



New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supersedes /Updates:*

No. 98 - 16

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Re: Equipment  
Update

Page 1 of 2

Recent ambulance inspections and reports from manufacturer's representatives have identified several areas of concern regarding equipment on ambulances and emergency ambulance service vehicles (EASV) that are in need of clarification and in some cases service attention. Service managers need to review the following areas to identify any items relevant to their individual service.

### **Equipment Storage**

Section 800.23 (d) intends that all equipment within the vehicle must be secured whenever the vehicle is in motion or an item is not directly being used for patient care. One of the purposes of this requirement is to prevent loose items from injuring members of the crew. This would include any equipment on open side shelves or storage racks where cardiac monitors, portable suction units and the like are usually kept. A manufacturer's supplied restraining device or light duty strap holding these items in place is acceptable.

Each piece of equipment placed in service on an ambulance or EASV must have an identified storage location. The vehicle's floor is not acceptable. Equipment bags may be kept on the vehicle's stretcher so long as they are strapped to the stretcher with the head of the stretcher in the raised position.

### **Pediatric Equipment**

Part 800.24 (h) lists the pediatric equipment that must be maintained on each ambulance vehicle. Due to the relatively low use of this equipment, it is recommended that services devise specific storage methods to locate all pediatric equipment in one common area or kit separate from adult items. Common storage facilitates locating specific pediatric items when they are needed and lessens loss.

It is acceptable to have a sealed pediatric kit so long as there is a visible list of the contents outside of the kit. The kit's contents need to be inventoried at regular intervals and at any time the seal is broken.

### **Bag Valve (BVM) and Masks**

Agencies are reminded that 800.24 (b) (1) requires each vehicle to have an adult-sized bag valve mask ventilation device with at least two (2) clear adult masks in different sizes. Additionally, 800.24 (h) (2) requires a total of three (3) pediatric masks in newborn, infant, and child sizes. Because of infection control policies and procedures, many services now use a disposable BVM and mask system with BVMs and masks commonly replaced by the receiving hospital as a single unit. However, we are finding that the exchange BVMs, as well as other prepackaged BVMs, do not contain the required number of differently sized masks. Services who have exchange programs must insure that proper sizes and quantities, as called for by Part 800, are available and accessible at all times.

## **Equipment Items with Batteries**

Part 800.23 (a) requires that all equipment be clean and operable. In the case of portable equipment, operable means functioning at full capacity while away from the vehicle. Several reports have been received where patient care equipment, powered by a battery, has failed while in use. Agencies usually leave equipment such as portable battery operated suction units and defibrillators permanently attached to a shore line or direct AC source inside the vehicle to maintain a full charge. To insure proper performance and operating condition, all equipment which has a battery power source should be removed from its charger or charging power source, (e.g., shore line ) and be fully tested as it would be if it were being used for patient care.

Providers need to be familiar with manufacturer's instructions and recommendations pertaining to battery charging indicators, as well as other lights or signals pertaining to each items maintenance, testing and operation.

## **Linen**

Section 800.24 (f) (1,2) requires one (1) set of linen on the cot and one (1) spare set. Often we find anywhere from several to dozens of extra pieces of linen stored under the cot mattresses, under the bench seat and other odd locations within the ambulance. These storage methods allow linen to become entangled in the cot or it's securing mechanisms and frequently is not clean enough to be used.

It is recommended that only the required spare linen, or if needed, enough linen for the duty shift, be stored in one cabinet.

## **Padded Splints**

800.24 ( c ) (4) requires six (6) padded board splints. Due to infection control concerns, every effort should be made to insure that these splints are covered with a non permeable covering to prevent contamination from body fluids. Routine maintenance and cleaning in accordance with individual manufacturer's and agency policy will prolong the usefulness of these items. It is further recommended that any padded splint with a rip or tear in its protective covering be repaired or replaced immediately.

## **Long Spine Boards (Wooden)**

Many agencies continue to use wooden spine boards for spinal immobilization. Services need to maintain wooden spine boards in such a way as to insure that the board has a non permeable waterproof finish on its entire surface that is able to be cleaned (scrubbed) and insure that the board is not splintered. Wooden boards with a damaged or worn finish are easily contaminated and are not able to be cleaned properly. Wooden spine boards which are splintered or where the surface is no longer able to be cleaned must be repaired or replaced immediately.

## **Storage of Drugs and Needles**

800.23 (f) requires all drugs and needles to be stored in a locked compartment. Services should refer to NYS EMS Policy Statement 86-19 for specific guidelines. Service managers need to insure that ALS crews routinely comply with the locking requirement to maintain security and accountability.

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