



OVERVIEW OF PENNSYLVANIA DEPARTMENT OF HEALTH AMBULANCE SERVICE LICENSURE PROGRAM

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

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Introduction

This document has been prepared by the Bureau of Emergency Medical Services Office (Bureau), 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 Bureau 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.

Process Steps:

A. Log In and Registration:

1. Log onto the web address www.health.state.pa.us/emso
2. If you have never registered on the website for continuing education, applications for ambulance agency license, QRS recognition, medical command accreditation or voluntary rescue service certification, you must register on the Department of Health/EMS web application. "Click" the register button and complete the profile information section on the website, which includes creating both a User Name and a Password. Think of a User Name that you will be able to remember easily and a Password that is also easy to remember, but hard for someone else to guess. If you have previously submitted an application, you will already have a User Name and Password. **Make sure you safeguard and secure the login information.**
3. After completing the profile, click on the register button and you should have a message stating "Registration successful. Please login below".
4. Log onto the system with your username and password in the field directly above the text "Login" and "Click" on the login button.

5. After you log in successfully, you will automatically be taken to the next screen which will contain a list of all the electronic applications on the website.
6. The first application is the Ambulance Service Application. Click here and you will be taken directly to the next screen that will ask you, “What Would You Like to Do?” If you never entered an application electronically, click #1, “View Application.” This will open up a blank application that will need to be completed. If you entered an application previously, click #2 “Skip This and Go Right Into Your Application.” This will allow you to go directly to the application that was entered previously and was stored in the data file. You can simply update the application and proceed with the process.

B. Application Completion:

1. Complete/Update the Application

- a. Complete or update 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 sitting, 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 fax 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. Bureau Review

- a. The Bureau 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 Bureau 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 Bureau. The Bureau will review the application, the inspection results and the recommendation from the regional EMS council. If everything is in order, the Bureau will issue a license or refuse to issue a license.

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 26 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 to have all of the policies listed and some of the other documentation listed unless it could only 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 Bureau. The Bureau 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 Bureau 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 fails to meet all of the licensure requirements and the Bureau 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 Bureau 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 its 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 Bureau. The Bureau 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 Bureau 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 Bureau 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 Bureau 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 Bureau. The applicant will receive an e-mail that this has occurred.
- g. The Bureau 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 Bureau, 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 Bureau 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 Bureau will issue new decals for the applicant and also forward them either to the regional EMS council for distribution to the applicant.

TEMPORARY VEHICLES

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:

- The ambulance service must notify the regional EMS council, by facsimile, electronic or regular mail within 24 hours after the ambulance service commences operation of the temporary ambulance. This applies even if the ambulance service does not use the replacement ambulance after the 24-hour period.
- The regional EMS council will prepare and issue a temporary certificate, along with a letter authorizing use of the temporary replacement vehicle to the ambulance service, which will be valid for a period of 7 days.
- The ambulance service must display 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, the ambulance service must notify the regional EMS council in advance of such use.

- The regional EMS council will extend the time period, by letter, for use of the ambulance, and this letter and the original temporary certificate 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 1 Guthrie Square Sayre, PA 18840-1698 (570) 887-6390 FAX (570) 887-6053	Bradford (8) Susquehanna (58)		01
Bucks County Emergency Health Services 911 Freedom Way Ivyland, PA 18974-5109 (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 19380-0990 (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 19063-2708 (610) 891-5310 FAX (610) 566-3947	Delaware (23)		12
Eastern Pa EMS Council, Inc. 4801 Kernsville Road - Suite 100 Orefield, PA 18069-2317 (610) 820-9212 FAX (610) 820-5620	Berks (6) Carbon (13) Lehigh (39)	Monroe (45) Northampton (48) Schuylkill (54)	02
EHS Federation, Inc. 722 Limekiln Road New Cumberland, PA 17070-2354 (717) 774-7911 FAX (717) 774-6163	Adams (1) Cumberland (21) Dauphin (22)	Franklin (28) Lancaster (36) Lebanon (38)	Perry (50) York (67) 03
Emergency Medical Service Institute 221 Penn Avenue, Suite 2500 Pittsburgh, PA 15221-9006 (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) 04

EMMCO East, Inc.			19
1411 Million Dollar Highway Kersey, PA 15846-9327 (814) 834-9212 FAX (814) 781-3881	Cameron (12) Clearfield (17) Elk (24)	Jefferson (33) McKean (42) Potter (53)	
EMMCO West, Inc.			18
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)
EMS of Northeastern PA, Inc.			05
1153 Oak Street Pittston, PA 18640-3726 (570) 655-6818 FAX (570) 655-6824	Lackawanna (35) Luzerne (40) Pike (52)	Wayne (64) Wyoming (66)	
LTS EMS Council			07
542 County Farm Road, Suite 101 Montoursville, PA 17754-9621 (800) 433-9063 FAX (570_ 433-4435	Lycoming (41) Sullivan (57) Tioga (59)		
Montgomery County EMS			13
Office of Emergency Medical Services 50 Eagleville Road Eagleville, PA 19403-1403 (610) 631-6520 FAX (610) 631-9864	Montgomery (46)		
Philadelphia Regional EMS			14
3061 Island Avenue Philadelphia, PA 19153-3015 (215) 685-4216 FAX (215) 685-4207	Philadelphia (51)		
Seven Mountains EMS Council, Inc.			08
523 Dell Street Bellefonte, PA 16823-4839 (814) 355-1474 FAX (814) 355-5149	Centre (14) Clinton (18)	Juniata (34) Mifflin (44)	
Southern Alleghenies EMS Council, Inc.			09
Olde Farm Office Centre - Carriage House Duncansville, PA 16635-9420 (814) 696-3200 FAX (814) 696-0101	Bedford (5) Blair (7) Cambria (11)	Fulton (29) Huntingdon (31) Somerset (56)	
Susquehanna EHS Council, Inc.			15
265 Point Township Drive Northumberland, PA 17857-8563 (570) 473-7834 FAX (570) 473- 7838	Columbia (19) Montour (47) Union (60)	Northumberland (49) Snyder (55)	

NOTICE

DEPARTMENT OF HEALTH

Required Ground and Air Ambulance Equipment and Supplies

Under 28 Pa. Code §§ 1005.10(c) and 1007.7(c) (relating to licensure and general operating standards; and licensure and general operating requirements), the following equipment and supplies shall be carried and readily available in working order for use on basic life support (BLS) and advanced life support (ALS) ambulances, which also includes air (rotorcraft) ambulances.

A. Ground Ambulance Requirements

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

1. The ambulance must meet the requirements of Federal Specifications KKK 1822 and AMD Standards in effect at the time of the vehicles manufacture. (Does not apply to an ALS squad unit.)
2. The ambulance must meet the Pennsylvania Vehicle Code requirements for vehicle registration and liability insurance, and the requirements of all Pennsylvania Department of Transportation regulations relating to flashing and revolving lights, including intersection lights.
3. Emblems and markings must be affixed to the ambulance exterior as follows:
 - a. The word "AMBULANCE" shall be mirror imaged in letters not less than 4" high, centered above the grill. The placement of the word "AMBULANCE" shall be on the rear of the vehicle and the curved surface of the hood or can be placed on a flat bug screen.
 - b. "Star of Life" shall appear on the ambulance in the following sizes and numbers:
 - * Two 3" size "Stars of Life" on each side of the word "AMBULANCE" on the hood of the vehicle or on a bug screen.
 - * Two 16" size "Stars of Life" on the right and left side panels.
 - * Two 12" size "Stars of Life" on the rear of the vehicle.
 - * One 32" size "Star of Life" on the vehicle rooftop.

Note: An ALS squad unit must have at least 3" size "Stars of Life", one on each side, and two in front and two on the rear of the vehicle.

- c. The Department issued licensure decal must be applied to right and left exterior sides of the vehicle in a conspicuous place.
 - d. A reflective chevron is not required. If used, a reflective chevron may be placed on the rear vertical surface of the exterior of the vehicle. The chevron pattern shall slant downward on both sides of the vehicle at an angle of 45°, pointing in the direction of the bottom rear corner of the tailboard. The pattern shall resemble an inverted V with the point at the top center of the vehicle. The Chevron shall use an alternating color pattern. The vertical panels shall be: 8" to 12" wide and at least 24" in height, and consist of alternating color retro-reflective stripes at least 4" in width. If the panel height is greater than 36" the stripes shall be 6" wide, shall slope down at 45°, and have a minimum of 270 square inches of retro-reflective area facing traffic.
- 4. The name of the ambulance service or its registered fictitious name in letters at least 3" in size must appear on both the right and left exterior sides of the ambulance. The name must be the dominant lettering. The word "Ambulance" or words such as Emergency Medical Services, EMS, and Rescue must also appear on both exterior sides and rear of the vehicle.
 - 5. The ambulance must be equipped with an electronically operated audible warning device with a 100-watt or higher watt speaker.
 - 6. The ambulance must have overhead interior lighting that illuminates the entire top surface of the patient litter, stair-well lighting and courtesy lights that must illuminate the ambulance's controls. (Does not apply to an ALS squad unit.)
 - 7. The ambulance must have a dual battery system. (Does not apply to an ALS squad unit.)
 - 8. Effective January 01, 2011, the ambulance must have two minimum 5 lb. unit fire extinguishers (ABC dry chemical or carbon dioxide) in a quick-release bracket, one in the driver/cab compartment or in the body of the ambulance reachable from outside the vehicle and one in the patient compartment. When located in either the driver or patient compartment the mounting bracket shall be of a stable design. Each fire extinguisher must be intact with a safety seal, have been inspected within the previous 12 calendar months and have the appropriate completed inspection tag attached.
 - 9. The ambulance must 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 onboard equipment shall be able to run for at least 5 minutes without placing a demand on the engine.
 - 10. The ambulance must have a nonskid floor that is flat, reasonably unencumbered, free of equipment in the walk-through areas, and well maintained. (Does not apply to an ALS squad unit.)
 - 11. The ambulance must have minimum interior dimensions of 60" from floor to ceiling. (Does not apply to an ALS squad unit.)

12. The ambulance must have a patient partition to separate the patient area from the driver area. (Does not apply to an ALS squad unit.)
13. The ambulance must 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. (Does not apply to an ALS squad unit.)
14. Bulky items such as portable radios and 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 otherwise secured at all times.
15. The ambulance must have two IV hangers mounted flush with the ceiling. (Does not apply to an ALS squad unit.)
16. The ambulance must have a litter for transporting a patient and at least three patient restraint straps in good operating condition that are secured to the litter. (Does not apply to an ALS squad unit.)
17. The ambulance must have doors that function properly with door seals that are not cracked, broken or missing pieces, and are otherwise in good condition.
18. The ambulance must have both "No Smoking Oxygen Equipped" and "Fasten Seat Belts" signs (in English) in both the driver and the patient compartment. (GSA KKK-1822F) (3/15.2). An ALS squad unit is required to have these signs in the driver compartment.
19. The ambulance must have operational heating, cooling and ventilation equipment meeting GSA KKK-1822 Standard 3.13.
20. The ambulance must have current vehicle inspection validation issued by the state where the vehicle is registered.
21. The ambulance must have communication equipment that is in compliance with the regional communication plan. This equipment shall allow for direct communication with a public safety answering point (PSAP) and hospitals in the ambulance response/service areas. A cellular phone may be used as a backup means of communication and not as the primary means of communication.
22. The ambulance must have an installed, onboard 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 oxygen cylinders shall be mounted with restraining devices, as required for the crashworthiness tests of AMD Standard 003, Oxygen Tank Retention System. A liquid oxygen system that provides the same volume of oxygen and meets AMD Standard 003 is also acceptable.
 - b. The cylinder must have more than 500 liters of oxygen at all times and be secured with at least three metal or nylon brackets while in the compartment.

- c. The unit must be equipped with a reducing valve (from 2,000 psi to 50 psi line pressure).
 - d. The unit must be equipped with one flow meter with a range of 0-25 lpm delivery.
23. The ambulance must have an installed onboard 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 needed 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.
24. The ambulance must have onboard 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 the exterior of the aircraft.
2. Exterior lighting that illuminates the tail rotor and pilot controllable search/spot/landing lights.
3. An "Air Worthiness Certificate" from the Federal Aviation Administration (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 (which identifies the aircraft), 2 (which identifies the aircraft owner) and 7 (which shows that the aircraft is approved to "Return to Service") completed and signed by the appropriate FAA official.
6. Climate controls for maintaining an ambient cabin temperature of between 60-85° 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 safety seal, have been inspected within the previous 12 calendar months and have the appropriate inspection tag attached.
14. Installed onboard suctioning equipment that meets the same requirements as a transporting ground ambulance. (See requirements under Ground Ambulances.)
15. An onboard oxygen system with the following:
 - a. Cylinders with a capacity of 1,200 liters.
 - b. The cylinders must have at least 1,650 psi at the 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.
 - d. A flow meter with a range of 0-25 lpm delivery.

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

		ALS MOBILE CARE	ALS SQUAD	
	BLS			AIR
1. Portable 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 to include at least one between size 16-24 fr. and one between size 26-34 fr.) Oropharyngeal (6 different sizes to include at least one size 0-1, one 2-3 and one size 4-5)	X	X	X	X
4. Sphygmomanometer: Child, Adult and Thigh (large) (1 each) Interchangeable gauges are permitted	X	X	X	X
5. Stethoscope (1) Adult & (1) Pediatric	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. Nonsparking wrench/tank opening device. Gauge/flow meter not gravity dependent and can deliver 0-25 liter per minute Full spare cylinder with at least 300 liter capacity	X	X	X	X
Cylinders must be secured in the vehicle at all times.				
9. Folding Litter/Collapsible Device (1)	X	X		
10. 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	X	X	X	X
11. Humidifier bottle (1)	X	X		
12. Adhesive Tape (4 rolls assorted) 1 roll must be hypoallergenic.	X	X	X	X
13. Dressings:	X	X	X	X

Multi Trauma (10" by 30") (4)				
Occlusive (3" by 4") (4)				
Sterile Gauze Pads (3" by 3") (25)				
Soft self-adhering (6 rolls)				
14. Bandage Shears (1)	X	X	X	X
15. Immobilization Devices:	X	X	X	X
Lateral cervical spine device (1)				(Short
Long spine board (1)				board
Short spine board (1)				not
Rigid/Semirigid neck immobilizer S, M, L,				required)
pediatric (1 each) Multi-size are permitted				
and will suffice for the S, M, L (3)				
16. Bag-Valve-Mask Devices:	X	X	X	X
Hand operated adult (1)				
Hand operated infant/pediatric				
(450-700cc) (1) Must be capable of high				
concentration oxygen delivery with adult and				
pediatric masks to include neonatal, infant, and				
child sizes				
17. Pediatric length-based Drug	X	X	X	X
Dosing/Equipment Sizing Tape, most current	(Equipment			
version available	Sizing			
	Tape/Chart)			
18. Straps--9` (5) (may substitute spider straps	X	X	X	X
or speed clips for 3 straps)				
19. Splinting Devices:	X	X		
Lower extremity mechanical traction splint				
adult and pediatric (1 each or combination)				
Upper and Lower extremity splints (2 ea)				
20. Sterile Water/Normal Saline (2 liters)	X	X	X	X
21. Sterile Burn Sheet (4` by 4`) (2)	X	X	X	
22. Cold Packs, Chemical (4)	X	X	X	X
23. Heat Packs, Chemical (4)	X	X	X	X
24. Triangular Bandages (8)	X	X	X	
25. Sterile OB Kits (2)	X	X	X	X
				(Only 1
				required)
26. Separate Bulb Syringe (1) Sterile	X	X	X	X
27. Sterile Thermal Blanket (Silver Swaddler)	X	X	X	X
(1), or 1 roll of sterile aluminum foil for use				
on infants/newborns				
28. Blankets (2)	X	X	X	X

29. Sheets (4)	X	X		X
30. Pillowcases (2)	X	X		
31. Pillow (1)	X	X		
32. Towels (4)	X	X		
33. Disposable Tissues (1 box)	X	X		
34. Emesis Container (1)	X	X		
35. Urinal (1)	X	X		
36. Bed Pan (1)	X	X		
37. Disposable Paper Drinking Cups (3 oz) (4)	X	X		
38. Regional Approved Triage Tags (20)	X	X	X	
39. Hand-lights (6 volts) (2)	X	X	X	X
40. Hazard Warning Device (3)	X	X	X	
41. Emergency Jump Kit (1)	X	X	X	X
42. Survival Bag (1)				X
43. Emergency Response Guidebook (1) (current edition)	X	X	X	
44. Thermometer--electronic, digital, non- tympanic	X	X	X	X
45. Sharps Receptacle--Secured	X	X	X	X
46. Instant Glucose (40% dextrose-d- glucose gel) 45 grams	X	X	X	
47. Personal Protective Equipment (PPE) Helmet, eye protection, gloves and high-visibility safety apparel (1 per provider)	X	X	X	
48. Flight Helmet (1 per crewmember)				X
49. Personal Infection Control Kit, which includes the following: Eye protection, clear, disposable (1 per crew member) Face Mask, disposable (1 per crew member) Gown/coat (1 per crew member) Surgical Cap/Foot Coverings, disposable (1 set per crew member) Double Barrier Gloves (1 set per crew member) Sharps Containers and Red Bags per Infectious Control Plan Fit-tested disposable N95 respirator (1 per crew members) Hand Disinfectant – Non water hand cleaner/disinfectant (1 container)	X	X	X	X
50. Sponges, Alcohol, Prep (10)		X	X	X

51. Endotracheal Tubes Sizes/Quantities:		X	X	X
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 8.0 mm (2)				
8.5 mm or 9.0 mm (2)				
Must be sterile and individually wrapped				
52. Nonsurgical Alternative/Rescue Airways.		X	X	X
Either 2 Combitubes, TM small and adult, or				
3 King, ^{LT} 3, 4 and 5.				
53. Electronic Wave-Form Capnography		X	X	X
54. Laryngoscope handle with batteries and		X	X	X
spare batteries and bulbs and the following				
blades:				
Straight Curved				
#1 (S) #3				
#2 (M) #4				
#3 (L)				
(1 each of the blades)				
55. Meconium Aspirator (1)		X	X	X
56. Lubrication (2cc or larger tubes) sterile	X	X	X	X
water soluble (2)				
57. Forceps, Magill (adult/pediatric 1 ea)		X	X	X
58. Medication and Supplies:		X	X	X
Emergency Drugs--(per regional protocols				
and within state rules and 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. Two				
syringes of assorted sizes, including at least one				
with a 1 mL volume.				
59. Defibrillator/Monitor: (FDA approved)		X	X	X
(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.				
60. Defibrillator/Monitor Supplies:		X	X	X

Paddle pads (4) or electric gel (2 tubes), electrodes, (ECG, adult and pediatric sizes 6 each)

61. Automated External Defibrillator (required for all BLS service as of January 1, 2011)	X			
62. CPAP Ventilation-portable equipment		X	X	X
63. Stylette, Malleable--pediatric (2)/adult (1). must be sterile.		X	X	X
64. Cricothyrotomy Set (Surgical or Needle) must be sterile.				X
65. Phlebotomy Equipment (per regional protocols)		X	X	
66. Flutter valve (1) Must be sterile.				X
67. Pulse Oximetry (for authorized BLS services) (Not required for licensure)		X	X	X
68. Electronic Glucose Meter		X	X	X
69. "IV" fluid Therapy Supplies Catheters over the Needle sized (per regional requirements): 14, 16, 18, 20, 22 (4 ea) and 24 (2) Micro drip 50-60 drops/ml(2) Macro drip 10-20 drops/ml (2) I.V. solutions (2,250) ml total Tourniquets (2) Intraosseus Needle 14-18 gauge (2)		X	X	X
70. Commercial Tourniquet (1)	X	X	X	X
71. Copy of most current version Statewide EMS Protocols	X	X	X	X

All equipment that may be used in direct contact with patients must be reasonably clean and easily cleaned of blood and body fluids. No drug and/or medication may be carried beyond an expiration date assigned to it.

All basic life support (BLS) and advanced life support (ALS) ambulances services, which also includes air (rotorcraft) ambulance that are licensed to operate in this Commonwealth shall collect, maintain and report accurate and reliable patient data and information for calls of assistance in the format prescribed and on paper or electronic forms provided or approved by the Department. An ambulance service shall file the report for any call to which it responds that results in patient care, assessment or refusal of the patient to be assessed. The report shall be made by completing an EMS patient care report and filing it, within 30 days, with the regional EMS council that is assigned responsibilities for the region in which the ambulance is based. It shall contain information specified by the Department. The Department will publish a list of the data elements and the form specifications for the EMS patient care report form in a notice in the *Pennsylvania Bulletin* and on the Department's World Wide Web site. Paper EMS patient care report forms may be secured from

regional EMS councils. Electronic reporting shall conform with the requirements published in the *Pennsylvania Bulletin* notice. The Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.

Persons with a disability who require an alternative format of this notice (for example, large print, audiotape, Braille) should contact George J. Aupperlee, Department of Health, Bureau of Emergency Medical Services, Room 606 Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701, (717) 787-8740. Persons with a speech or hearing impairment may use V/TT (717) 783-6154 or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

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