



This document has been developed to expedite the permitting and compliance process. A separate document should be completed for each type of vehicle and mode of transportation operated in the program.

Definitions

- Air Ambulance includes any vehicle designated to transport patients by air (rotor and fixed wing aircraft)
- Ground Ambulance includes any vehicle that is used to transport patients in a standard type of ambulance
- Pediatric Specialty Care Transport Ambulance includes any vehicle that its primary role is for transport of patients ages 18 years and younger

General Information

To receive a vehicle permit, Air Ambulances, Ground Ambulances, and Pediatric Specialty Care Transport Ambulances must carry equipment and medications specific to each mission. This document has been developed to outline the minimal equipment and medications required by the program Medical Director to be carried on each vehicle, as defined by the NCOEMS approved protocols.

The North Carolina College of Emergency Physicians (NCCEP), in collaboration with the North Carolina Office of Emergency Medical Services (NCOEMS), determines the equipment and medications required for a Specialty Care Transport Program. The inspector, or Regional Specialist, will utilize this document in conjunction with appropriate Ground or Air Vehicle Inspection Reports to conduct vehicle permitting and compliance inspections.

Before implementation of an initial program, or after changes to equipment and medications lists, this document must be approved by the North Carolina Office of Emergency Medical Services (NCOEMS).

Instructions

This form has been developed for use by Air, Ground, and Pediatric Specialty Care Transport Programs as a method to describe the equipment and medications that will be used for each type of vehicle and mode of transportation within the program.

Complete the provider information on page one, fields should reflect information that is listed on the agency's Continuum profile. System affiliation should be where the main base of operation is located if the program operates in multiple systems. Out of state air medical providers will select "Out of State Air Medical Program" unless they maintain a base of operations in North Carolina. The NCOEMS Use Only section will be completed during the inspection (permitting and compliance) by the inspector, or Regional Specialist. No information is required to be completed by the SCT program in this section. Page two lists the general inspection items and mandatory/required equipment for ground/pediatric ambulances and air ambulances. This is a reference for programs only and no information is required by the program on this page. Required and Optional Medication Classes sections on page three allows the program (in conjunction with the program medical director) to select medications within the specified classes for utilization within the program. For required medication classes, a minimum of one drug must be selected, however, there is no limit as to the number of medications that can be selected. If more medications are utilized by the program than will fit into the medication class row, please list them in the "Other Medications Not Previously Listed" section at the bottom of page three.

Before submission of the SAPS to NCOEMS, the Program Medical Director should review the entire form for accuracy and compliance to approved protocols. Once he/she is agreeable to contents, they will need to place their signature on page one indicating their acknowledgement of the contents of the form. They are welcome to sign the form electronically through an Adobe or comparable product. If the medical director is unable to sign electronically, print page one and obtain an inked signature and send a scanned image to NCOEMS; the SAPS form still needs to be submitted in its entirety, electronically, even with a separate page one inked signature if applicable.