instructions do not address a matter pertinent to the applicant and relevant to the application or if the applicant is confused about any matter in the application or instructions. An application that is incomplete or inaccurate will be returned to the applicant with directions to remedy the problem before resubmitting it.
3. **Filing an application.** An applicant must return the application to the regional EMS council responsible for the region in which the applicant maintains or intends to maintain its administrative headquarters. If the applicant will be placing and operating ambulances in

more than one EMS region, the applicant is required to file the original application with the regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters. The applicant must also submit a copy of the application to the regional EMS council responsible for each other EMS region in which the applicant intends to place and operate ambulances. An ambulance service “places and operates ambulances in an EMS region” when it places ambulances in that EMS region as a starting point for daily transport or emergency response operations and operates those ambulances from that EMS region. Regardless of where an ambulance picks up or transports patients, the applicant is not required to file a copy of its license application with the regional EMS council responsible for that area unless the applicant intends to both place an ambulance in that EMS region and operate the ambulance from that EMS region.

4. **Attachments to application.** As part of the application, the applicant must provide various documents, such as a staffing plan and a personnel roster. Forms that must be completed are included in Attachment B as appendices to the license application. The applicant may use additional sheets if the forms in the appendices to the license application do not afford adequate space for the applicant to provide all of the information requested.
5. **Policy statements and other documentation.** The applicant is required to prepare and maintain various written policies and other documentation. These are listed in Appendix C of the license application. An applicant for renewal of an ambulance service license will need to have all of the policies and other documentation listed. An applicant for its initial license as an ambulance service must have the policies listed and some of the other documentation listed, but not the documented information that could be provided only 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.
6. **Review of application.** The regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters will review the application. If the applicant will be maintaining and operating ambulances in more than one EMS region, the regional EMS council responsible for each of these regions will review the application for the information that is applicable to the region for which it is responsible. If the application is incomplete or inaccurate, the application will be returned to the applicant by the regional EMS council that is responsible for the EMS region for which the information in the application is incomplete or inaccurate, with an explanation of the problems presented by the application. The applicant must make the necessary corrections and resubmit the original application to the regional EMS council where the applicant maintains or intends to maintain its administrative headquarters. The applicant must submit a copy of the corrected application to each of the other regional EMS councils with which the applicant filed a copy of the original application. When the regional EMS council that identified the problem is satisfied that the application is complete and accurate, it will inform the applicant and the regional EMS council responsible for the EMS region where the applicant maintains or intends to maintain its administrative headquarters.

Inspection

1. **Scheduling the inspection.** When the regional EMS council has determined that the application is complete and accurate, it will contact the applicant and schedule a time and date for the license inspection.
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 the applicable documents enumerated in Appendix C of the application. 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 C 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**-Issued when an applicant or an existing ambulance service fails to meet all of the licensure requirements, and the EMSO deems it to be in the public interest to issue the provisional license. A provisional license will be issued for a maximum of 6 of months and may be renewed one time at the EMSO's discretion. The renewal shall be for a maximum of 6 months, except the EMSO may issue a renewal for a maximum of 12 months if the applicant is a volunteer BLS ambulance service.
- c. **Temporary license**-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.

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 through which license application was processed, and the 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 by the regional EMS council assigned responsibility for 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 aterials to the ambulance service.

Ambulance Replacement

1. **Types of replacement.** After an ambulance service is licensed it may permanently add additional ambulances to its operation, permanently replace ambulances, or temporarily replace ambulances that are temporarily removed from service.
2. **Forms.** An ambulance service is required to file a Modification of Ambulance Fleet Form before permanently adding or replacing an ambulance, and a Temporary Change of Vehicle Form within 24 hours after temporarily replacing an ambulance. The ambulance service may use the forms in Attachment D or secure the appropriate form from a regional EMS council or off of the Department's website www.health.state.pa.us. The ambulance service should contact the regional EMS council responsible for the EMS region in which it is adding or replacing an ambulance if it is unsure about which form to use.
3. **Permanent ambulance addition or replacement.** If the ambulance service intends to permanently add or replace an ambulance, it must file a Modification of Ambulance Fleet Form with the regional EMS council responsible for the EMS region where the ambulance service intends to place and operate the ambulance. The ambulance service is not permitted to use the permanent addition or replacement ambulance until the ambulance has been inspected and it is authorized to operate by the EMSO. To expedite matters, the ambulance service may call the appropriate regional EMS council in advance of filing the form to arrange for an inspection of the ambulance. The regional EMS council will conduct the inspection of the ambulance and if the ambulance meets all of the requirements, the regional EMS council will provide the ambulance service with a letter that authorizes use of the ambulance. The regional EMS council will forward the inspection results to the EMSO. The EMSO will review the results and, if all requirements are satisfied, will prepare and forward decals to the regional EMS council. The regional EMS council will provide the decals to the ambulance service, which shall promptly affix the decals to the ambulance. It should take no more than 10 days from the date the form is filed with the regional EMS council to the date the decals are delivered to the ambulance service.
4. **Temporary ambulance replacement.** 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, it must submit a Temporary Change of Vehicle Form to that regional EMS council no later than 24 hours after commencing operation of the replacement ambulance. It may submit the form by any means that ensures that the regional EMS council receives the form within 24 hours after the ambulance service begins using the temporary replacement ambulance. The duty to file the form applies even if the ambulance service does not use the replacement after the 24-hour period. After receiving the form, the regional EMS council will prepare and issue a temporary certificate to the ambulance service authorizing it to use the temporary ambulance for 7 days. This certificate must be displayed in a prominent place in the ambulance. If the ambulance service requires the use of the ambulance for an additional period of time past the initial 7 day period, it is required to notify the regional EMS council. The regional EMS council may extend the time period by letter. The regional EMS

may inspect the temporary replacement ambulance at any time. If the temporary replacement ambulance does not satisfy applicable requirements the EMSO may suspend it from operation or direct the ambulance service to correct the deficiencies. After the ambulance service receives a temporary certificate authorizing its use of a temporary replacement ambulance it shall display the certificate in a conspicuous place in that ambulance and shall keep in that ambulance a copy of any letter from the regional EMS council extending the expiration date of the temporary certificate. No decals will be issued for the temporary ambulance.

License Amendment

- 1. Reasons for an amendment.** An ambulance service must seek an amendment of its license for any of the following reasons: 1) to substantially alter the location and operation of its ambulances within an EMS region, 2) to place and operate an ambulance in an EMS region not identified in its most recent license application, 3) to change its license from a BLS to an ALS ambulance service or vice versa, or 4) to make a change in its operation that would render inaccurate any information in its license certificate. An ambulance service should contact the regional EMS council responsible for the EMS region in which it maintains its administrative headquarters if it intends to make a change in its operations and is uncertain whether it needs to apply for and secure an amendment of its license before doing so. The transfer of the license of an ambulance service to a different owner cannot be achieved through a license amendment. The new owner needs to apply for and secure its own license before commencing operations.
- 2. Amendment procedures.** An ambulance service is to file an application for amendment with the regional EMS council responsible for the EMS region in which the ambulance service has its administrative headquarters. Some types of application for amendment, such as applications to change the level of licensure from BLS to ALS, or to place and operate ambulances in an additional EMS region, will require an inspection before the application can be acted upon. Other types of applications for amendment, such as an application to show a fictitious name change, do not require an inspection before a decision can be made on the application. Chart #1 is a flow chart showing how an application for amendment is processed when the applicant seeks to change its level of service from BLS to ALS. Chart #2 is a flow chart showing how an application for amendment is processed when the applicant seeks to place and operate ambulances in an EMS region where it had not previously placed and operated ambulances. An ambulance service that is planning to locate and maintain ambulances in a region not identified in its most recent application will be required to submit the amended application to the regional EMS council responsible for the region in which the ambulance service plans to place and operate ambulances. The ambulance service must also submit a copy of its application to the regional EMS council responsible for the region where it maintains its administrative headquarters. The regional EMS council responsible for the EMS region in which the ambulance service plans to begin placing and operating ambulances will conduct an inspection of the ambulances and required supplies and equipment. It will forward the inspection results along with a recommendation to the EMSO

- 3. Change to license.** After the EMSO receives the inspection results, if applicable, and is satisfied that the ambulance service has met the licensure requirements relative to the amendment, it will prepare an amended license for the ambulance service. If required, decals for a new ambulance will be prepared. The amended license and any decals will be sent to the regional EMS council with which the original copy of the amended application was filed. The EMSO will provide a copy of the amended license to the regional EMS councils responsible for the EMS regions in which the ambulance service already places and operates ambulances.

Chart #1

CHANGING THE LEVEL OF SERVICE OR OPERATION WITHIN AN EMS REGION

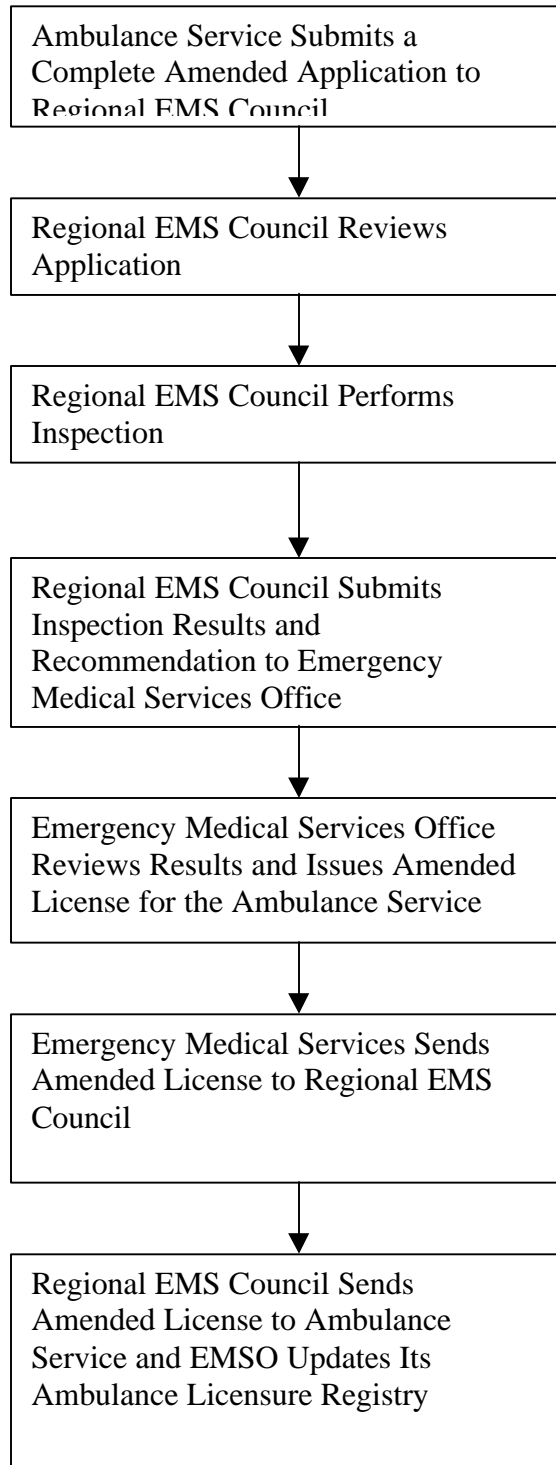
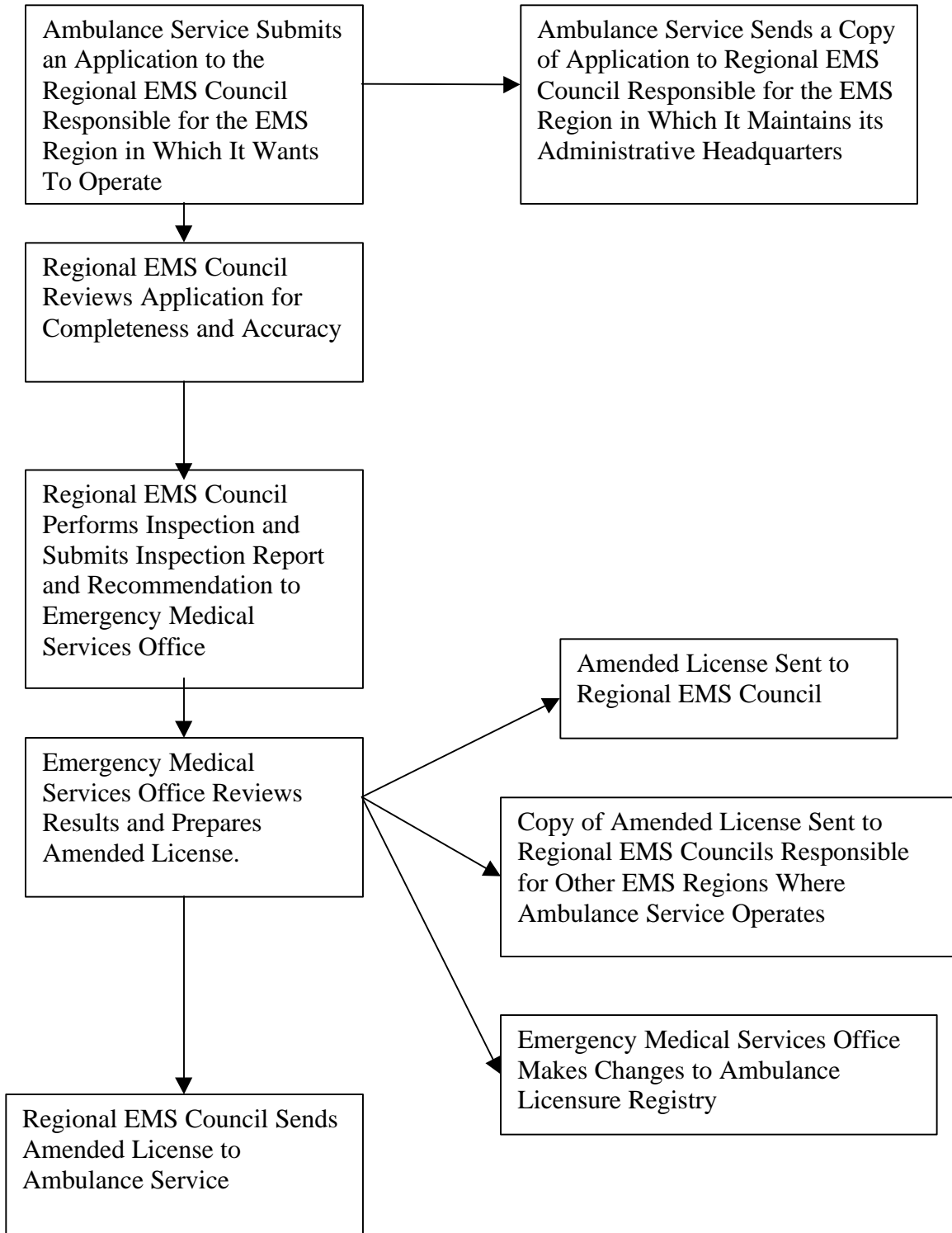


Chart #2

EXPANSION INTO AN ADDITIONAL REGION



ATTACHMENTS

ATTACHMENT A
REGIONAL EMS COUNCIL LISTING

REGIONS	COUNTIES	Reg #
Bradford Susquehanna EMS Council 200 South Wilbur Avenue Sayre, PA 18840-1698 (570) 882-4604 FAX (570) 882-4675	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 19390-0990 (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)

REGIONS	COUNTIES		Reg #
EMS of Northeastern PA, Inc. 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)	Northumberland (49) Snyder (55)	15

ATTACHMENT B

AMBULANCE SERVICE LICENSE APPLICATION

ATTACHMENT C

GROUND VEHICLE/AIRCRAFT REQUIREMENTS

AND

REQUIRED EQUIPMENT AND SUPPLIES

A. GROUND VEHICLE/ AIRCRAFT REQUIREMENTS

GROUND VEHICLES: Basic Life Support/ALS Mobile Care /ALS Squad Units

Unless otherwise noted, the following will apply to a ground vehicle that will be used and maintained and operated for emergency medical care and transport of patients. This includes vehicles that may or may not transport patients, unless otherwise noted. The vehicle must:

1. Meet the requirements of current Federal Specifications KKK 1822 in effect at the time of its manufacture regarding design types, floor plans, general configuration and exterior markings. (Does not apply to an ALS Squad Unit)
2. Meet the Pennsylvania Vehicle Code, especially 67 PA Code Chapter 173 (Relating to flashing or revolving lights, including intersection lights).
3. Have the following sizes and numbers of "Stars of Life":
 - a. 3" on the front (2)
 - b. 12" on the rear (2)
 - c. 16" on the sides (2)-one on each side of the vehicle.

NOTE: An ALS Squad Unit is required to have only 3" sizes, but it must have the required number, i.e. 6.
4. Reference "Emergency Medical Services," ambulance, etc. in lettering at least 3" or higher on both sides of the vehicle.
5. The name of the ambulance service in letters at least 3" in size on both the right and left sides of the vehicle. **Service name must be the dominant lettering.**
6. Be equipped with an audible warning device that is electronically operated.
7. Have red flashing or revolving exterior emergency lighting visible 360 degrees around the vehicle. Two white lights are permissible. If a light bar assembly is present, there can be no more than 2 flashing/revolving white lights in the assembly or one 1 flashing white light on the front of the ambulance box. The vehicle is permitted to have 2 amber lights other than the turn signal indicators. Lighting must be in conformance with the PA Vehicle Code, especially 67 PA Code, Chapter 173 (relating to flashing and revolving lights on emergency and authorized vehicles).
8. Have overhead interior lighting that illuminates the entire top surface of the patient litter, stair well lighting and courtesy lights that must illuminate the technician's controls (Does not apply to an ALS Squad Unit).
9. Have a dual battery system. (Does not apply to an ALS Squad Unit).
10. Have one fully charged fire extinguisher rated at least 2A: 10 B: C. easily accessible from the outside of the vehicle. It must be intact with safety seal and have been inspected

within the past 12 calendar months preceding inspection and have the appropriate and completed inspection tag attached.

11. Have a power supply to generate sufficient current to operate all accessories without excessive demand to the generating system.
12. 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).
13. Have minimum interior dimensions of 60" from floor to ceiling (Does not apply to an ALS Squad Unit)
14. Have an installed patient partition to separate the patient area from the driver area (Does not apply to an ALS Squad Unit).
15. Have storage cabinets with sliding glass doors or with latches to ensure against opening during vehicle movement. (Does not apply to an ALS Squad Unit). Bulky items such as portable radios and AEDs must be secured to prevent them from becoming projectiles. Equipment on a squad vehicle must be in cabinets or secured down with straps.
16. Have 2 IV hangers mounted flush with the ceiling (Does not apply to an ALS Squad Unit).
17. 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).
18. Have doors that function properly with door seals that are in good condition; i.e., not cracked, broken or missing pieces.
19. 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.
20. Have operational heating, cooling and ventilation equipment.
21. Have a current vehicle inspection validation issued by the state where the vehicle is registered.
22. Have operational radio equipment for communication with a Public Safety Answering Point (PSAP) and hospitals in the ambulance service's emergency service areas. A cellular phone may be used only as a backup means of communication.

23. Have an installed on-board oxygen system, (except an ALS Squad Unit) with the following:
 - 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.
 - b. The cylinder must have more than 500 psi (500 liters of oxygen) of pressure at all times.
 - 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 and, if attached, must not have water in it when not in use. Services may use a liquid oxygen system that provides the same volume.
24. Have an installed, on-board suctioning system with the following components and/or capabilities:
 - a. Be fitted with a large bore, non-kinking tubing with a lumen of at least 7mm.
 - b. Have power enough within 4 seconds to provide a vacuum of over 300 mm/Hg or 11.8 inches of water when the tube is clamped.
 - c. Be 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. Be 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 position in the ambulance and must be able to reach the head and foot of the litter.

NOTE: This does not apply to an ALS Squad Unit.
25. Must show proof of current motor vehicle insurance.

AIRCRAFT REQUIREMENTS-Air Ambulances (Rotorcraft)

The following will apply to all rotorcraft used or intended to be used and maintained/ operated for the purpose of providing medical care to and air transportation of patients. The aircraft must have:

1. External markings and identification of the name of the air ambulance service.
2. Exterior lighting that illuminates the tail rotor and includes a controllable searchlight able to rotate 180 degrees.
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. An FAA Form 337 with items #1 and #2 (which identify the aircraft and its owner), and #7, "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 and a backup power supply.
11. Two-way radio communications for the pilot to be able to communicate with hospitals, public safety answering points (PSAP) and ground ambulances.
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 2A: 10.B: C. The safety seal is intact. It must have been inspected within the past 12 calendar months prior to the service inspection and have the appropriate inspection tag attached.
14. Installed on-board suctioning equipment that meets the same requirements as a transporting ground ambulance. (See # 24 of ground services)

15. An on-board oxygen system with the following:
 - a. A cylinder with a capacity of 1200 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 1200-liter capacity and that at least a one-hour oxygen delivery capacity at 25 lpm is available.

B. REQUIRED EQUIPMENT AND SUPPLIES

Approved equipment and supplies shall be carried and readily available in working order for use on both ground vehicles and aircraft used by a licensed ambulance service. 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 vehicle or aircraft for the level of service licensure being sought:

EQUIPMENT/ SUPPLIES	Level of Service			
	BLS	ALS MOBILE CARE UNIT	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/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	X	X	X	X

EQUIPMENT/ SUPPLIES	LEVEL OF SERVICE			
	BLS	ALS MOBILE CARE UNIT	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 ea. Pocket mask with one way valve and oxygen port (1)	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 pediatric (450- 700cc) (1) Must be capable of 100% oxygen delivery	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	LEVEL OF SERVICE			
	BLS	ALS MOBILE CARE UNIT	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 each)	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	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	LEVEL OF SERVICE			
	BLS	ALS MOBILE CARE UNIT	ALS SQUAD	AIR
43. Thermometer oral- (glass, electronic or tympanic)	X	X	X	X
44. Sharps Receptacle (1)-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 ea) 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 (2)	X	X	X	
48. Flight Helmet (1 per crewmember)				X
49. Personal Protection Equipment: 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) Infection Control Plan	X	X	X	X

EQUIPMENT/ SUPPLIES	LEVEL OF SERVICE			
	BLS	ALS MOBILE CARE UNIT	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. 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)		X	X	X
53. Meconium Aspirator (1)		X	X	X
54. Lubrication (2cc or larger tubes) sterile (2)	X	X	X	X
55. Forceps, Magill (adult/ pediatric 1 ea.)		X	X	X
56. IV Fluid Therapy Supplies: Catheters (over the needle-IV): 14,16,18, 20, 22, (4 each) and 24 gauge (2), Total of 22 individually wrapped and sterile. Micro drops (50-60 drops/ml) (2) Macro drops (10-20 drops/ml) (2) IV Fluids-total 2250 milliliters: e.g.-5% dextrose, 0.9% Sodium Chloride, Lactated Ringers Tourniquets for IV Use (2) Intraosseus needles 14-18 gauge (2)		X	X	X

EQUIPMENT/ SUPPLIES	LEVEL OF SERVICE			
	BLS	ALS MOBILE CARE UNIT	ALS SQUAD	AIR
57. Medication and Supplies: Emergency Drugs - (per regional protocols and within state rules & regulations and within expiration date) 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. Syringes-per regional protocol		X	X	X
58. Defibrillator/Monitor: (DC electric powered, 20-360 Joules, portable, battery-operated, paper readout) ECG cables with 3 lead capability and pediatric and adult paddles with pacing capabilities or separate stand-alone pacer		X	X	X
59. Defibrillator/Monitor Supplies: paddle pads (4) or electric gel (2 tubes), electrodes, ECG, adult and pediatric sizes (6 each)		X	X	X
60. Automated External Defibrillator (for authorized BLS services)	X			
61. Stylette, Malleable-pediatric (2)/adult (1). Must be sterile.		X	X	X
62. Cricothyrotomy Set (Surgical or Needle) Must be sterile.				X
63. Phlebotomy Equipment		X	X	
64. Flutter valve (1) Must be sterile.				X

All equipment must be clean and functional and any supplies with an expiration date must be current.

ATTACHMENT D

**MODIFICATION OF AMBULANCE FLEET FORM
AND
TEMPORARY CHANGE OF VEHICLE FORM**



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

MODIFICATION OF AMBULANCE FLEET FORM

An ambulance service is required to complete this form if it intends to either replace an ambulance on a permanent basis or add an ambulance to its fleet. 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.

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

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. Service Contact:

(Printed Name)

(Signature)

(Date)

10. REGIONAL EMS COUNCIL USE ONLY:

Date Received: _____

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

Date Forwarded to EMS Office: _____

11. 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.



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

TEMPORARY CHANGE OF VEHICLE FORM

An ambulance service is required to complete this form if it uses an ambulance on a temporary basis to replace an ambulance it has removed from service for repairs or other reason. The ambulance service must submit this form to the regional EMS council that has responsibility for the EMS region in which the ambulance is operating. The form may be submitted by facsimile, electronic mail or regular mail, or any other manner that ensures that it is received by the regional EMS council no later than 24 hours after the ambulance service places the ambulance in service.

1. Name of Ambulance Service: _____

2. Administrative Headquarters: _____

(Street, Road) Note: P.O. Box not acceptable.

(City) (State) (Zip Code)

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

5. Ambulance Being Removed From Service:

Year: _____ Make: _____ Model: _____ Decal #: _____

VIN or Aircraft Serial #: _____

Plate or FAA # _____

Reason for Removal: _____

6. Temporary Ambulance Information:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA #: _____

Anticipated Length of Use: _____

7. REGIONAL EMS COUNCIL USE ONLY:

Date Received: _____

Date Ambulance Inspected: _____
(Attach copy of inspection form if required)

Date Forwarded to the EMS Office: _____

8. EMERGENCY MEDICAL SERVICES OFFICE USE ONLY:

Date Received: _____

Date Approved: _____